

Crow Police Department Supplemental Questionnaire

Complete the Following

Are you currently a POST Certified Law Enforcement Officer? Yes <input type="radio"/> No <input type="radio"/>		
Education Beyond High School: Masters <input type="radio"/> Bachelor's <input type="radio"/> Associates <input type="radio"/> 60 or more Semester Credits <input type="radio"/>		
Military Experience? Yes <input type="radio"/> No <input type="radio"/>		
Reserve Officer Experience? Yes <input type="radio"/> No <input type="radio"/>		
Arrest, Detention, and Litigation:(Show all arrests including traffic, except parking).		
If the answer to any of the questions below is YES , list the date, place, and full details of each incident on a separate sheet. If you fail to give date, place and full details your application will be rejected.		
A. Have you ever been arrested or detained by a law enforcement agency? Yes <input type="radio"/> No <input type="radio"/>		
B. Have you ever been convicted of a crime? Yes <input type="radio"/> No <input type="radio"/>		
C. Have you ever been fingerprinted (<i>arrest, job applicant, etc.</i>)? Yes <input type="radio"/> No <input type="radio"/>		
D. Have you ever been convicted of a misdemeanor crime of domestic violence? Yes <input type="radio"/> No <input type="radio"/>		
Have you used, tried, experimented, or in any way introduced into your body by any means. Indicate (Y)es or (N)o for each category. If YES, list date, place and full details on seperate sheet. If you fail to give date, place and full details your application will be rejected.		
	Y	N
Marijuana	<input type="radio"/>	<input type="radio"/>
Hashish, Hashish Oil	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Crack, Rock, Ice	<input type="radio"/>	<input type="radio"/>
Barbiturates, Hypnotics or "downers"	<input type="radio"/>	<input type="radio"/>
Amphetamines, Cross Tops, Bennies, "uppers"	<input type="radio"/>	<input type="radio"/>
Methamphetamine Speed, "crank"	<input type="radio"/>	<input type="radio"/>
LSD or Hallucinogens	<input type="radio"/>	<input type="radio"/>
PCP (Angel Dust, Sherm)	<input type="radio"/>	<input type="radio"/>
Heroin or other Opiates	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>
Pharmaceuticals drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>
Is there any other illegal drug, narcotic, or controlled substance not listed above that you have introduced into your body?	<input type="radio"/>	<input type="radio"/>
Have you introduced into your body a substance that you thought was an illegal drug and then found out that it was not?	<input type="radio"/>	<input type="radio"/>
Have you ever injected an illegal drug into your body?	<input type="radio"/>	<input type="radio"/>
Have you ever sold any illegal drug?	<input type="radio"/>	<input type="radio"/>
Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?	<input type="radio"/>	<input type="radio"/>