



# El Dorado County Sheriff's Office

200 Industrial Drive Placerville, California 95667

## Cannabis Business License Permit and Background Application

### APPLICANT BACKGROUND AND DOCUMENTATION REQUIREMENTS

If an applicant has completed the land use permitting and annual operating permit applications through the County's Planning and Development Department and in accordance with El Dorado County Commercial Cannabis Program, then the applicant may apply for a Commercial Cannabis Permit. To obtain a Commercial Cannabis Permit all information specific to all applicants, owners and persons having financial interest, as well as detailed information relating to commercial cannabis operations as provided in this application and in El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, and 5112 must be provided. All questions on this application must be answered completely and truthfully. Any incomplete information may result in a delayed or a denied application and/Commercial Cannabis Operating Permit. Complete applications and required documentation may be submitted in person at the El Dorado County Sheriff's Office Records Division window located at 200 Industrial Drive Placerville, CA 95667. Regardless of the application submittal method, a Live Scan fee in the amount of \$TBD<sup>A</sup> per applicant is required in order to constitute a completed application and must be submitted to the address mentioned above in the form of cash or check only. No credit/debit cards will be accepted. Please note, actual fees will be charged based on the approved El Dorado County Sheriff's Office fee structure as approved by the El Dorado County Board of Supervisors. Completion of this application does not grant any rights or impose any obligations.

The El Dorado County Sheriff's Office will contact the El Dorado County Commercial Cannabis Program to confirm all payments have been made by the applicant(s).

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at <https://www/dgs.ca.gov/das/Home.aspx>
- The Department of Rehabilitation at <http://www.rehab.cahwnet.gov/>
- The California Commission of Disability Access at <http://www.cdda.ca.gov/>
- The El Dorado County Commercial Cannabis Program

<https://www.edcgov.us/Government/planning/Cannabis/Pages/Cannabis---Commercial.aspx>

According to the Federal Controlled Substance Act, cannabis is a Schedule I drug and obtaining a Commercial Cannabis Operating Permit from the County of El Dorado does not protect any person from prosecution pursuant to any laws that may prohibit cannabis activities. (See El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111 and 5112). Additionally, information provided in this application may be subject to disclosure as required by any federal or state laws, including the California Public Records Act.

<sup>A</sup>The El Dorado County Sheriff's Office is actively working with the California Department of Justice, Federal Bureau of Investigation and the El Dorado County Board of Supervisors in the development of an approved fee structure to be provided to applicant(s) at a future date.



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The El Dorado County Sheriff's Office functions as the lead reviewer for all site security plans and background checks for applicants involved in the commercial cannabis operation permitting process for the County of El Dorado. This includes the Sheriff's Office participating in all renewals and compliance checks for commercial cannabis operating permits for distributor, cultivation, retail operations, delivery and microbusinesses, as well as assisting other county departments as needed. In order to streamline the site security plans and criminal history background component of the permitting and renewal process, the Sheriff's Office is providing the following guidelines, which are based on El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111 and 5112 and California Code of Regulations, title 16, Division 42, and the California Business and Professions Code Sections 26057, et seq. These guidelines are not all-inclusive and are intended to provide basic information on areas the El Dorado County Sheriff's Office will review during the commercial cannabis permitting and inspection process. El Dorado County Sheriff's Office functions as the lead reviewer for all site security plans and background checks for applicants involved in the commercial cannabis operation **Please be advised that the following items may be required by the El Dorado County Sheriff's Office as a part of the Commercial Cannabis Program Permit requirements.**

Be prepared to provide a copy of your California Driver's License or Identification Card, Social Security Card, Security Plan, Cultivation and Operations Plan. Additionally, all weighing and measuring devices and equipment must be registered and certified with the El Dorado County Department of Agriculture.

### **Criminal History Checks**

No Commercial Cannabis Use Permit will be issued until a background check of all applicants, owners, and persons having financial interest of a cannabis operation is completed with review and recommendation by the Sheriff's Office, including but not limited to: criminal history, fingerprinting, and any pending charges. The El Dorado County Sheriff's Office may deny any application based on the results of a background check conducted by the California Department of Justice and Federal Bureau of Investigation via Live Scan.

All applicants, owners and persons with financial interest of a cannabis business must submit to a criminal history check prior to the initial issuance of a business license or employee ID card. This includes all applicants, owners and persons having financial interest, of a cannabis operation. All renewal applications must be received within ten El Dorado County Sheriff's Office business days prior to expiration.

