



# NEW MEXICO CORRECTIONS DEPARTMENT

Cabinet Secretary  
Alisha Tafoya Lucero

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116  
Phone: 505.827.8645 Fax: 505.827.8533 cd.nm.gov

To: Applicant

From: New Mexico Corrections Training Academy

Regarding: Application Packet

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Thank you for your interest in employment with New Mexico Corrections Department. Please ensure you have completed an online application for “correctional Officer Cadet” at: [https://careers.share.state.nm.us/psc/hprdcg/EMPLOYEE/HRMS/c/HRS\\_HRAM\\_FL.HRS\\_CG\\_SEARCH\\_FL.GBL?Page=HRS\\_APP\\_SCHJOB\\_FL&FOCUS=Applicant](https://careers.share.state.nm.us/psc/hprdcg/EMPLOYEE/HRMS/c/HRS_HRAM_FL.HRS_CG_SEARCH_FL.GBL?Page=HRS_APP_SCHJOB_FL&FOCUS=Applicant)

Or Probation and Parole Officer, if you have applied been interviewed and selected:

Once you have completed that application or been selected please schedule pre-employment screening with New Mexico Training Academy in Santa Fe, with Yessenia Ramirez at [Yessenia.ramirez@state.nm.us](mailto:Yessenia.ramirez@state.nm.us) 505-827-8989 or 505-270-9787

Screening Calendar for the Training Academy is located at: <https://cd.nm.gov/wp-content/uploads/2019/08/Screening-Calendar-2020.pdf>

If you wish to attend pre-employment Screening in your area, contact the following coordinators for details:

**\*\*This option does NOT apply to probation and parole officer candidates\*\***

Los Lunas/ CNMCF:	Gabriel Mueller	<a href="mailto:Gabriel.Muller@state.nm.us">Gabriel.Muller@state.nm.us</a>	505-383-3311
Las Cruces/SNMCF:	Joe Saenz	<a href="mailto:Joe.Saenz@state.nm.us">Joe.Saenz@state.nm.us</a>	575-523-3238
Clayton/NENMCF:	Rebecca Hatch	<a href="mailto:Rebecca.Hatch@state.nm.us">Rebecca.Hatch@state.nm.us</a>	575-374-1303
Grants/WNMCF:	Teri Jaramillo	<a href="mailto:Teri.Jaramillo@state.nm.us">Teri.Jaramillo@state.nm.us</a>	505-876-8225
Springer/SCC:	Lance Lacey	<a href="mailto:Lance.lacey@state.nm.us">Lance.lacey@state.nm.us</a>	575-483-3129
Roswell/RCC:	Mona Parks	<a href="mailto:Mona.Parks@state.nm.us">Mona.Parks@state.nm.us</a>	575-625-3115

The following packet **MUST BE COMPLETELY FILLED** out and forwarded to screening coordinator **PRIOR** to your scheduled screening.

**Read every question carefully. No blank spaces are allowed!! If something does not apply to you mark “N/A” or --” on the line.** Packets with blanks will be considered incomplete and rejected. Forms requiring signatures will be signed the day of your actual screening.



# New Mexico Corrections Training Academy



**TYPE OR PRINT LEGIBLE**

Correctional Officer - Institution you wish to work at: \_\_\_\_\_ CBW:

Probation and Parole Officer - City you wish to work at: \_\_\_\_\_

## COVER SHEET

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Screening Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

CELL PHONE #: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City State Zip

EMAIL ADDRESS: \_\_\_\_\_

### FOR SCREENING PERSONEL USE ONLY:

- Background Information Request / NMCOURTS
- Fingerprint Registration Form
- Screening Protocol Acknowledgment
- Waiver for Physical Fitness
- STIU Questioner
- Pre-Employment Criteria Checklist
- Supplemental Application Questioner
- Domestic Violence Forms
- NMCD Self-Declaration of Sexual Abuse/ Sexual Harassment
- Consent for Release of Information
- Consent to Investigation
- Applicant Information Sheet / Applicant Background Checklist / Drug Info Sheet
- Employment History
- Job Description
- Phase I Letter
- Valid Driver's License
- Social Security Card
- Birth Certificate / Naturalization Certificate
- DD214 -if applicable
- Prior Correctional Officer Certification or Academy Transcript of 160 hours - CBW ONLY
- Polygraph Acknowledgment and Questioner

### Screening Staff Comments:

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## NEW MEXICO CORRECTIONS DEPARTMENT Training Academy Screening Protocol

**READ COMPLETELY, initial in acknowledgment of understanding.**

The following are basis for disqualification from further Pre-Screening for employment.

1. \_\_\_\_\_ **NO FELONY CONVICTIONS.** Criminal activity in which applicant has been convicted of, pled guilty to, or entered a plea of nolo contendere to any felony charge, been involved in any prosecution diversion program (PPP) as adjudicated for a felony crime committed will be permanently disqualified. Felony arrests will be reviewed on a case by case basis.
2. \_\_\_\_\_ Any misdemeanor arrests will be reviewed on a case by case basis.
3. \_\_\_\_\_ Any Domestic Violence Act conviction is automatic disqualification. Domestic Violence related arrests will be reviewed on a case by case basis.
4. \_\_\_\_\_ Any applicant who has been on supervised probation must have completed probation one (1) year from the date of initial application. However, any applicant who has been on supervised or unsupervised probation will be reviewed on a case by case basis based on the criminal act.
5. \_\_\_\_\_ Any DWI/DUI convictions within the last three (3) years from the date of initial application, whether from an administrative sanction by the Motor Vehicle Department, criminal conviction, or military disciplinary action is disqualifying. More than one (1) DWI's/DUI's convictions in one's lifetime is disqualifying. DWI/DUI arrests will be reviewed on a case by case basis.
6. \_\_\_\_\_ Any convictions of Aggravated DWI must be older than three (3) years from date of initial application. Any Aggravated DWI will be reviewed on a case by case basis.
7. \_\_\_\_\_ Applicant's tattoos will be reviewed by the Corrections Security Threat Unit to include those that are visible in uniform that exhibit nudity, are sexually explicit, display vulgar language, art work, phrases or language that depict discriminating beliefs or are a potential safety concern for the applicant will need to be removed or covered prior to being employed. Tattoos determined to be gang affiliated or give the perception of, and/or deemed a security threat will be reviewed on a case by case basis.
8. \_\_\_\_\_ Any use of marijuana, hashish or synthetic cannabinoids within three (3) months of application is disqualifying.

