

AFOSI AGENCY QUESTIONNAIRE

Instructions: Answer each question with “yes” or “no.” If you answer “yes” to any question, you must utilize the AFOSI Agency Questionnaire Continuation Page (third page of the questionnaire) to provide details/circumstances. Applicants *must* print, sign and submit the completed AFOSI Agency Questionnaire with their application package.

1. Since your 18th birthday, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

2. In the last 3 years, have you illegally used any drugs or controlled substances (use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any illegal drug or controlled substance)?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

3. Have you ever been arrested, charged, or convicted of domestic abuse, domestic assault or assault?

Yes (If yes, utilize continuation page to provide details/circumstances of the offenses and penalties imposed)
No

4. Have you ever been arrested, charged and/or convicted of any felony or misdemeanor crime?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

5. Are you currently on trial or awaiting trial on criminal charges?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

6. Have you ever been charged with an offense involving firearms or explosives?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

7. Since your 18th birthday, has your alcohol use had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

8. Have you ever declared bankruptcy?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

9. Have you been a member of or contributed to an organization dedicated to the use of violence or force to overthrow the United States Government?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

10. Have you ever had a security clearance denied/revoked or failed a polygraph examination?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

11. Have you ever been turned down for employment or been terminated by any local, state or federal law enforcement or criminal investigative agency?

Yes (If yes, utilize continuation page to provide details/circumstances)
No

**AFOSI AGENCY QUESTIONNAIRE
CONTINUATION PAGE**

By signing my name below, I hereby certify that all information I have reported via the AFOSI Agency Questionnaire is true and complete to the best of my knowledge and belief. I understand that failure to provide complete information could result in my non-selection for employment.

APPLICANT FULL NAME: _____

DATE COMPLETED: _____

APPLICANT SIGNATURE: _____