OKLAHOMA BUREAU OF NARCOTICS AND DANGEROUS DRUGS CONTROL
419 N. E. 38TH TERRACE
OKLAHOMA CITY, OK 73105-3406

405-521-2885 or 800-522-8031
Human Resources 405-530-3145
Fax 405-530-3845

Background Questionnaire

DO NOT LEAVE ANY QUESTION BLANK

JOB TITLE: _____

DATE: _____

I. Applicant Identification

1. Name _____
   Last (Maiden Name) First Middle

2. Address _____
   Number/Street Apt.
   _____
   City State Zip Code

3. Mailing Address (If different) _____

4. Telephone (_____)_____(_____)_____(_____)_____
   Home Work Cell

5. Social Security Number _____
   (The Social Security Number will be used for identification purposes to ensure that proper records are obtained.)

6. Date of Birth ___/___/_____ Place of Birth_____
   mm/dd/yyyy
7. List all other names you have ever had or used; nicknames, maiden name, previous married names, etc. _____
   _____

II. Residences

List chronologically your previous residences for the past 10 years (include addresses while attending school if away from home). List the dates by month and year. Attach as extra page if necessary.

From (mo/yr)	***To (mo/yr)***	***Complete Address*** ***(Street, Apt., City, State, Zip)***	***If Leased or Rented, Give Name & Address of Person/Entity You Rented/Leased From***

If applicable, list military addresses		

III. Motor Vehicle License Information

1. Are you a licensed driver? Yes_____ No_____
   (If "yes", please provide the following information :)
   License Number_____ State of Issue _____
   License Type_____ Expiration Date_____
   Restrictions_____
   _____

2. List any other states in which you have been licensed to operate a motor vehicle. _____

3. List all traffic citations (excluding parking citations) you have received within the last seven (7) years.

Nature of Violation	*City/State*	*Approximate Date*	*Action Taken*

5. Have you been involved as a driver in a motor vehicle accident within the last 7 years? Yes_____ No_____ If "yes", please give details for each accident. (Include date, location, whether police investigated, police agency, injury or non-injury and details on attachment)

6. If there is anything you wish to discuss about your driving record, please use the space below. _____
_____
_____

7. Has your license ever been suspended or revoked? Yes_____ No_____ If "yes" please give details (include what, when, where, why).

Approximate Date	*City/State*	*Reason for Suspension*

IV. Financial History

1. Have you ever filed for Bankruptcy? Yes_____ No_____ If "yes", what year?_____
_____

2. In the last 5 years, have you ever been delinquent in any of your accounts? Yes_____ No_____ If "yes", please explain_____
_____
_____

3. List any significant credit problems you may currently have: _____
_____
_____

V. Tax Information

1. Have you filed timely state and federal tax returns?
   Yes ___ No ___ If "no", Explain
   _____

2. Have you ever been delinquent on income or other tax payments?
   Yes ___ No ___ If "yes" give exact details. _____
   _____
   _____

VI. Miscellaneous

1. Have you ever been arrested, charged or convicted of a misdemeanor and/or felony crime, including DUI or DWI? Yes _____ No _____ (If "yes", describe in detail.)

Date	*Arresting Agency*	*Charge*	*Outcome*

2. Have you ever committed a crime, which went undetected or unsolved? (To include paying for or soliciting for sex?)
   Yes _____ No _____ (If "yes", described in detail, including nature of illegal activity, dates and duration of illegal activity.) _____
   _____
   _____

3. Has any member of your family or close relative (including in-laws) ever been convicted of a felony? Yes _____ No _____ (If "yes", please answer the following.)

Name	*Relation*	*Date*	*Place*	*Charge*	*Final Disposition*

4. Have you ever been a____ plaintiff or a _____defendant in a civil or criminal court action including Divorce? (Please check specifically)
   Yes _____ No _____ (If "yes", please answer the following.)

