

California National Guard Counterdrug Task Force Security Questionnaire

AUTHORITY: 50 U.S.C Section 781-887, Internal Security Act of 1950; Executive Order 0540, Security Requirements for Government Employment; Executive Order 12356, National Security Information and 5 U.S.C 301, Department Regulations, CNGBM 3100.01, National Guard Counterdrug Support.

PRINCIPAL PURPOSE: Failure to provide necessary personnel data for supported drug law enforcement agencies or California National Guard background checks and update existing security clearance information. Failure to provide true, accurate, and complete responses to ALL questions may result in non-consideration or disqualification from employment with the Counterdrug Task Force.

Personal Information

Name (Last, First, Middle):

Suffix (ie: II, III, or Jr.)*:

SSN:

Rank:

Birth Date (YYYY/MM/DD):

Birth City/State:

Birth County:

Birth Country:

Gender (*Circle one*): Male Female

Unit of Assignment:

Unit Address:

Maiden Name (*if applicable*) (Last, First, Middle):

Work Phone:

Day / Evening (*Circle one*)

Home Cell Phone:

Day / Evening (*Circle one*)

Driver's License Number:

State DL issued:

Expiration Date:

Other Names Used

Have you **ever** used another name (Alias): Yes / No (*Circle one*)

If yes, From – To (YYYY/MM/DD-YYYY/MM/DD)

Name Used (*include first, middle, and last names*):

Reason for Alias:

Police Information

1. Your Police Record – Felony Offenses

Have you **ever** been charged with or convicted of any felony offense? Yes / No

If yes, provide the following:
Offense Date (YYYY/MM/DD):
Nature of Offense:
Disposition:
Authority/Court:
City/State/Zip:
Country:

2. Your Police Record – Firearms/Explosives Offenses

Have you **ever** been charged with or convicted of a firearms or explosives offense? Yes / No

If yes, provide the following:
Offense Date (YYYY/MM/DD):
Nature of Offense:
Disposition:
Authority/Court:
City/State/Zip:
Country:

3. Your Police Record – Pending Charges

Are there currently any charges pending against you for any offense? Yes / No

If yes, provide the following:
Offense Date (YYYY/MM/DD):
Nature of Offense:
Disposition:
Authority/Court:
City/State/Zip:
Country:

4. Your Police Record – Alcohol/Drug Offenses

Have you **ever** been charged with or convicted of any offense(s) to alcohol or drugs? Yes / No

If yes, provide the following:
Offense Date (YYYY/MM/DD):
Nature of Offense:
Disposition:
Authority/Court:
City/State/Zip:
Country:

5. Military Record

In the last 7 years, have you been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? Yes / No

If yes, provide the following:

Offense Date (YYYY/MM/DD):

Nature of Offense:

Disposition:

Authority/Court:

City/State/Zip:

Country:

6. Your Police Record – Other offenses

In the last **7 years**, have you been arrested for, charged with, or convicted of any offense(s) not listed in questions 1, 2, 3, 4, or 5? (Do not include traffic fines of less than \$150.00 unless the violation was alcohol or drug related) Yes / No

If yes, provide the following:

Offense Date (YYYY/MM/DD):

Nature of Offense:

Disposition:

Authority/Court:

City/State/Zip:

Country:

7. Your Use of Illegal Drugs and Drug Activity – Illegal Use of Drugs

Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? Yes / No

If yes, provide the following:

Controlled Substance/Prescription Drug Used:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Number of Times Used:

8. Your Use of Illegal Drugs and Drug Activity – Use in Sensitive Position

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety? Yes / No

If yes, provide the following:

Controlled Substance/Prescription Drug Used:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Number of Times Used:

9. Your Use of Illegal Drugs and Drug Activity – Drug Activity

In the last **7 years**, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? Yes / No

If yes, provide the following:

Controlled Substance/Prescription Drug Used:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Number of Times Used:

10. Your Use of Alcohol

In the last **7 years**, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Yes / No

If yes, provide the following:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Counselor/Doctor Name (First, Middle, Last):

Address:

City/State/Country/Zip:

11. Your Government Employment

In the last **7 years**, have you been fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance? Yes / No

If yes, provide the following:

Removal Date (YYYY/MM/DD):

Agency Name:

Address:

City/State/Country/Zip:

12. Government Travel Card (GTC)

Has your GTC ever been suspended? Yes / No

Dates Suspended: From – To (YYYY/MM/DD-YYYY/MM/DD):

If yes, explain below:

13. Security Clearance

Have you ever been denied a security clearance? Yes / No

Have you ever had a security clearance revoked? Yes / No

Have you ever been required to submit a statement of reason in response to a security clearance investigation finding? Yes / No

If yes to any of the above, please provide further information below:

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by and up to termination from the California National Guard Counterdrug Task Force, by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature and Date (Sign in ink):

Witness Name (Print Name):

Witness Signature and Date (Sign in ink):

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