



# Georgia Bureau of Investigation

## INTERNSHIP QUESTIONNAIRE

### Instructions:

Please complete this questionnaire completely and accurately answering all questions. All statements in this questionnaire are subject to verification and investigation. Deliberate misrepresentation, falsification or omission on any internship form will invalidate your application and disqualify you from an internship opportunity with the GBI.

Full Name Printed	Email Address	Telephone Number
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### ILLEGAL DRUG USE

Indicate below which of the following drugs you have *illegally* used in the past or are currently using illegally. List the number of times you used the drug(s) and the dates (Month and Year) of first and last use. Do NOT include instances in which the drug was legally administered by or prescribed for you by an authorized medical practitioner. If not applicable, please check "N/A."

Name of Drug	Check if you have used illegally	Number of times used	Date of first use	Date of last use	N/A
A's					
Acid					
Amphetamines					
Angel Dust					
Barbiturates					
Beauties					
Bennie					
Benzedrine					
Biphphetamine					
Black Beauties					
Blues					
Calif. Turnarounds					
Cloud					
Cocaine					
Codeine					
Coke					
Crack					
Crank					

<i>Name of Drug</i>	<i>Check if you have used illegally</i>	<i>Number of times used</i>	<i>Date of first use</i>	<i>Date of last use</i>	<i>N/A</i>
Darvon					
Demerol					
Dexedrine					
Dilaudid					
Downers					
Ecstasy (XTC) MDMA					
GHB					
Glue					
Hash Oil					
Hashish					
Heroin					
Ice					
Librium					
LSD					
Ludes					
Marijuana					
MDA					
Meperidine					
Mescaline					
Methadone					
Methamphetamine					
Methaqualone					
Morphine					
Mushrooms					
Nembutal					
Opium					
Oxycodone					
PCP					
Percodan					
Peyote					
Phenobarbital					
Preludin					
Psilocybin					
Reds					
RJS					
Rush					
Seconal					
Snort					
Soapers/Sopes					
Speckle Bird					
Speed					
Spice (synthetic Marijuana)					
Steroids					
STP					
Talwin					

<i>Name of Drug</i>	<i>Check if you have used illegally</i>	<i>Number of times used</i>	<i>Date of first use</i>	<i>Date of last use</i>	<i>N/A</i>
Talwin/PBZ					
Tees					
Thai Stick					
THC					
Tylox					
Uppers					
Valium					
White Cross					
Yellow Jackets					
Rush					
Other					

Explain fully any item(s) checked: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you used, sold or purchased illegal drugs or marijuana:

In the past 24 hours      Yes     No     Type Drug    \_\_\_\_\_

In the past week         Yes     No     Type Drug    \_\_\_\_\_

In the past month        Yes     No     Type Drug    \_\_\_\_\_

In the past six months    Yes     No     Type Drug    \_\_\_\_\_

In the past year          Yes     No     Type Drug    \_\_\_\_\_

Since applying for this position    Yes     No     Type Drug    \_\_\_\_\_

Do you own any drug paraphernalia?    Yes     No

If yes, describe the paraphernalia: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever possessed marijuana or other illegal drugs?    Yes     No

Are you currently using marijuana or other illegal drugs?    Yes     No

**If you answered “yes” to any of the above questions, answer the following:**

How many times have you been in the possession of marijuana or other illegal drugs? \_\_\_\_\_

When was the last time (month/year) you were in possession of marijuana or other illegal drugs? \_\_\_\_\_

Describe circumstances of marijuana use or other illegal drug use: \_\_\_\_\_

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

What is the most marijuana or other illegal drugs you have purchased at one time? \_\_\_\_\_

How much did you pay for it? \_\_\_\_\_

What is the most marijuana or other illegal drugs that has been given to you? \_\_\_\_\_

What is the most marijuana or other illegal drugs you have ever given away? \_\_\_\_\_

What is the most marijuana or other illegal drugs you have ever sold? \_\_\_\_\_

Have you ever grown or participated in growing marijuana? Yes  No

How much? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

What did you do with the marijuana? \_\_\_\_\_

Have you ever manufactured or participated in manufacturing illegal drugs? Yes  No

What type? \_\_\_\_\_

How much? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

What did you do with the drugs? \_\_\_\_\_

***Please answer the following:***

Have you ever intentionally transported or stored illegal drugs? Yes  No

Have you ever “set up” a drug buy for yourself or anyone else? Yes  No

Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes  No

Have you ever passed or attempted to pass a forged drug prescription? Yes  No

Have you ever been arrested or convicted for a drug violation? Yes  No

Have you ever stolen drugs from anyone? Yes  No

Have you ever sold any substance which you purported or claimed to be an illegal drug?

