



\_\_\_\_ **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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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6. Have you ever damaged anyone's property? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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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 \_\_\_\_\_