



Supreme Court of the United States Police Department

Police Applicant Pre-screening Questionnaire



Name:	Email:
Phone #:	School:
Date of Birth:	Graduation Date:
Application Date:	Recruiters Attended:

Do you have a valid driver's license?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has your driver's license ever been suspended, revoked, or canceled in any state?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever received at DUI and/or a DWI?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever experimented with, sold, transported, manufactured, and/or purchased any illegal drugs and/or non-prescribed drugs/medications? Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, and/or injecting.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered "YES" to the above question, give details below:

Type of Drug/Non-prescribed medications	Date of First Use (mm/dd/yyyy)	Date of Last Use (mm/dd/yyyy)	Maximum Times Used	How were drugs used?	Number of Times Sold/Purchased/Transported/Manufactured?

Are you a United States Citizen?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SSN: _____ Height: _____ Weight: _____

Tattoos and their location: _____

I certify that, to the best of my knowledge and belief, all of the information on this document is true, correct, and complete and made in good faith.

I understand that any misrepresentation or failure to disclose any of the above information could lead to my disqualification from the Supreme Court of the United States Police Department's hiring process.

Applicant's signature: _____ Date: _____

Applicant's printed name: _____