**Please list all names in the table provided on the following page (attach additional pages if necessary).**

<sup>1</sup> El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, 5112; <http://www.edcgov.us/Government/planning/Cannabis/Documents/Ammended%205000%20and%204999%20Ordinances.pdf>



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List all applicants, owners and persons having financial interest in the cannabis operation within the table below.

NAME (LAST, FIRST MI)	LIVE SCAN COMPLETED (YES/NO)?	SHERIFF'S INTERNAL USE ONLY



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**If the background investigator determines that information in the background check makes it more likely than not, that any amount of funding for the operation, will be or was derived from illegal activity or because the criminal history or other information discovered in the background check of an owner or spouse of an owner weighs against the owner's trust worthiness or ability to run a legal business in compliance with all regulations,** including but not limited to the risk of involvement or influence by organized crime, prior convictions involving controlled substances or violent crimes, the likelihood that sales and income will not be truthfully reported, or the risk that cannabis will be illegally provided or sold to individuals under the age of 21.

Disqualifiers are typically felony convictions, or other crimes set forth in 26057 of the California Business and Professions Code. These convictions may include, but are not limited to the following:

- Violent felony, serious felony, fraud, deceit, embezzlement, drug trafficking, crimes involving sexual assault and crimes against public decency and good morals<sup>2</sup>.
- Health and Safety Code 11350 et al ( controlled substances, with exception of marijuana related offenses)
- Penal Code 187 (Homicide)
- Penal Code 207 (Kidnapping)
- Penal Code 236-237 (Human Trafficking)
- Penal Code 211 (Robbery)
- Penal Code 240-248 (Assault and Battery)
- Penal Code 261-289 (Sexual Assault Crimes)
- Penal Code 451 (Arson)
- Penal Code 458-464 (Burglary)
- Penal Code 470-483.5 (Forgery)
- Penal Code 484-502.9 (Larceny)
- Penal Code 503-515 (Embezzlement)
- Revenue and Taxation Code 7152-7157 (Tax Evasion)
- Other reasons not specifically listed including but not limited to prior cannabis licensing convictions, crimes against natural resources and prior sanctioning<sup>3</sup>.

Once the results of the Live Scan background check is returned to the El Dorado Sheriff's Office, we will review the background and ensure no disqualifying convictions exist. Please provide the following, if applicable:

- History of convictions
- Evidence of dismissal under section 1203.4, 1203.4a, and 1203.41 of the Penal Code or another state's similar law.
- Certificate of rehabilitation under section 4852.01 of the Penal Code and dated letters of reference.
- A statement of rehabilitation for each conviction, including any documentation to support rehabilitation.

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<sup>2</sup> California Penal Code 667.5 and 1192.7; listed serious felony and serious crimes

<sup>3</sup> California Business and Professions (B&P) Code 26057; Additional disqualifiers for non-listed convictions



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#### Monitoring Program

All Commercial Cannabis Annual Operating Permits shall require the applicant(s) participation in a County-run monitoring program. The monitoring program shall be funded by applicant(s) and will be used to conduct on-site visits and inspections of all commercial cannabis activities and verify compliance, including but not limited to all requirements of County Code and any site-specific permit conditions and state regulations, including the State track-and-trace requirements. Additionally, the El Dorado County Sheriff will conduct bi-annual inspections, on/or about the sixth month permit anniversary, or at any time with or without notice. The El Dorado County Board of Supervisors shall by resolution or ordinance adopt such fees necessary to implement this monitoring program. ***Failure to comply with these conditions may result in destruction of cannabis plants/products and/or asset forfeiture.***

#### Security Plan

All applicants for the Commercial Cannabis Operating Permit must present a completed security plan for review, and adhere to the following security plan. On-site inspections of property and copies of security plans will be required for the permitting process. The following, at minimum, will be required to be present and functioning upon review, and will be evaluated during a site inspection by the Sheriff's Office Commercial Cannabis unit, or other members of the county or state.

