



Elkton Police Department
Employment Integrity Form

Responses to the following questions should not contain references to any previous or current medical conditions.

Printed Name
Number

Date of Birth

Social Security

____ Please read and answer the questions listed below. If you do not understand the question, please raise your hand and someone will help you.

1. Other than those prescribed by a doctor for a specific illness, have you ever used, tried, or experimented with any type of drugs including narcotics, marijuana, or inhalants / propellants? Yes _____ No _____

2. Have you ever used the following?

Marijuana or Hashish Yes _____ No _____
If yes, answer the following:

Name of Drug(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Hallucinogenics (PCP, LSD, Psilocybin, Ecstasy, ect.)? Yes _____ No _____
If yes, answer the following:

Name of Drug(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Stimulants (Cocaine, Amphetamines, Methamphetamines, ect.)? Yes _____ No _____

____ **No** _____

If yes, answer the following:

Name of Drugs(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Barbiturates (Phenobarbital, Seconal, Tuinal, Amytal, Quaaludes, ect.)?

Yes _____ **No** _____ If yes, answer the following:

Name of Drug(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Heroin? Yes _____ **No** _____

If yes, answer the following:

Name of Drug(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Inhalants (Rush, Glue, Nitrous Oxide, Whippets, ect.)? Yes _____ **No** _____

If yes, answer the following:

Name of Drug(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Propellants (Spray paint, ect.)? Yes _____ **No** _____

If yes, answer the following:

Name of Drug(s) _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 & older _____

Steroids? Yes _____ **No** _____

If yes, answer the following:

Type of Steroids _____ Date Last Used _____

Number of times used age: 17 & under _____ 18-20 _____ 21 &
older _____

3. Have you ever illegally obtained prescription drugs?

Yes _____ No _____ If yes, explain below: _____

4. Have you ever participated in the distribution or sales of prescription/ non-prescription or illegal drugs, including those previously mentioned?

Yes _____ **No** _____ If yes, explain
below: _____

5. Have you ever stolen anything (including from employers, shoplifting, buying or receiving stolen goods, or stolen from another person)? **Yes** _____ **No** _____

If yes, indicate the item(s), value, and
date: _____

6. Have you ever damaged anyone's property? **Yes** _____ **No** _____

If yes, indicate the item(s), value, and
date: _____

7. Have you ever been arrested or taken into police custody as an adult or juvenile?

Note: Applicants for positions that require the carrying of firearms can be asked for information about past criminal activity as to which the court and police records have been expunged. 71 Op. Att'y Gen. 242 (1986)

Yes _____ No _____ If yes, indicate the charge, disposition, and date: _____

I certify that the answers given on this document are correct and complete to the best of my knowledge and belief. In signing this questionnaire, I do so with the understanding that all statements, if found incorrect, incomplete, or misleading will result in my application being terminated and any offer of employment withdrawn. I also consider this as acknowledgement that the Elkton Police Department shall conduct a background investigation, knowing that I will not be informed of any information or facts developed by that investigation whether I am accepted or rejected for the position.

Signature _____ Date _____