

## AFOSI AGENCY QUESTIONNAIRE

**Instructions:** Answer each question with “yes” or “no.” 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 18<sup>th</sup> 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

12. This position requires the employee to sign a mobility agreement as a condition of employment in accordance with Chapter 16 of AFMAN 36-606, Civilian Field Management and Development. Applicants must be willing to accept assignments anywhere in the U.S. and/or in overseas locations. Applicants should also understand that following initial assignment and at multiple points throughout one's career, AFOSI may assign individuals to other positions, worldwide, based on the needs of the organization. Are you willing to sign a mobility agreement?

(NOTE: Failure to agree or respond to the statement below will disqualify you from further consideration for the position. Select the most appropriate response below.)

Yes  
No

13. Are you willing to move to another geographical location to accept this position based on the needs of the organization?

Yes  
No

14. Are you willing to move at multiple points in your career based on the needs of the organization?

Yes  
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: \_\_\_\_\_