The minimum security measures include:

- Perimeter Security System (i.e. physical fencing, locks, alarms, or other methods of limited access). Please note all fencing must strictly comply with the El Dorado County's Codes and Ordinances.
- Adequate perimeter lighting must be inside and around the exterior of the premises and maintained in working order. All lighting must strictly comply with County's Codes and Ordinances, including:
  - a. Plans that identify all lighting on the lot demonstrating that all lighting will comply with the standards set forth in this Section and all applicable Community Plans.
  - b. Lighting necessary for security shall consist solely of motion-sensor lights and avoid adverse impacts on properties surrounding the lot on which the cannabis activity is located.
  - c. Any outdoor lighting used for the illumination of parking areas and/or loading areas, and/or for security, shall be fully shielded and directed downward.
  - d. Lighting is prohibited in hoop structures.

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<sup>4</sup> El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, 5112; <http://www.edcgov.us/Government/planning/Cannabis/Documents/Ammended%205000%20and%204999%20Ordinances.pdf>



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- Alarm system, maintained by a licensed company with central monitoring capabilities<sup>5</sup>
- Video Security System, 24 hour video monitoring, with minimum of 90 day archiving<sup>6</sup>
  - a. Must be a minimum of 1280 x 720 pixels
  - b. The surveillance system storage device or cameras must be transmission control protocol (TCP) capable of being accessed from the internet
  - c. Each camera shall be permanently mounted and in fixed location
  - d. Each camera shall be located in an area to show activity within 20 feet of all points of entry and exit of the licensed facility
  - e. Shall allow for the clear identification of persons, in or around, all limited access areas, security rooms, surveillance storage area, and anywhere cannabis is present (grown, processed, weighed, stored and/or sold)
  - f. Entrances and exits to the premises shall be recorded from both indoor and outdoor vantage points
  - g. Must record 24 hours a day, 7 days a week and at a minimum of 15 frames per second
  - h. Recordings are subject to review and inspection by licensing authorities
  - i. Date and time to be clear and accurate on recorded images
  - j. Must contain a failure notification system
  - k. Video footage must be given to El Dorado County Sheriff's Office upon demand including real- time access
- Limited Access Areas; identify security, locking and escort protocols for non-employee access<sup>7</sup>
- Provide an employee training plan that will include<sup>8</sup>
  - a. Burglary prevention
  - b. Employee loss prevention
  - c. Armed robbery prevention, security breaches, and response
  - d. Protocols for storage of large amounts of currency and/or cannabis

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<sup>5</sup> CCR Title 16, div 42, § 5047; Alarm System must meet the requirements under Business and Professions Code § 7590.1(n)

<sup>6</sup> CCR Title 16, div 42, § 5044; Video Surveillance Systems (state requirements); El Dorado County Ordinance Number 5067

<sup>7</sup> CCR Title 16, div 42, § 5042; Limited Access Area and all requirements for access, security and documentation

<sup>8</sup> El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, 5112; <http://www.edcgov.us/Government/planning/Cannabis/Documents/Ammended%205000%20and%204999%20Ordinances.pdf>



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- e. Cannabis laws and employee responsibilities
  - f. Identification and management of color-coded identification card and appropriate access areas
  - g. Application and Live Scan process and procedures
  - h. Policies for handling employees that do not wear identification cards on premise
  - i. Inspection procedures for compliance checks and license renewals
  - j. Escort policy for non-employee, or contractor visits
  - k. Identification of limited access areas
- 
- Security Personnel – Required for store front retail and microbusinesses engaging in store front retail<sup>9</sup>
    - a. Personnel must be at least 21 years of age
    - b. Must conform to Business and Professions Code Chapters 11.4 and 11.5 of division 3, and CCR Title 16, division 42, section 5045.

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<sup>9</sup>CCR Title 16, div 42, section 5045; Security Personnel must meet state licensing requirements, El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, 5112; <http://www.edcgov.us/Government/planning/Cannabis/Documents/Ammended%205000%20and%204999%20Ordinances.pdf>



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### PROPERTY SITE AND SECURITY COMPLIANCE AUTHORIZATION

1. I hereby certify that I have read this completed application and that, to the best of my knowledge, the information in this application, and all attached appendices and exhibits, is complete and correct. I understand that the failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for either refusing to accept this application, for denying the permit, for suspending or revoking a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the county.
2. I hereby grant permission for County, El Dorado County Sheriff's Office and hearing bodies to enter upon and site view the premises for which this application is made in order to obtain information necessary for the preparation of required reports and render it decision.
3. By signing this Commercial Cannabis Business Permit application, the applicant certifies that upon inspection of the applicant's business property that the applicant will be in possession of the following minimum security features required by the County of El Dorado and the El Dorado County Sheriff's Office. All changes to business property shall be re-inspected for permit compliance at the applicant/owners expense.