9. \_\_\_\_\_ Any use of non-prescribed or illegal drugs to include, rave, designer or synthetic drugs, within two (2) years of application is disqualifying. Example includes drugs such as cocaine, mushrooms, LSD, etc.
10. \_\_\_\_\_ Any use of heroin, opiates, methamphetamine within three (3) years of application is disqualifying.
11. \_\_\_\_\_ Any use of non-prescription steroids within six (6) months of application is disqualifying.
12. \_\_\_\_\_ Any experimental use of any controlled substance, other than cannabis that exceeds five (5) times, over applicants lifetime, will be reviewed on a case by case basis.
13. \_\_\_\_\_ Sale or distribution of any illegal substance for yourself or others is disqualifying, however this will be reviewed on a case by case basis.
14. \_\_\_\_\_ Any use of any illegal substance while employed as a law enforcement officer or correctional officer is disqualifying.
15. \_\_\_\_\_ Any falsified or omitted information discovered during the screening process is disqualifying.
16. \_\_\_\_\_ Military Service – DD214 must show “Honorable” or the term “honorable” in the Character of Service (Item #24) block. Final determination and exceptions will be made by the Director or their designee.
17. \_\_\_\_\_ Any illegal acts committed as a juvenile, to include sale, distribution of drugs and crimes shall be open for panel review.

I have read ALL the disqualifiers: \_\_\_\_\_

Printed Name

/

Signature

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT  
FOR PHYSICAL FITNESS TESTING**

1. In consideration for possible employment as a correctional officer/probation and parole officer with the New Mexico Corrections Department, [REDACTED], (hereinafter referred to as PARTICIPANT) hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the State of New Mexico, the New Mexico Corrections Department, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, while participating in physical fitness testing, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with the physical fitness testing which may include, but are not limited to: a one-mile run, a 300 meter run, conducting a series of pushups in one minute and conducting a series of sit ups in one minute. I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to me. I understand that I voluntarily assume full responsibility for any risks of personal injury, including death that may be sustained by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that RELEASEES may incur due to my participation in the physical fitness testing, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall also bind the members of my family and/or spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New Mexico and that any suit or other proceeding must be filed in the state of New Mexico in a court of competent jurisdiction. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, fully understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

**IN WITNESS WHEREOF, I have signed this Waiver and Agreement on this** \_\_\_\_\_.

Date

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FOR SCREENING PERSONEL USE ONLY:**

WITNESS SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

\_\_\_\_\_



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

Security Threat Intelligence Unit Questionnaire  
All tattoos will be verified visually by STIU or approved staff.  
Any omission will be grounds for disqualification

**Applicant Name** \_\_\_\_\_

**Date** \_\_\_\_\_

1. Do you have any tattoos? YES  NO

2. How many? \_\_\_\_\_ What is the meaning of each one?  
(none or vague answers not a valid)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any family or friends currently incarcerated in state, private prisons, county or city jails? YES  NO

If so, Name \_\_\_\_\_ Location \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_

4. Have you ever been associated and/or associate with any gang, gang member or other organized crime group to include motorcycle clubs? YES  NO

5. Do you have any family or friends associated and/or who associate with any gang, gang member or other organized crime group to include motorcycle clubs? YES  NO

**FOR SCREENING PERSONEL USE ONLY:**

\_\_\_\_\_/\_\_\_\_\_  
Screening Coordinator - Print Name / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_  
STIU Staff – Print Name / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility  
Recommended

\_\_\_\_\_  
Recommended

\_\_\_\_\_  
Not

STIU Comments \_\_\_\_\_

\_\_\_\_\_

**CORRECTIONAL OFFICER/PROBATION AND PAROLE OFFICER  
PRE-EMPLOYMENT  
CRITERIA CHECKLIST**

**Initial**

1. I understand I must be at least eighteen (18) years of age. \_\_\_\_\_
2. I understand I must have a high school diploma, or GED (Correctional Officer)  
Or college degree (Probation and Parole). \_\_\_\_\_
3. I understand I must be a citizen of the United States or a Naturalized U.S. Citizen. \_\_\_\_\_
4. I understand that I must submit copies of my state birth certificate (from the  
Bureau of Vital Statistics), Social Security card, high school diploma or GED,  
(Associate degree or above for Probation and Parole and a copy of my DD-214,  
(If applicable). \_\_\_\_\_
5. I understand that I must submit a copy of my valid driver's license and must  
complete the New Mexico Defensive Driver's course before I may operate a  
state vehicle. \_\_\_\_\_
6. I understand that I cannot have been convicted of a felony. \_\_\_\_\_
7. I understand that I must be of good moral character and habits sustained by a  
confidential investigation. \_\_\_\_\_
8. I understand I must have fluent command of the English language and legible  
penmanship. \_\_\_\_\_
9. I understand I must have self-control and a willingness to work within  
a disciplined environment. \_\_\_\_\_
10. I understand that I must pass a physical agility test. \_\_\_\_\_
11. I understand that use of any drugs, narcotics, illegal substances, including  
heroin, opium, morphine, steroids or any other derivative may disqualify me  
from employment. \_\_\_\_\_
12. I understand that any disclosed criminal history committed as a juvenile may be  
open for panel review. \_\_\_\_\_

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING QUESTIONS AND  
THAT MY INITIALS INDICATE THAT I SUCCESSFULLY MEET THE CRITERIA.