Yes  No

If you answered "yes" to any of the above questions, an explanation and date of occurrence is required: \_\_\_\_\_

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When is the last time that someone used illegal drugs or marijuana in your presence?

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Describe the circumstances: \_\_\_\_\_

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<b>DRIVING HISTORY</b>	
<b>IF YOU HAVE A DRIVER'S LICENSE, PROVIDE THE FOLLOWING:</b>	
State of Issue:	Driver's License Number:
Expiration Date:	Classification:
Did you possess a driver's license by any state other than Georgia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give state and license number:	
Has your license ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been refused a driver's license by any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your auto insurance ever been canceled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you ever obtain a driver's license under another name?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "yes" to any of the above questions, an explanation is required: \_\_\_\_\_

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## CRIMINAL HISTORY

**Answer each question truthfully, failure to answer these questions truthfully will result in being disqualified.**

Have you ever been arrested, been the subject of a criminal complaint, indictment or been required to appear as a suspect or defendant in any criminal proceeding, before any prosecuting officer or investigative agency?  
 Yes  No

Have you ever been convicted, pleaded guilty or pleaded nolo contendere to a misdemeanor or felony crime?  
 Yes  No

**Have you ever been:**

Sentenced to incarceration? Yes  No

Placed in a police lineup? Yes  No

Placed on probation? Yes  No

Placed on parole? Yes  No

Placed in a holding cell? Yes  No

Placed in a military stockade? Yes  No

Placed in a disciplinary school? Yes  No

Questioned by the police as a suspect of a crime? Yes  No

Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state or local agency? Yes  No

If you answered "yes" to any of the above questions, an explanation is required:

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**HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES?**

*The question applies even though you may not have been detected or arrested.*

	<b>Yes</b>	<b>No</b>
Murder	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
Involuntary Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>
Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>
False Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>
Hijacking an Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Driving on Revoked Driver's License	<input type="checkbox"/>	<input type="checkbox"/>

**HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES?**

*The question applies even though you may not have been detected or arrested.*

	<b>Yes</b>	<b>No</b>
Driving Under the Influence of Alcohol (DUI)	<input type="checkbox"/>	<input type="checkbox"/>
Vehicular Homicide	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Sodomy	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Rape	<input type="checkbox"/>	<input type="checkbox"/>
Child Molestation	<input type="checkbox"/>	<input type="checkbox"/>
Necrophilia	<input type="checkbox"/>	<input type="checkbox"/>
Public Indecency	<input type="checkbox"/>	<input type="checkbox"/>
Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Pimping	<input type="checkbox"/>	<input type="checkbox"/>
Bigamy	<input type="checkbox"/>	<input type="checkbox"/>
Incest	<input type="checkbox"/>	<input type="checkbox"/>
Cruelty to Animals	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Damage to Property	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>
Setting Fires	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Possession of Explosives	<input type="checkbox"/>	<input type="checkbox"/>
Theft by Taking	<input type="checkbox"/>	<input type="checkbox"/>
Theft by Deception	<input type="checkbox"/>	<input type="checkbox"/>
Theft by Conversion	<input type="checkbox"/>	<input type="checkbox"/>
Theft of Services	<input type="checkbox"/>	<input type="checkbox"/>
Theft of Lost or Mislaid Property	<input type="checkbox"/>	<input type="checkbox"/>
Theft by Receiving Stolen Property	<input type="checkbox"/>	<input type="checkbox"/>
Hit and Run	<input type="checkbox"/>	<input type="checkbox"/>
Shoplifting	<input type="checkbox"/>	<input type="checkbox"/>
Theft of Motor Vehicle, Parts, Components	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Armed Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Forgery	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Fraud	<input type="checkbox"/>	<input type="checkbox"/>
Accessing Computers for Fraudulent Purposes	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorized Access, Alteration, Destruction of Computers	<input type="checkbox"/>	<input type="checkbox"/>
Bribery	<input type="checkbox"/>	<input type="checkbox"/>
Violation of Oath by Public Officer	<input type="checkbox"/>	<input type="checkbox"/>
Impersonation of Public Officer or Public Employee	<input type="checkbox"/>	<input type="checkbox"/>
Obstruction or Hindering of Law Enforcement Officers	<input type="checkbox"/>	<input type="checkbox"/>
Obstruction or Hindering of Firefighters	<input type="checkbox"/>	<input type="checkbox"/>
Giving False Name or Address to Law Enforcement Officers	<input type="checkbox"/>	<input type="checkbox"/>
False Report of a Crime	<input type="checkbox"/>	<input type="checkbox"/>
False Report of a Fire	<input type="checkbox"/>	<input type="checkbox"/>
Concealing Death of Another Person	<input type="checkbox"/>	<input type="checkbox"/>

**HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES?**

*The question applies even though you may not have been detected or arrested.*

	<b>Yes</b>	<b>No</b>
Escape	<input type="checkbox"/>	<input type="checkbox"/>
Perjury	<input type="checkbox"/>	<input type="checkbox"/>
Tampering with Evidence	<input type="checkbox"/>	<input type="checkbox"/>
Treason	<input type="checkbox"/>	<input type="checkbox"/>
Advocating Overthrow of Government	<input type="checkbox"/>	<input type="checkbox"/>
Riot	<input type="checkbox"/>	<input type="checkbox"/>
Inciting a Riot	<input type="checkbox"/>	<input type="checkbox"/>
Terroristic Threats and Acts	<input type="checkbox"/>	<input type="checkbox"/>
Peeping Tom	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful Eavesdropping	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Possession of Sawed-Off Shotgun, Machine Gun, Silencer	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Gambling	<input type="checkbox"/>	<input type="checkbox"/>
Dogfighting	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Exploitation of Children	<input type="checkbox"/>	<input type="checkbox"/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Possession, Manufacture, Distribution, Use of Illegal Drugs or Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Trafficking in Cocaine, Illegal Drugs or Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Use of Fictitious Name or False Address When Obtaining Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Intentional Inhalation of Model Glue	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any of the above, an explanation is required:

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**THEFTS**

	<b>Yes</b>	<b>No</b>
Did you ever steal any money from an employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever steal anything from an employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever steal any property or money from a fellow employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever deliberately “shortchange” a customer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever deliberately destroy any property of an employer?	<input type="checkbox"/>	<input type="checkbox"/>
As an adult, did you ever steal anything from a store or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever alter a price tag in a store?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever forge a check?	<input type="checkbox"/>	<input type="checkbox"/>

Did you ever intentionally write a bad check?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever steal anything from a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever act as a lookout when anyone else was stealing?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions, an explanation is required: \_\_\_\_\_

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# Georgia Bureau of Investigation

## Internship Program

### *AWARENESS STATEMENT*

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-02 (amended), and dissemination of such information are governed by state and federal law and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communication links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

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



# Georgia Bureau of Investigation Internship Program

## *INTERN AGREEMENT GUIDELINES*

While an intern at the Georgia Bureau of Investigation (GBI), I, \_\_\_\_\_, a student at \_\_\_\_\_, will adhere to the following guidelines:

1. I will not divulge or discuss with anyone other than appropriate GBI personnel any information to which I might be exposed to through my internship with the GBI. This includes any intelligence information, arrest or criminal history information, forensic laboratory results, operational information of the work unit to which I am assigned, or information concerning other GBI operations. *I understand that failure to follow the guidelines can lead to dismissal from the GBI internship program and criminal prosecution.*
2. I will follow the GBI policies and procedures related to the work unit to which I am assigned.
3. I understand that all notes, papers and memoranda concerning my internship must be reviewed by my GBI supervisor before any dissemination is made to my school or any instructor or person not an employee of the GBI.
4. If assigned to the GBI Investigative Division, I will always keep myself in a non-participant role when working with sworn personnel.
5. If I operate any state vehicle after receiving instructions to do so from GBI personnel, I will under no circumstances violate any traffic law and will operate the vehicle in a safe and defensive manner.
6. While performing an internship, I promise not to do anything in my personal life which would embarrass the GBI or cause a negative public perception of myself or the GBI.
7. I understand that during my internship I will be required to assist in administrative duties. I will insure that all administrative work I undertake will be completed in a proper and timely manner.
8. I understand that during my internship I am responsible to the GBI supervisor or his/her designee of the work unit to which I am assigned.
9. I understand that my internship can be terminated at any time without cause by a GBI supervisor.

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



# Georgia Bureau of Investigation Internship Program *School Certification Form*

*This form is to be completed by the college/university Registrar's office.*

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

This to certify that \_\_\_\_\_, is a  
(Student's Name)

\_\_\_\_\_ in classification and is currently attending the  
(Junior/Senior/Graduate Student)

\_\_\_\_\_ as a full-time student.  
(Name of Institution)

This student's **current GPA** is \_\_\_\_\_ on a 4.0 scale.

This student's **anticipated date of graduation** \_\_\_\_\_.

This student is required to complete \_\_\_\_\_ hours for their internship requirement.

\_\_\_\_\_  
Registrar's Signature or Dean of School

\_\_\_\_\_  
*School Seal*



# Georgia Bureau of Investigation Internship Program

## *WAIVER OF LIABILITY*

I am a student at \_\_\_\_\_ working toward a degree in criminal justice or related field, and I desire to enter a program of practical work with the GBI. I understand the sole purpose of said program is to expose me to the daily operations of the GBI, thereby furthering my education in the criminal justice field.

As a condition of my participation in this program, I now execute this agreement and make the following acknowledgments:

I acknowledge that my participation in this program is completely voluntary and that I will not be entitled to remuneration or pay of any type for said participation. I further acknowledge that my participation in this program does not give rise to an employee-employer relationship entitling me to coverage under the Workmen's Compensation Act, Georgia Laws 1920, p. 167 (O.C.G.A. § 34-9-1 et seq.)

I acknowledge and agree that the State of Georgia, the GBI and the employees thereof cannot be held liable for any accident or injury suffered by the undersigned arising out of or during the course of this program.

I voluntarily assume the risk of all injuries that might occur as a result of the training to be provided by individual members of the GBI.

I agree to make no claim against the State of Georgia, the GBI or any employees thereof for any physical or mental impairment arising out of and during the course of my participation in this program.

I agree to treat all matters within the GBI as confidential and agree not to discuss the daily operations which I am allowed to observe with anyone outside the GBI other than my Criminal Justice advisor.

I agree to provide evidence of my age prior to beginning this intern program, and should that evidence indicate that I am below the age of 21 years, agree to obtain the consent of my parents to participate in the program under the conditions herein described.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Signature if Student Under Age 21

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code



# Georgia Bureau of Investigation Internship Program

## *CERTIFICATION AND AUTHORIZATION*

I have read and understand each question on this questionnaire. I certify that my responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement, failing to answer a question(s) or an omission of material facts will result in my disqualification from the GBI Internship Program.

I authorize the Georgia Bureau of Investigation to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature, and to conduct a background investigation of me.

I understand that information provided by me on this questionnaire and information obtained during a background investigation of me may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

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

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



# Georgia Bureau of Investigation

## Internship Program

### *AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION*

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation (GBI), whether such records are of a public, private, or confidential nature. I understand that the GBI may review all records concerning myself at any time while I am being considered for employment. Should I be offered employment with the GBI, I further understand that permission is granted to run additional background checks during my term of employment with the GBI without seeking additional consent from me.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me) and records of local, state and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for GBI employment or employment in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Georgia Bureau of Investigation to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I understand that information obtained with this authorization may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Signature *\*\*Digital Signatures will not be accepted\*\**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
City State Zip Code

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

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

\_\_\_\_\_  
Date