\_\_\_\_\_  
(Owner/Authorized Agent Signature)

\_\_\_\_\_  
(Date)





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### PREMISES DIAGRAM

A premises diagram is a diagram of the proposed licensed premises. This is the “zoomed in” diagram of the proposed premises. Premises diagram requirements differ based on license type, they must identify the boundaries, and dimensions (in feet) of the required areas specified below based on license type:

For Cultivation License Permits, premises diagrams must include the following:

- Canopy areas, include aggregate square footage if canopy areas are noncontiguous
- Areas containing only immature plants (as applicable)
- Pesticide and agricultural chemical storage area
- Processing area (as applicable)
- Packaging area (as applicable)
- Secure cannabis waste storage area (as applicable)
- Harvest storage area

Cultivation Premises Example (from CalCannabis)





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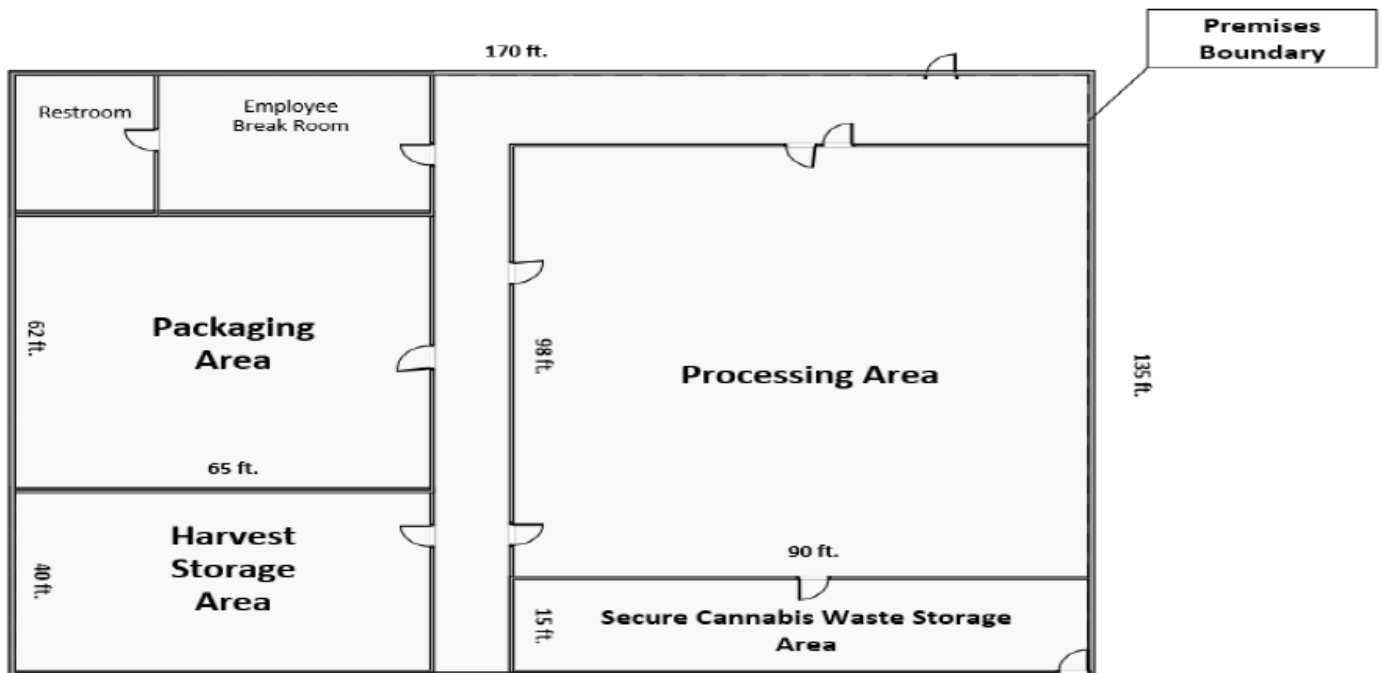
## Cannabis Business License Permit and Background Application

For Nursery License Permits:

- Areas containing only immature plants
- Pesticide and agricultural storage area
- Research and development
- Seed production area (as applicable)
- Composting area (as applicable)
- Secure cannabis waste storage area (as applicable)

In addition to the items listed above, a premises diagram must be to scale, all measurements must be in feet and there may not be any highlighting. Please see the sample premises diagrams below.

