



## Integrity and Lifestyle Questionnaire

Honesty, integrity and lifestyle are areas that are scrutinized closely in considering Police Officer applications.

This questionnaire pertains to your lifestyle and your integrity. It is expected that you will answer all questions accurately, completely and honestly. Should you be considered to continue in the process, your answers will be verified by a variety of means including a detailed background investigation and a polygraph examination.

Information supplied in this document is evaluated as part of a competition for employment as a Police Officer and will be held in strict confidence.

**Please be advised that an ethics violation—that is deceit, dishonesty or non-disclosure concerning questions in this document—will disqualify you from this and any future competition. An ethics violation may also affect your ability to compete for any other police agency.**

Please complete the questionnaire in black ink. In all incidents, provide specific details including month and year. This questionnaire must be completed in your own handwriting and must be legible. If you require additional space, please use the back of the previous page.

*Boxed/shaded areas are for Recruiting Staff purposes only*

SURNAME: \_\_\_\_\_ GIVEN: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: HOME: (\_\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_ PAGER: (\_\_\_\_\_) \_\_\_\_\_



# Driving

1. List all driving offences for which you have received a ticket, including photo radar and out of province.

---

---

---

---


2. Have you been involved in any motor vehicle collisions during the past five years?  
 No       Yes      Were you at fault? What were the details of the accident(s)?

---

---

---

---


3. Have you ever received any insurance settlements resulting from a motor vehicle collision?  
 No       Yes      Provide details (when, where and why).

---

---

---

---


4. Have you been involved in a hit and run collision?  
 No       Yes      Provide details.

---

---

---

---


5. Have you ever deliberately left the scene of a collision?  
 No       Yes      Provide details (when, where and why).

---

---

---

---


**Alcohol Use**

6. Do you drink alcoholic beverages?  
 No       Yes      How much and how often (daily, weekly, monthly) do you drink?

---

---

---

---


7. When and why are you most likely to consume alcohol? When was the last time you were drunk?

---

---

---

---


8. In the past, have you been in a verbal or physical altercation while under the influence of alcohol?

No       Yes      Provide details (where, when, circumstances).

---

---

---

---


9. Provide details about the last time you drove when you thought you were over the legal alcohol limit. How many drinks did you have and over what period of time? How many times in total? When did this occur?

---

---

---

---


10. Has alcohol ever caused a problem in your job, home, school or community?  
 No       Yes      Provide details (where, when, circumstances).

---



---



---


### Drug Use

11. Have you ever used an illegal drug?    No    Yes

Marihuana	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Hashish	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Cocaine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Crack	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
LSD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Methamphetamine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Mushrooms	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Speed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Heroin	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
Ecstasy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
PCP	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# of times _____	When (month, year) _____

Additional comments regarding frequency of use and timeframes:

---



---



---


12. When did you last use an illegal drug? What were the circumstances? What type of drug?

---

---

---

---


13. Have you ever purchased illegal drugs?

No

Yes

Provide details (where, when, circumstances, type of drug).

---

---

---

---


14. Have you ever sold illegal drugs?

No

Yes

Provide details (where, when, circumstances, type of drug).

---

---

---

---


15. Have you ever grown / manufactured / imported / transported illegal drugs?  
 No       Yes      Provide details (where, when circumstances).

---

---

---

---


16. Have you ever used or sold steroids?  
 No       Yes      Provide details (where, when, circumstances).

---

---

---

---


17. Have you ever misused prescription drugs?  
 No       Yes      Provide details (where, when, circumstances, type of drug).

---

---

---

---


18. Have you ever misused nonprescription drugs?

No

Yes

Provide details (where, when, circumstances, type of drug).

---

---

---

---


**Credit**

19. Have you ever declared bankruptcy?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


20. Has a collection agency ever been assigned to any of your outstanding debts?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


21. Have you ever written a NSF cheque?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


22. Have you ever had or do you currently have a problem with debt?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


23. What did you do to handle this problem? Be specific.

---

---

---

---


## Personal Relationships

24. Have you ever been in a physical altercation with a spouse or partner or anyone associated to you in a domestic or family relationship?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


25. Have you ever used physical violence toward any adult person (sports or otherwise)?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


26. Have you ever been physically violent toward a child?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


27. Have you ever been involved in sexual activity where money has been exchanged?  
 No       Yes      Provide details (where, when, circumstances).

---

---

---

---


28. Have you ever retained the services of an escort agency?  
 No       Yes      Provide details (where, when circumstances).

---

---

---

---


29. Have you ever had sexual involvement with anyone without their consent?  
 No       Yes      Provide details (where, when circumstances).

---

---

---

---


30. Have you ever been involved in a sexual manner with a child or under age person?  
 No       Yes      Provide details (where, when, circumstances).

---

---

---

---


31. Have you ever committed a sexual act that constituted a criminal offence?  
 No       Yes      Provide details (where, when circumstances).

---

---

---

---


32. Have you ever viewed, possessed or produced any child pornography?  
 No       Yes      Provide details (where, when circumstances).

---

---

---

---


33. Have you ever accessed, received or sent pornography on the Internet?  
 No       Yes      Provide details (where, when circumstances).

---

---

---

---


34. Are you currently registered in any social networking groups on the Internet? e.g. Facebook, MySpace, etc.  
 No       Yes      List all accounts.

---

---

---

---


## Work and School

35. Have you held any employment / volunteer work that you are deliberately not disclosing?

No       Yes      Provide details (where, when, circumstances).

---

---

---

---


36. Have you ever been disciplined / documented for inappropriate behaviour at work?

No       Yes      Provide details (where, when, circumstances).

---

---

---

---


37. Have you ever been unemployed for extended periods?

No       Yes      Provide details (where, when, circumstances).

---

---

---

---


38. Have you collected Employment Insurance or Social Assistance?

No

Yes

How many times? Why? When was the last time?

---

---

---

---


39. How many times have you worked while on Employment Insurance or Social Assistance and not reported your full earnings? Provide details (where, when, circumstances).

---

---

---

---


40. Have you ever been fired, laid off or let go from a job?

No

Yes

What position, employer, circumstances?

---

---

---

---


41. Have you ever been suspended or formally reprimanded by an educational institution (include academic suspensions)?  
 No       Yes      Provide details (where, when, circumstances).

---

---

---

---


42. Have you ever had problems with absenteeism or lateness when you were a student or an employee?  
 No       Yes      Provide details (where when, circumstances).

---

---

---

---


43. Have you ever booked off sick when you have not been?  
 No       Yes      How many times? Why? When was the last time?

---

---

---

---


44. Have you ever cheated on an exam?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


45. Have you ever plagiarized an essay?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


## Medical

46. List any medical concern you have or have had in the past?

- Allergy \_\_\_\_\_ Medication: \_\_\_\_\_
- Asthma / Lung Disorder Medication: \_\_\_\_\_
- Back / Neck Medication: \_\_\_\_\_
- Blackouts Medication: \_\_\_\_\_
- Blood Pressure Medication: \_\_\_\_\_
- Depression Medication: \_\_\_\_\_
- Diabetes Medication: \_\_\_\_\_
- Epilepsy Medication: \_\_\_\_\_
- Headaches / Migraines Medication: \_\_\_\_\_
- Hearing Medication: \_\_\_\_\_
- Heart Medication: \_\_\_\_\_
- Injuries (head, chest, stomach) Medication: \_\_\_\_\_
- Kidney Medication: \_\_\_\_\_
- Psychological Issues Medication: \_\_\_\_\_
- Serious Illness \_\_\_\_\_ Medication: \_\_\_\_\_
- Surgery \_\_\_\_\_ Medication: \_\_\_\_\_
- Ulcer \_\_\_\_\_ Medication: \_\_\_\_\_

Do you have any physical disorder not discussed?

- No       Yes      Provide details (where, when, circumstances).

---

---

---

---


Any medication not discussed?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


### Lifestyle

47. Do you currently associate with, or have you in the past, associated with individuals or groups who were engaged in criminal activity?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


48. Do you now associate with or are you connected in any way to any gang or member of a gang? Have you, in the past, associated or been connected in any way to any gang?

No

Yes

Provide details (where, when, circumstances).

---

---

---

---


49. Do you ever gamble?  No  Yes Provide details.

---

---

---

---


50. Do you have any gambling debts?  No  Yes Provide details.

---

---

---

---


51. Detail any occasion when you filed an inaccurate tax return (e.g. did not declare all income, padded expenses, etc.).

---

---

---

---


52. Provide particulars on any occasion when you failed to declare everything at the border. Please include date, value and type of item.

---

---

---

---


53. Are you aware of any reason that you would not be able to perform the physical duties of a street patrol police officer?  
 No       Yes       I do not wish to disclose this

---

---

---

---


54. Are you aware of any reasons that may disqualify you as a potential police officer?  
 No       Yes      Provide details.

---

---

---

---


55. Have you ever been charged with a criminal offence? Explain.

---

---

---

---


56. Have you ever been arrested, detained, questioned or driven home by the police?  
 No       Yes      Provide details (where, when, circumstances).

---

---

---

---


57. Have you ever taken property or acquired property without the consent of the owner?  
 No       Yes      Provide details (where, when, circumstances).

---

---

---

---


I hereby certify the above to be correct and that all statements in this application are true. I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of all rights to any employment by the Delta Police Board.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

You are required to attach copies of the following documents:

	Attached - ✓ in space below
1. Birth certificate or proof of citizenship	
2. Driver's Licence	
3. School Transcripts	
4. First Aid Certificate	
5. Eye and colour vision examination	

## Exemption Candidates Only

58. When and where did you receive your police officer recruit training?

---

---

---

---


59. How many years service in total do you have?

---

---

---

---


60. What is your current rank?

---

---

---

---


61. Are you currently the subject of an internal or external investigation?

No

Yes

Provide details (where, when, circumstances).

---

---

---
