



OFFICE OF THE SHERIFF, County of Santa Barbara

Personal History Questionnaire (PHQ)

All candidates pursuing employment with the Santa Barbara County Sheriff's Office must complete and submit a Supplemental Personal History Questionnaire. It is your responsibility to accurately complete this form and provide all the required information. Failure to do so will be deemed as sufficient grounds to deny your entrance into the competitive process. The information you provide in this Personal History Questionnaire will be used to assist in determining your suitability for a public safety position.

INSTRUCTIONS:

When answering the following questions and throughout the selection process, it is extremely important for you to be honest and accurate. Integrity and honesty are essential traits for hire into a Law Enforcement Agency. Although some acts may or may not be disqualifying, dishonesty will disqualify you. All information contained in this Personal History Questionnaire and a Personal History Statement will be verified by a polygraph examination later in the process.

It is imperative that you realize you are responsible for providing complete, accurate and truthful responses.

SUBMISSION OF THE PERSONAL HISTORY QUESTIONNAIRE:

Your completed PHQ must be received by the deadline stated. If your PHQ is not received by the deadline, this will result in your disqualification from the recruitment. Please submit this document to Sheriff's Human Resources Office in one of the following ways: mail, fax, or hand delivered.

Mail to:

Santa Barbara County Sheriff's Office,
Attn: Human Resources
P.O. Box 6427
Santa Barbara, CA 93160-6427

Hand Deliver to:

Santa Barbara County Sheriff's Headquarters
4434 Calle Real
Santa Barbara, CA 93110

Fax to:

Santa Barbara County Sheriff's Office,
Attn: Backgrounds
(805) 681-4974

FAILURE TO SUBMIT THE SUPPLEMENTAL QUESTIONNAIRE BY THE DEADLINE DATE/TIME WILL DISQUALIFY YOU FROM THE SELECTION PROCESS.

YOUR PHQ WILL NOT BE ACCEPTED BY THE COUNTY OF SANTA BARBARA HUMAN RESOURCES DEPARTMENT. IT MAY ONLY BE SUBMITTED TO THE SHERIFF'S OFFICE HUMAN RESOURCES BUREAU.

QUESTIONS: If you have any questions or concerns regarding this PHQ, please contact the Sheriff's Human Resources Bureau at (805) 681-4270.

Sheriff's Personnel Only
Initials _____ Aprvd _____
Date _____ Not Aprvd _____
Comments:

Personal History Questionnaire (PHQ)

POSITION APPLIED FOR (Job Title):

<u>Name:</u> (Last, First) Print Clearly	<u>Driver's License Number:</u>
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<u>Address:</u> (Include Number, Street, City, State and Zip Code)	<u>Phone Number:</u>
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1. List all traffic citations and their dispositions that you have received within the past 3 years; regardless of when and where they occurred, starting with the most recent. All citations must be listed; even those you believe have been deleted from your official record, (i.e., citations cleared through traffic school, dismissed, etc.)

Use the following format: **Place (city/state) on the citation, date (month/year) of the citation; describe the specific charge** at the time of the original citation (i.e., speeding, failure to stop at red light, no front plate, tinted windows, etc.). Finally, provide **the final disposition of the citation** (i.e., paid fine, went to traffic school, dismissed in court, driver's license suspension, etc.).

DO NOT list parking violations.

If you have not received any traffic citations in the past 3 years, please answer "Not Applicable".

2. Has your driver's license ever been suspended, restricted or revoked or has your driving privilege ever been Court restricted or put on probation?

Yes **No**

If your driver's license has been suspended, restricted or revoked or Court restricted and/or probation, please explain the details (including dates) and circumstances below. If you answered "no", please answer "Not Applicable".

3. Have you ever **used and/or possessed** an illegal drug or substance?

Yes No

If you answered **"Yes"** to Question 3, please indicate below a **Yes** or **No** response for *each* of the **Named Drug/Substance** and **Date Last Used (Month/Year)**.

Name of Substance	Yes	No	Date of Last Use (month/year)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	
Hashish, Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>	
Cocaine (includes crack, rock freebase, powder and others)	<input type="checkbox"/>	<input type="checkbox"/>	
Barbiturates (Downers)	<input type="checkbox"/>	<input type="checkbox"/>	
Methamphetamines (includes meth, speed, ice, uppers, crank)	<input type="checkbox"/>	<input type="checkbox"/>	
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	
LSD, STP (or other Hallucinogenic)	<input type="checkbox"/>	<input type="checkbox"/>	
Psilocybin (Magic Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	
PCP (Angel Dust)	<input type="checkbox"/>	<input type="checkbox"/>	
MDMA (Ecstasy, AKA Adam, Eve)	<input type="checkbox"/>	<input type="checkbox"/>	
Steroids (Injected or Oral)	<input type="checkbox"/>	<input type="checkbox"/>	
Rohypnol (Roofies, GHB)	<input type="checkbox"/>	<input type="checkbox"/>	
Inhalants (Paint, Glue, Nitrous Oxide)	<input type="checkbox"/>	<input type="checkbox"/>	
Designer Drugs/Synthetics	<input type="checkbox"/>	<input type="checkbox"/>	
Other Substances: _____	<input type="checkbox"/>	<input type="checkbox"/>	

This personal history questionnaire is intended to assist candidates as well as background investigators about unlawful conduct in a candidate's background that could potentially disqualify s/he from employment with the Santa Barbara Sheriff's Office. This questionnaire is NOT intended to solicit information about a candidate's medical background, including legally prescribed medications, drug dependence and/or drug rehabilitation. Keeping this in mind, medical marijuana possession/use, if legally prescribed, is not illegal under the laws of the State of California; however, marijuana use and/or possession, even if legally prescribed in California, is still unlawful under Federal law. Therefore, the Santa Barbara Sheriff's Office does not distinguish between medical marijuana possession/use and illegal marijuana possession/use, both are viewed as unlawful. Therefore, in answering question 3 and 4, you are required to report any and all instances of marijuana possession and/or use.

DO NOT DISCLOSE ANY MEDICAL INFORMATION ABOUT YOURSELF ON THIS QUESTIONNAIRE, EVEN AS IT MIGHT APPLY TO MARIJUANA OR OTHER UNLAWFUL DRUG USE.

I have read and understand the above explanation as it relates to possession of illegal substances as it relates to disclosure of marijuana possession and/or use and not disclosing medical information.

Yes, I understand.

Continuation of Question 3: PLEASE CLEARLY EXPLAIN ANY YES ANSWERS FROM ABOVE -
Please clearly explain each instance(s) and whether you used and/or possessed illegal drugs/substance.

4. Have you ever **sold, cultivated, manufactured or transported** any of the following: marijuana, hashish, hash oil, cocaine (which includes crack, rock freebase, powder and others), barbiturates (downers), methamphetamines (meth, speed, ice, uppers, crank), heroin, LSD, STP, or other hallucinogenic, psilocybin (magic mushrooms), PCP (angel dust), MDMA (Ecstasy, AKA Adam, eve), steroids (oral or injectable), Rohypnol (Roofies, GHB), inhalants (paint, glue, nitrous oxide), designer drugs/synthetics, or any other illegal substance?

Yes No

If you answered “Yes” to Question 4, please indicate below a Yes or No response each instance of **Named Substance, Date Last Sold, Cultivated, Manufactured or Transported**.

Name of Substance	Yes	No	Circumstance(s)	Date of Last Instance (month/year)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Hashish, Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Cocaine (includes crack, rock freebase, powder and others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Barbiturates (Downers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Methamphetamines (includes meth, speed, ice, uppers, crank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
LSD, STP (or other Hallucinogenic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Psilocybin (Magic Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
PCP (Angel Dust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
MDMA (Ecstasy, AKA Adam, Eve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Steroids (Injected or Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Rohypnol (Roofies, GHB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Inhalants (Paint, Glue, Nitrous Oxide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Designer Drugs/Synthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	
Other Substances:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sold <input type="checkbox"/> Cultivated <input type="checkbox"/> Manufactured <input type="checkbox"/> Transported	

Continuation of Question 4: PLEASE CLEARLY EXPLAIN ANY YES ANSWERS FROM ABOVE -
Please clearly explain each instance(s) and whether you sold, cultivated, manufactured or transported illegal drugs/substance.

DO NOT DISCLOSE ANY MEDICAL INFORMATION ABOUT YOURSELF ON THIS QUESTIONNAIRE, EVEN AS IT MIGHT APPLY TO MARIJUANA OR OTHER UNLAWFUL DRUG USE.

5. Have you ever **used** or **possessed** any prescription medication that was not prescribed to you?

Yes No

If you answered "Yes" to Question 5, please list the type of medication(s), date(s) used and the quantity taken and the circumstance(s).

If you answered "No" to Question 5, please answer "Not applicable".

6. Have you ever been arrested or given a misdemeanor citation?

Yes No

If you answered "Yes" to Question 6, please list all arrests and/or arrests with a citation, whether they resulted in a conviction, and their disposition, regardless of when and where the arrest(s) occurred, starting with the most recent. All arrests must be listed, even those in which you were not taken to jail or dismissed in court.

Please use the following format: **Place** (city/state) of arrest, **date** (month/year) of arrest, **describe the specific charge** at time of original arrest/citation (drunk driving, petty theft, etc.). If the original charge was changed, give **charge for which convicted** (drunk driving, reduced to reckless driving, burglary reduced to trespassing, etc.), and list the **dates you were on probation** (summary or formal).

I have listed above all the information requested. I understand that this information is required of all persons seeking employment with the Santa Barbara Sheriff's Office. I also understand that a thorough investigation will be conducted on my background and any incident that I have omitted may be considered deliberate falsification and may result in my disqualification from the hiring process. I understand that this information will be retained in a confidential file.

I hereby declare under penalty of perjury that the statements made by me in this questionnaire are true, complete, and correct to the best of my knowledge and belief.

SIGNATURE:	DATE:
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ADDITIONAL COMMENTS

This sheet is to provide any additional information that does not fit elsewhere on the form. You may print additional copies as needed.