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, AR 380-67, Personnel Security Program, CNGBM 3100.01, National Guard Counterdrug Support.

PRINCIPAL PURPOSE: The personal information collected is to determine suitability for entry into, and retention in the California National Guard Counterdrug Task Force. The personal information collected in this questionnaire is only intended to be used by CDTF and will not be disclosed to or used by any other state entities, federal agencies, or law enforcement agencies unless required by state or federal law. A copy of this record can be provided to the applying individual upon request, by contacting the California Military Department located at 10601 Bear Hollow Drive at 916-854-3802 or SNT.Security@cmd.ca.gov. Failure to provide necessary personnel data for supported drug law enforcement agencies or California National Guard background checks and update existing security clearance information as well as failure to provide true, accurate, and complete responses to ALL questions may result in non-consideration or disqualification form employment with the Counterdrug Task Force.

DISCLOSURE IS VOLUNTARY: However, incomplete information may result in non-assignment or non-retention in the California National Guard Counterdrug Task Force. Only include the necessary requested information on this form.

CONTROLLED UNCLASSIFIED INFORMATION (CUI): Any PERSONAL INFORMATION collected is protected under the Freedom of Information Act (5 U.S.C 552) and Department of Defense guidelines, and subject to California Civil Code section 1798, et seq., and the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION by personnel processing this form may result in disciplinary action, criminal and/or civil penalties.

A link to the CalGuard Privacy Policy can be found at: **Calguard CMD Privacy Policy**

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

Pay Entry Base Date (PEBD:

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 was issued by:

DL 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:

   Age when offense occurred:
   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:

   Age when offense occurred:
   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:

   Age when offense occurred:
   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:

Age when offense occurred:
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:

Age when offense occurred:
Offense Date (YYYY/MM/DD):
Nature of Offense:
Disposition:
Authority/Court:
City/State/Zip:
Country:

6. **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:

Age when offense occurred:
Offense Date (YYYY/MM/DD):
Nature of Offense:
Disposition:
Authority/Court:
City/State/Zip:
Country:

7. **Illegal 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:

Age when offense occurred:
Controlled Substance/Prescription Drug Used:
From – To (YYYY/MM/DD-YYYY/MM/DD):
Number of Times Used:

8. **Illegal 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:

Age when offense occurred:
Controlled Substance/Prescription Drug Used:
From – To (YYYY/MM/DD-YYYY/MM/DD):
Number of Times Used:

9. **Illegal 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:

Age when offense occurred:
Controlled Substance/Prescription Drug Used:
From – To (YYYY/MM/DD-YYYY/MM/DD):
Number of Times Used:

10. **Alcohol Use**

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. **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):