Date	*Place*	*Involved Parties*	*Nature of Action*	*Final Disposition*

5. Do you or your spouse have any financial interest in any business enterprise involved in the manufacture or distribution of drugs or pharmaceuticals? Yes _____ No _____ (If "yes", specify) _____

6. Do you now, or have you ever possessed, used or distributed any controlled dangerous substances such as Narcotics, Amphetamines, Barbiturates, Mescaline, L.S.D. or any other drug not specifically prescribed for you by a physician? Yes ____ No ____ (If "yes", explain fully)

_____

_____

7. Have you ever smoked or experimented with marihuana, hashish, or any dangerous drug or narcotic? Yes _____ No _____ (If "yes", explain fully)

Approximate Date of Last Use	***Type(s) of CDS used***	***Approximate Number of Separate Uses***

8. Have you ever sniffed or inhaled glue, paint, lacquer, gas, or any substance with the intent of getting high or drunk? Yes _____ No _____ (If "yes", explain fully)

Approximate Date of Last Use	***Type(s) of CDS used***	***Approximate Number of Separate Uses***

9. Are you a citizen of the United States? Yes _____ No ____ Are you approved to work in the United States? Yes _____ No _____ (Attach proof of eligibility)

10. If you are applying for a paid commissioned position, are you willing and prepared to accept assignment or transfer anywhere within the state of Oklahoma?
Yes _____ No _____ N/A _____

11. The successful candidate will be offered employment conditional upon the satisfactory completion of an extensive background investigation, polygraph examination and drug screen. Commissioned applicants must complete a physical examination and psychological evaluation. Reserve applicants must complete a psychological evaluation as well. If offered employment or reserve status with the OBNDDC, do you agree to participate in this process? Yes _____ No _____ (If "no", pleases indicate which step of the process with which you have an objection.)_____

VII. Relatives

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even though relative is deceased, give all the information requested, and indicate last residence and year of death. Include step-brothers and sisters, and if you have step-parents, legal guardians or others who have raised you instead of your parents. If you are engaged to be married or contemplating marriage in the near future, complete information under the "spouse" section and indicate "future". If exact date of birth is not known, give approximate age and so indicate. **Include full legal names. (No nicknames)**

Father's name: _____ Date of Birth: _____
Last First Middle
List any other legal names: _____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Mother's name: _____ Date of Birth: _____
Last First Middle
Maiden Name: _____
(Include any other legal names)
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Spouse's name: _____ Date of Birth: _____
Last First Middle
Maiden Name: _____
(Include any other legal names)
Complete Address: _____
Occupation, Employer's name and address:_____
_____

Child's name: _____ Date of Birth: _____
Last First Middle
List any other legal name(s):_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Child's name: _____ Date of Birth: _____
Last First Middle
List any other legal name(s):_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Child's name: _____ Date of Birth: _____
Last First Middle
List any other legal name(s):_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Child's name: _____ Date of Birth: _____
Last First Middle
List any other legal name(s): _____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Former Spouse(s) name: _____
Last First Middle
List any other legal name(s) _____ Date of Birth:_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Sibling's name: _____ Date of Birth: _____
List any other legal name(s):_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Sibling's name: _____ Date of Birth: _____
List any other legal name(s):_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Sibling's name: _____ Date of Birth: _____
List any other legal name(s):_____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

Attach a separate sheet if more than if more siblings and/or children exist.

List any other adult who lives with you:
Name: _____ Date of Birth: _____
List any other legal name(s) they have used: _____
Complete Address: _____
Occupation, Employer's name and address: _____
_____

VIII. Affirmation

I hereby authorize the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to verify the information I have provided in this background questionnaire, in my oral statements and in any other documents or supplemental information I have provided to the OBNDDC for the purposes of employment or for reserve status. I release the OBNDDC and any employee acting on its behalf from any and all causes of action, which may accrue to me as a result of said verification and disclosure of records

I authorize my current employer and/or any previous employers, and any other person, to give information they have regarding me, my employment, or other association with them. I release them and their organizations from any liability for damages accruing to me as a result of said disclosure of records or other information. I certify that all information I have supplied to the OBNDD in this application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of my offer of employment if an offer has been made, or foe my immediate discharge if employment has already commenced whenever and however discovered.

_____
Signature of Applicant

State of _____)
County of _____)

Subscribed and sworn to before me, a Notary Public in and for the STATE OF OKLAHOMA, on this ____ day of _____, 20___.

_____
Notary Public

SEAL

My Commission Expires: