CALIFORNIA NATIONAL GUARD COUNTERDRUG TASK FORCE
SECURITY QUESTIONNAIRE

AUTHORITY: 50 U.S.C Section 781-887, Internal Security Act of 1950; Executive Order 0540, Security Requirements for Government Employment; Executive Order 12356, National Security Information and 5 U.S.C 301, Department Regulations, NGB 500-2/ANGI 10-801, National Guard Counterdrug Support.

PRINCIPAL PURPOSE: Failure to provide necessary personnel data for supported drug law enforcement agencies or California National Guard background checks and update existing security clearance information may result in non-assignment to duty with supported drug law enforcement or the California National Guard Counterdrug Task Force.

PERSONAL INFORMATION

Name: First:_____ Middle: _____ Last:_____

Suffix (ie: II, III, or Jr.)*:_____ SSN: _____

Birth Date: _____ (YYYY/MM/DD)

City/State: _____ County*: _____

Country: _____ Gender: Male Female

Maiden name *(if applicable)*: First: _____ Middle: _____ Last: _____

Work Phone: _____ Day / Evening (*circle one*).

Home Phone: _____ Day / Evening (*circle one*).

Height: _____ (Feet/Inches: e.g., 5/11)

Weight: _____ (Pounds)

Hair color: _____

Eye color: _____

Driver's License Number:_____ Expiration Date: _____

OTHER NAMES USED

Have you ever used another name: **(Y / N)**

If yes, FROM: _____ To: _____ (YYYY/MM/DD)

Name Used *(Include first, middle, and last names)*: _____

POLICE INFORMATION

1: YOUR POLICE RECORD - FELONY OFFENSES

Have you ever been charged with or convicted of any felony offense? □ (Y / N) If yes, provide the following:
Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____
Action: _____ Authority/Court: _____ City/State/Zip: _____ Country: _____

2: YOUR POLICE RECORD - FIREARMS/EXPLOSIVES OFFENSES

Have you ever been charged with or convicted of a firearms or explosives offense?□ (Y / N) If yes, provide the following:
Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____
Action: _____ Authority/Court: _____ City/State/Zip: _____ Country: _____

3: YOUR POLICE RECORD - PENDING CHARGES

Are there currently any charges pending against you for any offense? ☐ (Y / N) If yes, provide the following:
Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____
Action: _____ Authority/Court: _____ City/State/Zip: _____ Country: _____

4: YOUR POLICE RECORD - ALCOHOL/DRUG OFFENSES

Have you ever been charged with or convicted of any offense(s) to alcohol or drugs? ☐ (Y / N) If Yes, provide the following:
Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____
Action: _____ Authority/Court: _____ City/State/Zip: _____ Country: _____

☐ For these items, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 360.

5: YOUR POLICE RECORD - MILITARY COURT

In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) ☐ (Y / N) If Yes, provide the following:
Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____
Action: _____ Authority/Court: _____ City/State/Zip: _____ Country: _____

6: YOUR POLICE RECORD - OTHER OFFENSES

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in questions 1, 2, 3, 4, or 5? (Leave out traffic fines of less than $150.00 unless the violation was alcohol or drug related.)
☐ (Y / N) If Yes, provide the following:
Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____
Action: _____ Authority/Court: _____ City/State/Zip: _____ Country: _____

7: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - ILLEGAL USE OF DRUGS

Since the age of 16 or in the last 7 years, which ever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? (Y / N) If yes, provide the following:
Controlled Substance/Prescription Drug Used: _____
From: _____ To: _____ (YYYY/MM/DD)
Number of Times Used: _____

8: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - USE IN SENSITIVE POSITION

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety? (Y / N) If yes, provide the following:
Controlled Substance/Prescription Drug Used: _____
From: _____ To: _____ (YYYY/MM/DD)
Number of Times Used: _____

9: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - DRUG ACTIVITY

In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? (Y / N) If yes, no further information is required.

10: YOUR USE OF ALCOHOL

In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? (Y / N) If yes, provide the following:

From: _____ To: _____ (YYYY/MM/DD)
Counselor/Doctor Name:
First: _____ Middle: _____ Last: _____
Address: _____
City/State/Country/ZIP: _____

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by and up to termination from the California National Guard Counterdrug Task Force, by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

_____ _____
Signature *(Sign in ink)* Date

_____ _____
Witness Name *(Typed or printed)* Date

_____
Witness Signature *(Sign in ink)*