Cultivation Processing/Packaging/Harvest/Waste Storage Premises Example (from CalCannabis)





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## Cannabis Business License Permit and Background Application

### APPLICATION QUESTIONNAIRE

1. Select The Cannabis Permit License For Which You Are Applying (Check all that Apply):

- Cultivator                       Nursery
- Manufacturer
- Volatile                       Non-Volatile
- Testing
- Retailer
- Storefront                       Non-Storefront
- Distributor
- Microbusiness (Check Minimum of three below)
- Cultivator                       Distributor                       Volatile Manufacturer                       Non-Volatile Manufacturer
- Storefront Retailer                       Non-Storefront Retailer

2. Provide the following information about your cannabis business:

LEGAL BUSINESS NAME:	
BUSINESS TYPE (ie INC., LLC, Partnership):	
BUSINESS ADDRESS:	
BUSINESS PROPERTY ADDRESS:	
BUSINESS PHONE:	
BUSINESS E-MAIL:	
24-HOUR CONTACT AND PHONE:	

3. Please Identify the 24-hour designated community relations contact:

NAME (LAST, FIRST MI):	
24-HOUR PHONE NUMBER:	
MAILING ADDRESS:	
E-MAIL:	



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## Commercial Cannabis Operating Permit and Background Application

4. The Authorized Agent/Applicant must have the legal authority to bind the entity. Provide information about the person who is completing this application. This information should be for a singular person, **NOT** the business name. The Authorized Agent will be considered the primary contact for the application unless another contact is identified.

### COMMERCIAL CANNABIS BUSINESS APPLICANT INFORMATION

<b>Name as Shown On</b>		LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION		
⇒						
<b>APPLICANT INFORMATION</b>						
Social Security Number <input type="text"/>		LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SECURITY CARD		
California Driver's License <input type="text"/>		LAST NAME ON CA DRIVER'S LICENSE	FIRST NAME ON CA DRIVER'S LICENSE	MIDDLE NAME ON CA DRIVER'S LICENSE		
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR EYES
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE <b>(NO P.O. BOXES ALLOWED)</b>			PHONE NUMBER		EMAIL	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, ETC.)			BIRTH COUNTY/STATE		LANGUAGES SPOKEN	
CURRENT MAILING ADDRESS, CITY, ZIP CODE						
BUSINESS PROPERTY ADDRESS, CITY, ZIP			PROPERTY ZONE		PARCEL NUMBER	
<b>PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR SPOUSE/DOMESTIC PARTNER</b>						
SPOUSE/DOMESTIC PARTNER LAST NAME		FIRST NAME	MIDDLE	DATE OF BIRTH	PHONE NUMBER	
CURRENT MAILING ADDRESS, CITY, ZIP CODE			CA DRIVER'S LICENSE		SOCIAL SECURITY NUMBER	
<b>ADDRESS HISTORY</b>						
<b><u>LIST ALL PREVIOUS HOME ADDRESSES FOR THE PAST FIVE YEARS. USE ADDITIONAL PAGES IF NECESSARY.</u></b>						
1	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING		
2	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING		
3	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING		
4	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING		
<b>STATEMENT OF PERJURY</b>						
<b>I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE COUNTY OF EL DORADO, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</b>						
APPLICANT SIGNATURE		TITLE (Applicant/Property Owner)			DATE	







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## Commercial Cannabis Operating Permit and Background Application

### 7. Property Information

- a. Is a four-wheel drive vehicle necessary to get to and around the property?    Yes          No
  
- b. What is the parcel zoning designation and \_\_\_\_\_
  
- c. Are there guard dogs on the property?    Yes          No

In the space below please describe how to get to your property from Placerville, CA.

### Hours of Operation

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Number of Employees:



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### DECLARATIONS AND ACKNOWLEDGEMENTS

By signing this application, the Applicant hereby declares and acknowledges:

The permit type being requested is valid only for the identified premise(s) location and is not transferable.

The permitted premise(s) location is at least a 750 feet radius from a prohibited location (including, but not limited to: schools, day care centers, and youth centers), unless solely operating as a nursery. Nursery operations shall not be located within 600-feet from a prohibited location (including, but not limited to: schools, day care centers, and youth centers).

