



Georgia Bureau of Investigation

PRE-EMPLOYMENT 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 Pre-employment document will invalidate your application and disqualify you from employment with the GBI.

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

SPECIAL AGENT APPLICANTS COMPLETE THE FOLLOWING:

1. Do you have a four-year degree from an accredited college or university?

Yes No

If no, what is your anticipated date of graduation? _____

2. List college/university, type of degree and date obtained.

3. Do you meet the following vision requirements?

Distant Vision: Minimum vision corrected to 20/40 in both eyes with glasses or contact lenses and at least 20/200 in both eyes without correction.

Yes No

Adequate depth perception and the ability to distinguish colors.

Yes No

Peripheral Vision of at least 70 degrees in each eye.

Yes No

Near Vision: Minimum of 20/40, corrected or uncorrected, in each eye.

Yes No

4. Do you have any obligation or commitment which would prevent you from relocating from your current residence to an assignment anywhere in the State of Georgia?

Yes No

5. Are you a citizen of the United States? Yes No

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."

<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>
A's					
Acid					
Amphetamines					
Angel Dust					
Barbiturates					
Beauties					
Bennie					
Benzedrine					
Biphetamine					
Black Beauties					
Blues					
Calif. Turnarounds					
Cloud					
Cocaine					
Codeine					
Coke					
Crack					
Crank					
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					
Rush					
Seconal					
Snort					
Snow					
Soapers/Sopes					
Speckle Bird					
Speed					
Spice (synthetic Marijuana)					
Steroids					
STP					
Talwin					
Talwin/PBZ					
Tees					
Thai Stick					
THC					
Tylox					
Uppers					
Valium					
White Cross					
Yellow Jackets					
Rush					
Other					

Explain fully any item(s) checked: _____

Have you used, possessed, sold or purchased illegal drugs or marijuana;

In the past 24 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past week	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past month	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past six months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
Since applying for this position	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 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? _____

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, including date of occurrence, is required: _____

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

Describe the circumstances: _____



Georgia Bureau of Investigation Pre-employment Questionnaire

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 GBI employment.

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: _____