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**Print Name**

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**Signature**

**NEW MEXICO CORRECTIONS DEPARTMENT  
SUPPLEMENTAL APPLICATION QUESTIONNAIRE  
CORRECTIONAL OFFICER/PROBATION AND PAROLE OFFICER**

You have applied for a position as a Correctional Officer/Probation and Parole Officer with the State of New Mexico. This form must be completed and returned before your application is processed.

***If you answer NO to any of the below questions, please advise the screening Coordinator immediately.***

1. Are you willing to undergo a thorough physical exam? .....YES  NO
2. Are you willing to participate in a thorough training program? .....YES  NO
3. Are you willing to wear a uniform to work? .....YES  NO
4. Are you willing to work with potentially dangerous males, females or cross gendered?.....YES  NO
5. Are you willing to work in confined spaces behind closed doors?.....YES  NO
6. Are you willing to work in an environment which may afford verbal abuse and embarrassment? .....YES  NO
7. Are you willing to work shifts which will vary periodically?.....YES  NO
8. Are you willing to work holidays, weekends, and during emergencies? .....YES  NO
9. Are you willing to work overtime as mandated? .....YES  NO
10. Are you willing to operate firearms during training and while on duty?.....YES  NO
11. Are you willing to supervise inmates without carrying a sidearm or baton? .....YES  NO
12. Are you willing to work with, receive orders from, and give orders, to males, females or cross gendered with an ethnic background or race different from your own? .....YES  NO
13. Are you willing to undergo a thorough police record check?  
(FBI, State Police, Local and/or City Police).....YES  NO
14. Are you willing to remove any visible piercings, cut your hair and shave daily?.....YES  NO

**READ BEFORE SIGNING**

I certify that this application contains no willful misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification that my application will be rejected, my name removed from consideration for employment, I will be dismissed from the service if employed.

**Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## DOMESTIC VIOLENCE MISDEMEANOR

Title 18, United States Code, Section 922(g) (9) makes it illegal for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm. A misdemeanor crime of domestic violence is defined as the use or attempted use of physical force, or the threat of the use of a deadly weapon, by a victim's current or former domestic partner, parent, or guardian. To be a conviction, you must either have been represented by counsel or waived that right, and you were either tried by a jury or waived the right to a trial by jury.

This provision applies to any person convicted at any time prior to or after the passage of this law on September 30, 1996. There is no exemption for law enforcement officers. A conviction would make the possession of any firearm, whether state-issued or privately-owned, a felony crime. The penalty could include up to ten years imprisonment, a maximum fine of \$250,000 and dismissal. In some circumstances, a conviction is not applicable and must be addressed on a case-by-case basis.

Please complete and sign the statement below:

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I HEREBY CERTIFY AND WARRANT THAT I (check one):

Have  Have NOT  been **CONVICTED** of any misdemeanor or felony crime of domestic violence.

Have  Have NOT  been **CHARGED** of any misdemeanor or felony crime of domestic violence.

If you have been convicted, please provide the following information:

Court/Jurisdiction: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Date: \_\_\_\_\_

Sentence: \_\_\_\_\_

Brief Incident Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all of the information provided by me is true, correct, and complete. I understand that providing false or fraudulent information may be grounds for refusal of employment or termination of employment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# NEW MEXICO CORRECTIONS DEPARTMENT

Cabinet Secretary  
Alisha Tafoya Lucero

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116  
Phone: 505.827.8645 Fax: 505.827.8533 cd.nm.gov

## NMCD SELF-DECLARATION OF SEXUAL ABUSE/SEXUAL HARASSMENT

Check one:  Applicant  Promotion  Transfer

Check one:  NMCD Employee  Summit Food Service  Medical  Correctional Industries

By signing below, you certify that, to the best of your knowledge and believe, the information you provide on this form is true, complete and made in good faith. You certify that your understanding is that material omissions regarding such misconduct, or the provision of materially false or fraudulent information, you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employed, you can be terminated from employment.

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institutions (as defined in 42 U.S.C 1997);  Yes  No
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or when the victim did not consent or was unable to consent or refuse?  Yes  No
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) above?  Yes  No
4. Has a substantiated allegation of sexual harassment ever been made against you?  Yes  No

By signing below, I understand that I have a continuing affirmative duty to disclose any facts that would change my answers above.

Full Printed Name \_\_\_\_\_  
(First) (Middle) (Last)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Facility PREA Compliance Manager  
Facility Human Resource Department



# NEW MEXICO CORRECTIONS DEPARTMENT

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Alisha Tafoya Lucero

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116  
Phone: 505.827.8645 Fax: 505.827.8533 [cd.nm.gov](http://cd.nm.gov)

## MEMORANDUM

TO: Applicant

FROM: Human Resources

RE: **BACKGROUND INFORMATION REQUEST**

A condition of employment with the Corrections Department is to undergo a criminal records check. In accordance with this condition, a NCIC check will be conducted. Please complete the following information:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(As it appears on your Driver's License)

Social Security number: \_\_\_\_\_  
State & Driver's License number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Home Address, City and State: \_\_\_\_\_

All Cities and States Lived In: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, do hereby give the officials of the Corrections Department the authority to conduct such an investigation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Clear: \_\_\_\_\_ Not Clear: \_\_\_\_\_

User Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# New Mexico Corrections Training Academy

## New Mexico Applicant Fingerprint Registration Information



ORI: NM026035C

REASON: Law Enforcement Applicant / Employee

### Personal Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MMDDYYYY)

Social Security number: \_\_\_\_\_

\_\_\_\_\_  
City/State of Birth

\_\_\_\_\_  
Country of Citizenship

Sex:

Male

Female

**Race: You MUST select one!**

Asian or Pacific Islander

Black

American Indian or Alaskan Native

Unknown

White including Latino

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Height: ft. / inches

\_\_\_\_\_  
Hair Color

\_\_\_\_\_  
Eye Color

Current Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone number

Email:

\_\_\_\_\_  
 I don't have email address

## CONSENT FOR RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize you to release to the New Mexico Corrections Department any information relevant to my application for employment, including but not limited to my work history, integrity, and any criminal investigation, criminal record or criminal history of me.

I and my heirs, successors and assignees expressly waive any rights that I may have under any laws, regulations, statutes or rules of ethics which would otherwise prevent you from disclosing such information. I and my heirs, successors and assignees release and forever discharge all persons and entities from any liability, claims, cross claims, actions, damages and demands which may result from releasing such information.

A copy of this signed Consent for Release of Information shall be considered a valid authorization to release the information set out above.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS CONSENT FOR RELEASE OF INFORMATION AND AGREE TO ITS CONTENTS.**

---

Print Name

---

Social Security Number

---

Date of Birth and City of Birth

---

Signature

---

Date

## CONSENT TO INVESTIGATION

I hereby authorize the New Mexico Corrections Department to conduct a thorough investigation into my background including, but not limited to, past activities, any criminal investigation, criminal record/history, work history and integrity. I understand that this investigation will be conducted to determine my qualifications and ability to serve as a Correctional Officer/Probation and Parole Officer with the Department. I agree to fully cooperate in this investigation.

I further understand that I will be fingerprinted, that a request for a criminal background check will be submitted to the National Crime Information Center (NCIC) in Washington, D.C. and that local and state police background checks may be conducted.

I and my heirs, successors and assignees release and forever discharge the State of New Mexico and the Department, its officers, employees, agents, successors and assignees from any liability, claims, cross claims, actions, damages and demands which may result from conducting this investigation. I and my heirs, successors and assignees agree to indemnify and hold harmless the State of New Mexico and the Department, its officers, employees, agents, successors and assignees against any liability, claims, cross claims, actions, damages and demands which may result from conducting this investigation or which may result from the findings of this investigation.

**I further understand and agree that any confidential information obtained by the Department from this investigation **WILL NOT** be disclosed to me. I further understand and agree that if any reason my disqualification for employment is based on such confidential information, the Department may refuse to reveal or release to me or my heirs, successors and assignees the confidential information or any information, which may reveal the source of the confidential information.**

**I understand this entire packet and any information collected during the screening process is considered confidential information and part of my investigation.**

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS CONSENT TO INVESTIGATION AND AGREE TO ITS CONTENTS.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth and City of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CORRECTIONS DEPARTMENT APPLICANT INFORMATION SHEET

The following are policies of the Corrections Department relative to applicants for employment.

1. Any relative of any employee of the Department may be employed in a position for which he/she qualified if the selection does not result in either the candidate or his/her relative becoming the supervisor of the other.
2. Any relative of a current Corrections client may be employed in any position for which he/she qualified, provided that the selection does not result in the candidate's becoming responsible for the direct supervision of that relative.
3. The Corrections Department encourages employment (except as Correctional Officer/Probation and Parole Officer) of ex-offenders who are no longer under the authority of any correctional jurisdiction provided that there is no conflict between the nature of any felony committed and potential job duties.

These policies require that the Department be furnished with the following information as part of the application process:

**NAME:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

Name, relationship, position title and work site of any relative (parent, grandparent, spouse, child, sister or brother, half sister or brother, father-in-law, brother-in-law, or sister-in-law) currently employed by the Corrections Department. **(Indicate "None" if appropriate.)**

NAME	RELATIONSHIP	JOB TITLE	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, relationship, status (inmate, parolee or probationer) and location of any relative who is currently a correctional client. **(Indicate "None" if appropriate.)**

NAME	RELATIONSHIP	STATUS	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you associate or have contact with ex-offenders or felons in other than a professional manner (clergy, volunteer, etc.) Briefly explain:

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT BACKGROUND CHECKLIST**  
**(PLEASE PRINT LEGIBLY)**

FALSE INFORMATION OR OMISSION OF PERTINENT INFORMATION MAY CONSTITUTE  
GROUNDS FOR REJECTION OF APPLICATION OR TERMINATION OF EMPLOYMENT.

**APPLICANT'S NAME:**

\_\_\_\_\_

(Last) (First) (Middle)

**Other Names Used:** \_\_\_\_\_  
\_\_\_\_\_

**I. Employment History:**

A. Have you ever applied or worked with the NM Corrections Department before?  
YES  NO

If "yes", Date of application? \_\_\_\_\_  
What was the outcome of your application? \_\_\_\_\_  
If hired: Dates worked? \_\_\_\_\_  
Which facility/division \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Were you asked to resign? If "yes", briefly explain \_\_\_\_\_  
\_\_\_\_\_

B. Have you ever worked for a Private Prison in the State of New Mexico? YES  NO   
(Example: GEO or CCA)  
If "yes", Position: \_\_\_\_\_  
Dates worked? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

C. Have you applied and/or worked with another law enforcement agency? YES  NO   
Name of departments or agencies: \_\_\_\_\_  
\_\_\_\_\_

1. Dates of employment: \_\_\_\_\_
2. Reason for leaving: \_\_\_\_\_
3. Were any disciplinary actions taken against you? \_\_\_\_\_
4. Were you ever the subject of an investigation? YES  NO   
If "yes", briefly explain: \_\_\_\_\_

D. How many jobs have you had, including present job? \_\_\_\_\_

1. Are you currently employed? YES  NO  Where: \_\_\_\_\_
2. Have you ever been fired or been asked to resign a position? \_\_\_\_\_  
If "yes", briefly explain: \_\_\_\_\_  
\_\_\_\_\_



II. **Criminal Record**

(If you have answer yes to the following questions briefly explain and provide final disposition; (example: Dismissed, Reduced Sentence, Deferred Sentence, etc.)

