



SHANNON D. DICUS, SHERIFF-CORONER

## SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT Preliminary Background Questionnaire

You are required to complete the preliminary Background Questionnaire. Each question must be answered, leave no blanks. If a question does not apply, enter "N/A" in the space provided.

**Date:** \_\_\_\_\_ **Position Applied for:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver's License Number/State:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City and State

**Telephone:** \_\_\_\_\_  Cell  Home  Work

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**Name of High School** **City and State** **Zip Code**

\_\_\_\_\_  
**Current Employer** **City and State** **Zip Code**

\_\_\_\_\_  
**Military Branch** **Date of Service** **Type of Discharge**

### Instructions

This questionnaire is a part of the background process for all positions with the San Bernardino County Sheriff's Department. The information you provide in your background will be verified through a variety of sources. If you answer "Yes" to a question, it does not necessarily disqualify you; however, being dishonest or untruthful in any response will lead to disqualification.

- Carefully read and answer each question.
- Handwrite in BLUE or BLACK ink.
- Must be completed by applicant.

1. Have you **EVER** been arrested, or detained? If so, list the offense, date, agency, and disposition.

---

---

---

---

---

---

---

---

---

---

---

---

2. Have you **EVER** been placed on probation/parole? If so, list the offense, agency and dates of probation.

---

---

---

---

---

---

---

---

---

---

---

---

3. Have you **EVER** committed theft, whether at work or outside of work? If Yes, please explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

4. Have you **EVER** driven a vehicle while under the influence of alcohol or drugs, including medicines? If yes, please explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

5. Have you **EVER** received any discipline (written or verbal) in your employment? If yes, please explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

6. Have you **EVER** been terminated (fired), asked to resign, or quit in lieu of being fired? If yes, explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

7. Have you **EVER** committed any act of physical violence (i.e. slapping, hitting, beating, arm-twisting, spitting, pushing etc.) within an intimate relationship (including casual and long-term relationships)?

---

---

---

---

---

---

---

---

---

---

---

---

---

8. Have you, or anyone you know, **EVER** been associated with or been part of a gang or motorcycle club? If yes, explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

---

9. Have you **EVER** had any bills sent to collections, or filed for bankruptcy? If yes, explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

---

10. Please list **all** law enforcement agencies you have applied including **sworn and non-sworn positions**. Please indicate your current eligibility status and be specific. For example: application only, failed oral, failed background, pending interview, withdrew from process, etc.

*Example: Applied 01/01/24- San Bernardino County Sheriff's (application only, failed backgrounds, in backgrounds, or withdrew)*

---

---

---

---

---

---

---

---

---

---

---

---

11. Since the age of 18, have you **EVER** had sex with someone under the age of 18 or who have suspected, or claimed to be under the age of 18? If yes, please explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

12. Have you **EVER** viewed, purchased, sold, participated, or subscribed to child or animated child pornography? If yes, explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

13. Have you **EVER** paid/or been paid for sex, and/or sexual acts including internet accounts? If yes, please explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

14. Have you **EVER** committed Bestiality (any type of sexual act with an animal)? If yes, please explain detail.

---

---

---

---

---

---

---

---

---

---

---

---

15. Have you **EVER** had sex or masturbated in a public place, in public view or while at your place of employment? If yes, explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

16. Is there anything in your background that you have not been asked about that might eliminate you from consideration for this job if it were found out?

---

---

---

---

---

---

---

---

---

---

---

---

---

17. Describe ALL traffic citations you have received, other than parking violations.

---

---

---

---

---

---

---

---

---

---

---

---

---

18. Describe ALL traffic collisions you have been involved in as a driver.

---

---

---

---

---

---

---

---

---

---

---

---

---

## DRUGS AND NARCOTICS

| 19. Have you <i>ever</i> , during the course of your lifetime, used, tried, experimented, or in <i>any way</i> ingested into your body: |  | Month/Year First Used | Month/Year Last Used |
|---|--|-----------------------|----------------------|
| Alkyl Nitrates (Poppers)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Cocaine (Powder)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Barbiturates (Downers)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Amphetamines (Uppers, Whites, Bennies)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Methamphetamine (Speed, Crank, Crystal)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Heroin  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| 2CB (Nexus)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Alpha PVP, Flaka (Gravel), Krokodile  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Cocaine (Rock, Crack)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Codeine   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Dextromethorphan (Skittles, DMX, Triple C)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| GHB (Liquid-X "G", Scoop, Fantasy)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Hydrocodone (Vicodin)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Hydromorphone   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Nitrous Oxide (NOS, N20, Laughing gas, Glue, Paint Aerosols. Whinnets)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Ketamine (K, Special K, Vitamin K)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Methadone   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Rohypnol (Roofies)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Salvia, Fentanyl  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| LSD (Acid), Mushrooms, or other Hallucinogens   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Peyote or Mescaline   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Opium / Morphine  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| PCP (Angel Dust)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Anabolic Steroids - Oral or Injectable  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Toluene (Inhalants)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |
| Combination of Substances or any "Designer Drug" or Club Drugs"   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                      |



|  |  |  |  |
|--|--|--|--|
| Ecstasy, GHB, MDMA, XTC                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Bath Salts (Synthetic Cathinones)                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Spice  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| OxyContin  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Adderall, Dexedrine, Ritalin                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Performance Enhancing Drugs ( <b>HGH</b> , EPO, AAS etc.)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Any pharmaceutical drug prescribed for another person      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Any other drug, excluding cannabis (other than prescribed) | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

If you have used any of the listed drugs above or any other illegal drug, excluding cannabis, you must write a complete explanation in handwriting in the blank section below. Be specific as possible.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Peace Officers Questions Only**

Those applicants who are now or have previously been a peace officer, reserve peace officer, military police officer, or correctional officer, must answer the following questions. If they do not apply to you, please write "N/A."

20. As a peace officer, have you ever accepted anything for overlooking a violation?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

21. As a peace officer, have you ever used your official position for personal gain?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

22. Have you ever had a citizen's complaint alleged against you? Explain in detail.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

23. Have you ever been the subject of an internal affairs investigation? Explain in detail.

---

---

---

---

---

---

---

---

---

---

*I am aware that any false statements or omissions made on this questionnaire will cause my name to be removed from the eligibility list, or be cause for non-selection by the San Bernardino County Sheriff's Department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify the Sheriff's Background Unit of these changes could also be grounds for disqualification and/or non-selection.*

Applicant signature: \_\_\_\_\_

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