A. Traffic violations? YES  NO . If "yes" how many? \_\_\_\_\_

B. Misdemeanors: (Have you **ever** been)

Summoned: YES  NO  Date: \_\_\_\_\_

Arrested: YES  NO  Date: \_\_\_\_\_

Charged: YES  NO  Date: \_\_\_\_\_

Convicted: YES  NO  Date: \_\_\_\_\_

Disposition \_\_\_\_\_

Briefly Explain: \_\_\_\_\_

\_\_\_\_\_

C. Felonies: (Have you **ever** been)

Summoned: YES  NO  Date: \_\_\_\_\_

Arrested: YES  NO  Date: \_\_\_\_\_

Charged: YES  NO  Date: \_\_\_\_\_

Convicted: YES  NO  Date: \_\_\_\_\_

Disposition \_\_\_\_\_

Briefly Explain: \_\_\_\_\_

\_\_\_\_\_

D. Driving While Intoxicated / Driving Under the Influence: (Have you **ever** been)

Summoned: YES  NO  Date: \_\_\_\_\_

Arrested: YES  NO  Date: \_\_\_\_\_

Charged: YES  NO  Date: \_\_\_\_\_

Convicted: YES  NO  Date: \_\_\_\_\_

Disposition \_\_\_\_\_

Briefly Explain regardless of outcome: \_\_\_\_\_

\_\_\_\_\_

E. Court Protection Order:

For or against you? YES  NO  Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Briefly Explain: \_\_\_\_\_

\_\_\_\_\_

F. Probation:

Are you or have you ever been on supervised or unsupervised probation:

YES  NO  Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Briefly Explain: \_\_\_\_\_

\_\_\_\_\_

**Applicant Background Checklist (continued)**

**III. Gang Questions**

(If you answer Yes to any of the following questions briefly explain.)

- A. Have you ever been or are you currently associated with and/or involved with any gangs, motorcycle clubs/gangs or organized crime groups: YES  NO

Briefly explain: \_\_\_\_\_  
\_\_\_\_\_

- B. Do you have any family members or close friends who have been or are currently associated with and/or involved with, gang members of any type to include motorcycle clubs/gang, cartel, etc. \_\_\_\_\_ Incarcerated in any municipal, county, private or state prison in any state? YES  NO

Briefly explain: \_\_\_\_\_  
\_\_\_\_\_

- C. Do you have any tattoos? YES  NO

- D. How many: \_\_\_\_\_

**IV. Military History**

- E. Have you ever served in the military? YES  NO

- A. If "yes," what branch? \_\_\_\_\_

- F. B. Did you receive any Disciplinary Actions or Court- Martial? YES  NO

If "yes," Briefly explain: \_\_\_\_\_  
\_\_\_\_\_

- B. Type of Discharge: \_\_\_\_\_

YOU MUST PROVIDE DD214 FORM SHOWING HONARABLE DISCHARGE

**I UNDERSTAND THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THIS APPLICATION, OR IF HIRED, MAY BE USED AS A BASIS FOR DISMISSAL.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## DRUG INFORMATION SHEET

**Drug Test:**

A. Have you ever used or tried any of the following illegal drugs or substances?  
Please indicate **“Yes or No”, number of times used, and date last used.**

				Times Used	Dates Used
1. Marijuana	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
2. Hashish	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
3. Spice/K2	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
4. Speed	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
5. Heroin	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
6. Opiates	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
7. Mushrooms	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
8. Peyote	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
(Other than religious purposes)					
9. LSD	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
10. Methamphetamines/Crank	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
11. Barbiturates	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
12. Cocaine/Crack	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
13. PCP	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
14. Steroids (Non-prescribed)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
15. Rave, Designer Drugs, Synthetic Drugs, Etc.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
16. Solvents (Glue, Paint, Aerosols)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
17. Prescription Drugs not used as prescribed:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
18. List in detail any other drugs or substances:	_____				

B. How do you feel about the drug laws?

They are:

Too strong \_\_\_\_\_ Adequate \_\_\_\_\_ Too Lenient \_\_\_\_\_

Explain why you think this way:

\_\_\_\_\_

\_\_\_\_\_

C. How do you feel about marijuana laws?

They are:

Too strong \_\_\_\_\_ Adequate \_\_\_\_\_ Too Lenient \_\_\_\_\_

Would you enforce them under all circumstances (i.e., on friends, family)? YES  NO

Explain why you think this way: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Drug Information Sheet (continued)**

D. How often are illegal drugs used in your presence? \_\_\_\_\_ Date: \_\_\_\_\_  
Briefly explain: \_\_\_\_\_  
\_\_\_\_\_

E. When was the last time anyone used drugs or any other illegal or controlled substance in your presence? \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

G. Have you ever bought any type of illegal drugs or controlled substance? YES  NO   
Date: \_\_\_\_\_ If "yes", how much? \_\_\_\_\_ Briefly explain: \_\_\_\_\_  
\_\_\_\_\_

G. Have you ever sold any type of illegal drugs or controlled substance? YES  NO   
Date: \_\_\_\_\_ If "yes", how much? \_\_\_\_\_ Briefly explain: \_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THIS APPLICATION, OR IF HIRED, MAY BE USED AS A BASIS FOR DISMISSAL.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**NEW MEXICO CORRECTIONS DEPARTMENT  
EMPLOYMENT HISTORY FORM  
Past 5 years (Including Volunteer/ School)**

Social Security Number	NAME: Last	First	Initial
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Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

<b>Signature:</b>	<b>Date:</b>
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# JOB DESCRIPTION

**JOB TITLE:** Correctional Officer 1

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**DEPARTMENT:** Corrections Department

**REPORTS TO:** Correctional Officer Sergeant

**WAGE (Salary Range):** Range 55

**WORK HOURS:** Shift Hours, odd hours, overtime, holidays and weekends

<u>PNM/RCC/WNMCF</u>		<u>CNMCF/SNMCF/SCC</u>		
Morning	Day	Morning	Day	Swing
6pm – 6am	6am – 6pm	10pm–6am	6am–2pm	2pm–10pm

## MINIMUM QUALIFICATIONS:

- Be a citizen of the United States
- Have reached the age of majority (18)
- Be of good moral character and not have been convicted of a felony
- High school graduate or equivalent, plus completion of the New Mexico Corrections Academy Basic Course or equivalent
- Ability to follow rules, regulations, directions and procedures
- Some knowledge of correctional operations
- Ability to perform essential duties as outlined below
- Ability to perform work within the physical demand requirements as outlined below
- Possess a valid New Mexico driver's license or ability to obtain one

## WORK ENVIRONMENT:

Varies according to post assignment. Floor surface may vary. Exposure to extreme weather conditions, gases, physical injuries.

## WORK PACE:

Moderate to fast depending on emergency conditions

## ESSENTIAL DUTIES:

1. Ability to be rotated to any post as part of normal post assignments and also to relieve other officers.
2. Physical ability to control inmates by force, when necessary, to defend oneself and other against physical attack by inmates.
3. Ability to withstand prolonged hours of work.
4. Ability to stoop and squat.
5. Ability to pass a physical agility test.
6. Ability to communicate effectively, both orally and in writing, in the English language.
7. Ability to read, write and comprehend information in the English language.
8. Ability to drive various vehicles.
9. Ability to perform basic mathematical computations.
10. Ability to think logically and effectively analyze situations and use good judgment.
11. Ability to understand instructions and follow orders.
12. Ability to search for contraband and provide security.

13. Ability to count, fee and supervise inmates in housing, work and other areas accessed by stairs.
14. Ability to provide custody and security of inmates including observing actions of inmates; squatting and bending to perform "pat" and/or "strip" search of inmates; restraining and securing sometimes assaultive inmates; and transferring and transporting inmates by walking or riding in various vehicles such as trailers, vans, buses, and other forms of transportation.
15. Ability to provide security of various assigned areas involving long periods of sitting and standing, and/or climbing stairs or ladders to reach the assigned areas.
16. Ability to provide security for inmates performing technical skills such as construction, maintenance, laundry, food service and in varied industrial and agricultural operations which involve climbing stairs and ladders; climbing around the inside or outside of buildings.
17. Ability to withstand long periods of standing and sitting; all types of weather; working outdoors and indoors without air conditioning; and working around motorized or moving equipment and machinery.
18. Ability to respond quickly to emergencies; including climbing stairs and ladders while searching for escaped inmates; hearing calls for and/or calling for help; giving first aid at the emergency site; carrying an injured or unconscious person various distances to safety, up or down stairs and ladders; using force and/or deadly force, including the use of chemical agents and firearms, to control inmates.
19. Ability to read, review and properly apply information found in inmate record, which is related to the inmate's health and safety and to the security of the prison; provide appropriate information to other personnel.
20. Ability to comply with all policies, procedures, rules, regulations and post orders.
21. Ability to prepare and maintain records, forms and reports.
22. Ability to work under potentially dangerous circumstances in a correctional facility.
23. Ability to attend work regularly.
24. Ability to work odd hours, holidays and weekends.

#### EQUIPMENT:

Hand held radios, telephone, building and vehicle keys, restraint equipment, weapons, typewriter, vehicle, copy machine, fax machine, binoculars, first aid equipment, basic office equipment, tape recorder, switchboard, PC/terminal.

#### PHYSICAL DEMANDS:

Sitting: Varies according to post assignment.  
 Standing: Varies according to post assignment.  
 Walking: Varies according to post assignment.

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#### FREQUENCY:

Never = 0%                      Rarely = 1 – 10%                      Occasionally = 11 – 33%  
 Frequently = 34 – 66%      Continuously = 67%+      Lifting:

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<u>Weight</u>	<u>Frequency</u>	<u>Objects</u>
1 – 10 lbs.	67%	Radio/Keys/Equipmen
11 – 20 lbs.	34-66%	Boxes
21 – 35 lbs.	11-33%	Boxes
36 – 50 lbs.	1-10%	Boxes
51 – 75 lbs.	1-10%	Boxes
76 – 100 lbs.	1-10%	Boxes
100 + lbs.	1-10%	Human Body

Carrying: Varies according to post assignment (i.e., carry or drag a body in case of injury)

Driving: Varies according to post assignment

Bending: Varies according to post assignment

Squatting: Varies according to post assignment

Kneeling: Varies according to post assignment

Crawling: Varies according to post assignment

Climbing: Varies according to post assignment

Reaching: Varies according to post assignment

Grasping: Varies according to post assignment

Fine Manipulation: Varies According to post assignment

Vision: Binocular correctable to 20/40

Hearing: Acute hearing required

Pushing: Varies according to post assignment

Pulling: Varies according to post assignment

Running: Varies according to post assignment

**Applicant Declaration:** I have read the qualifications and requirements for the position of Correctional Officer 1. To the best of my knowledge, I believe that I can perform these duties.

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



**P.G.P. Polygraph & Interviewing Service**  
**1820 San Pedro, NE, Suite 4**  
**Albuquerque, New Mexico 87110**

I, \_\_\_\_\_, the undersigned, do hereby freely and voluntarily, without being under the influence of any threats, duress, force, nor coercion and without any promise of immunity nor reward of any kind, and not under any restraint nor undue influence of any kind, agree to authorize P.G.P. Polygraph & Interviewing Service to administer to me a:

Pre-Employment Interview       Security Interview;       Polygraph

I further understand that some or all of the following statements might be applicable to the administration of the test to be administered:

1. That I am not required to take the polygraph or lie detector test. (Polygraph)
2. That the test and results thereof are not for law enforcement purposes and will not be disclosed to any law enforcement agency unless otherwise ordered by a Court of law. (All tests)
3. That I may consult with an attorney, or anyone else I choose, before the administration of the test. (All tests)
4. That if I cannot afford an attorney and request one, an attorney will be appointed for me without cost to me before taking the test. (Polygraph)
5. That at any time before or during the administration of any test, I may stop answering any question asked of me.

Disclosure Authorization

Read and Initial:

\_\_\_\_\_ I hereby authorize and grant unto P.G.P. Polygraph & Interviewing Service and its employees and no others, that the authority to reveal and disclose my test or interview results to my current employer or to any potential employer to whom I have made an application for employment.

\_\_\_\_\_ I hereby authorize and grant unto P.G.P. Polygraph & Interviewing Service and its employees and no others, the authority to reveal and disclose any and all statements that I make during the course of the examination or interview to my current employer or to any potential employer to whom I made an application for employment.

\_\_\_\_\_ I understand that the examination or interview results and the examiner's opinion are NOT confidential and may be disclosed by P.G.P. Polygraph & Interview Service or its employees to any person, organization or company, or firm orally or written with the permission of examiner for the purpose of present or future employment.

\_\_\_\_\_ I further understand that the examiner's opinion, after review and evaluation of my test or interview results, could be favorable or unfavorable to me, whichever the case may be, as determined by my current employer or prospective employer.

\_\_\_\_\_ I hereby authorize the interviewer or test examiner to ask me a series of written "Pre-Test" questions involving my personal, social, financial, and employment background for the sole purpose of test preparation.

\_\_\_\_\_ I hereby authorize and grant unto P.G.P. Polygraph & Interview Service and its employees and no others, the authority to retain my test and interview results, charts from the test, answers to the questions, opinions, and data, for a period of three (3) years as required by law beginning with the date signed below. I further instruct that such test results, charts, answers and related data be destroyed by P.G.P. Polygraph & Interview Service and its employees after the expiration of the three (3) year period or whatever the law requires.

#### Release of Liability

I, \_\_\_\_\_, on behalf of myself, my successors, assignees, heirs, executors and/or administrator, in consideration of and as an inducement to P.G.P. Polygraph & Interview Service to give and administer the interview or Polygraph test, do hereby release and hold forever blameless, and agree never to bring any legal action, nor cause any legal action to be brought against P.G.P. Polygraph & Interview Service, its officers, polygraph examiners or employees, not the individuals, businesses, firms, or corporations requesting said Interview or Polygraph Test, for the administration of Polygraph Test to me, nor for the release of said results, related data and opinions.

\_\_\_\_\_ I further represent that I am in good mental and physical condition, which may or may not be impaired by the examination. I understand that what I am doing is authorizing P.G.P. Polygraph & Interview Service, and the person or persons that are to conduct the interview or examination to proceed with the examination and to place, if necessary, the polygraph attachments on my person, more particularly my fingers, hands, arms, chest, and stomach.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

STAFF

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Time of Day

## Pre-Test or Pre-Interview Questions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Alias/Nicknames: \_\_\_\_\_

### EDUCATION

Do you have a high school diploma or a G.E.D.? Diploma \_\_\_\_ GED \_\_\_\_

When and where was it obtained? \_\_\_\_\_

### PERSONAL DATA

Have you ever been involved or engaged in physical or emotional abuse of any family member? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been investigated or received therapy for a domestic abuse incident?

YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

### MILITARY SERVICE

Have you been a member of any military and/or military reserve unit? YES  NO

Branch \_\_\_\_\_ When \_\_\_\_\_

Did you receive any disciplinary action in the military including, but not limited to, court-martial, Article 15's, Captain's Mast? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you attempted to join the military, if you were not accepted, why? \_\_\_\_\_  
\_\_\_\_\_

Are there any incidents concerning your military career you are attempting to conceal? \_\_\_\_\_  
\_\_\_\_\_

**DRIVING RECORD**

Do you have a valid driver's license at this time? YES  NO

In what state? \_\_\_\_\_

Have you ever been denied a driver's license or had your license suspended, revoked, or subjected to any other penalty or action for any reason? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in an accident that you failed to report, either to the police or the owner of the other property involved? \_\_\_\_\_  
\_\_\_\_\_

Has your auto insurance ever been refused or cancelled? YES  NO

**ARREST RECORD**

Have you ever been?

Required to appear before a judicial court? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Are any of your close friends or family members currently in a correctional institution or on probation or parole? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever committed any crimes even though it may not have been detected or reported? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been detained by any law enforcement agency? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you been a subject of any type of investigation by any law enforcement agency? YES  NO  If yes, explain \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Were you ever charged with a crime? YES  NO

If yes, explain \_\_\_\_\_

Are you or have you been in the past on probation for violation of a law?

YES  NO

If yes, explain \_\_\_\_\_

Were you ever a prisoner in a jail or prison? YES  NO

If yes, explain \_\_\_\_\_

Were you ever questioned by law enforcement authorities? YES  NO

If yes, explain \_\_\_\_\_

### **THEFT**

Have you ever stolen any money or taken money without authorization from your employer?

YES  NO

If yes, explain \_\_\_\_\_

What do you estimate is the dollar amount you have stolen since you were an adult? \_\_\_\_\_

CIRCLE: Zero, -- Less than \$50, -- between \$50-\$100, -- \$100-\$400, -- more than \$400?

Have you ever been accused of having stolen any amount of money or merchandise from

somewhere other than work? YES  NO

If yes, explain \_\_\_\_\_

### **GAMBLING**

Do you owe any gambling debts? YES  NO

Have you been involved in gambling activities? YES  NO

If yes, explain \_\_\_\_\_

Number of times in the past 12 months? \_\_\_\_\_

What is the most you have won in 24 hours? \_\_\_\_\_

What is the largest amount you have lost in 24 hours? \_\_\_\_\_

**ALCOHOL CONSUMPTION**

Do you consume alcohol? YES  NO

Number of times in the past month? \_\_\_\_\_

Have you ever blacked out after drinking? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever blamed alcohol for your behavior? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or convicted for DWI? (Driving or operating a motor vehicle while under the influence of alcohol/drugs.). YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you used alcohol while at work? YES  NO

Have you ever called in sick because of a hangover? YES  NO

Have you ever been stopped for under the influence but not taken to jail? YES  NO

Have you ever operated a vehicle while under the influence of alcohol or illegal drugs?  
YES  NO

**PRIOR OR PRESENT USE OF CONTROLLED SUBSTANCE(s)**

Have you ever used illegal drugs or marijuana while at work? YES  NO

Have you been involved in any illegal drug activities, to include possession, use and/or sell?  
YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF DRUG	WHEN	NUMBER OF TIMES USED
Marijuana		
Hashish		
Speed		
Heroin		
Mushrooms		
Psilocybin		
Peyote		
LSD		
Methamphetamines		
Barbiturates		
Cocaine/Crack		
Steroids		
PCP		
Crank		
Solvents (Glue, Paint, etc.)		
Rave or Designer Drugs (Ecstasy, Rush, Poppers, Etc.)		

Have you ever sold any type of drugs of narcotics to include prescriptions medication?

YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Most purchased at one time? \_\_\_\_\_

Most sold at one time \_\_\_\_\_

Last date purchased? \_\_\_\_\_

Last date sold? \_\_\_\_\_

Have you ever used a prescription medication, which was not prescribed for you?

YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

When were you last with someone while they were using illegal drugs other than marijuana?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL**

Can you perform the duties that this position requires?

YES  NO

**CHARACTER TRAITS**– The purpose of the questions in this section is to measure your character traits. It is realized that measuring character traits is a difficult, subjective task. Qualities such as loyalty, honesty, responsibility, ability to function under stress, control of anger, and maturity are extremely important in the law enforcement profession.

Are you prejudiced against any race or sex? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Have your prejudices caused you or anyone else any problems in the past? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of any organization that believes in the overthrow of the U.S. Government by force or violence? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused a security clearance or bond? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been a member of, or associated with, any motorcycle, prison or street gang? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Are any relatives or friends members of or previously been a member of, or associated with, any motorcycle, prison or street gang? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Do you have any tattoos or other physical indication of affiliations to the motorcycle, prison or street gang you are or were a member of? YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

If you have been or are currently a correctional officer or police officer, have you been written up, reprimanded, or dismissed for any unnecessary excessive force in apprehending, detaining or arresting someone?

YES  NO  If yes, explain \_\_\_\_\_

\_\_\_\_\_

Do you pay child custody? YES  NO

If so are you always paying? YES  NO



**EMPLOYMENT**

Are you now employed? YES  NO

Have you ever been or are you currently under investigation for any disciplinary actions, issues or problems with a past or present employer? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired, asked to resign or resigned after being informed that your employer intended to take disciplinary action against you? YES  NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Name of present or last employer \_\_\_\_\_

Date started \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Name of prior employer \_\_\_\_\_

Date started \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Name of prior employer \_\_\_\_\_

Date started \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to and were not hired by a government agency? YES  NO

If so why were you turned down? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been reprimanded at work? YES  NO

If so why? \_\_\_\_\_  
\_\_\_\_\_

**GENERAL QUESTIONS**

How many physical fights have you been in, in your entire life? \_\_\_\_\_

Have you ever received counseling (or hospitalization) for a mental or emotional problem?

YES  NO

If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you been in the past or are you currently under a restraining order or an order of protection? YES  NO  if so, please explain \_\_\_\_\_

Did you intentionally omit any facts from the application you may believe might disqualify you from this position? YES  NO  if yes, explain \_\_\_\_\_

Have you ever been polygraphed before? YES  NO   
If yes, explain \_\_\_\_\_

Have you been completely truthful in regards to the information you provided in your application packet? YES  NO   
If no, explain \_\_\_\_\_

Have you been totally honest during this interview? YES  NO   
If no, explain \_\_\_\_\_

I, the applicant, certify that all of the above statements in this form are true:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I, the polygrapher, certify I have reviewed the Pre-Test or Pre-Interview questions.

\_\_\_\_\_  
Polygrapher Signature

\_\_\_\_\_  
Date