The business has the ability to comply with all laws regulating businesses in the State, as well as all requirements of the El Dorado County Code, including, but not limited to El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, 5112 and shall remain in compliance during the term of the permit.

The business agrees to indemnify, defend and hold harmless the County, its officers, officials, agents, and employees from any claim, action, or proceeding against the County, its officers, officials, agents, or employees arising from the operation or to attack, set aside, void or annul, in whole or in part, an approval of the application by the County or issuance of a permit.

The applicant and business entity authorizes the County, its agents and/or employees, to access all premises, upon which cannabis operations are occurring to intend to occur, including, but not limited to initial site visits prior to issuance or renewal of a permit and compliance checks.

The business shall not sell, store or allow consumption of alcohol or tobacco or nicotine products on or at any Permitted premises.

If the business has 20 or more employees on payroll at any one time, the business is required to enter into, or demonstrate that the business has already entered into, and will abide by the terms of a labor peace agreement. The business proposed to be permitted based on this application complies with all El Dorado County Codes and California laws and regulations applicable to commercial cannabis activities and/or operations, including, but not limited to, the Medicinal and Adult-Use Cannabis Regulation and Safety Act, the California Code of Regulations and El Dorado County Code, including, but not limited to El Dorado County Ordinance Number 5067, 5107, 5109, 5110, 5111, 5112. The business shall be responsible for compliance with subsequent updates to laws and regulations effecting its cannabis activities and/or operations. I hereby declare under penalty of perjury, the information contained within and attached to this application is complete, true, and accurate. I understand a misrepresentation of fact is cause for rejection of this application, denial of business permit, and/or revocation of an issued Permit.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION	DATE
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# El Dorado County Sheriff's Office

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## Cannabis Business License Permit and Background Application

### BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/property owner with a Commercial Cannabis Business in El Dorado County. I desire and request the County Chief Executive Officer, or El Dorado County Sheriff, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate or to be employed with such business as required by the County Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide the State of California Department of Justice and the Federal Bureau of Investigation or any other law enforcement agency or third-party consultant authorized by the Chief Executive Officer or Sheriff.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold El Dorado County, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record's check and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Commercial Cannabis Business Permit.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the County Ordinance.

APPLICANT'S SIGNATURE	Date	Person Reviewing Application	Date
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**El Dorado County Sheriff's Office  
Investigations Division**



**Commercial Cannabis  
Background Investigation  
Initial and Review Annual Questionnaire**

**200 Industrial Drive  
Placerville, CA 95667**

**“A modern approach to traditional law enforcement values; Total enforcement on crime and criminals;  
Total care for victims, witnesses and the community; Total professionalism, through training and by  
example”**

## **Background Investigation Questionnaire**

As an applicant, you are requested to complete this background questionnaire. This will help determine your eligibility for a cannabis permit with El Dorado County.

Pursuant to the Americans with Disabilities Act (A.D.A.), **you are not expected nor are you required to furnish any information in this questionnaire, which is of a medical nature.** For example, do not report work absences, which were for illnesses or worker compensation injuries. Do not discuss or report any disabilities you may have. Do not discuss or report any information concerning illnesses you may have. This information is strictly medical in nature and, as this questionnaire is part of the pre-permit background suitability investigations, it is not subject to disclosure during this portion of the process.

**Please read and answer all of the following questions. All of the answers must be in your handwriting. You may not type the answers to the questions. YOU ARE ADMONISHED TO ANSWER ALL OF THE QUESTIONS TRUTHFULLY AND COMPLETELY. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration.**

**The commission of one or more of the offenses listed on this questionnaire may not automatically disqualify you from consideration.** Your responses to these questions will be evaluated and considered in relationship to your entire background. Remember, your responses may be subject to verification.

If you answer "Yes" to any question, you must provide a written explanation for each affirmative response. Each explanation must be on a separate Background Investigation Questionnaire Explanation Sheet. You must hand write your response, fully explaining the circumstances of each "Yes" answer.

## Infraction Offenses

1. If you have committed any of the following infractions within the past seven years, please answer "Yes". If you have not, please write "No".

- a. Violation of city ordinances?
- b. Violation of any county ordinances?

## Misdemeanor Offenses

2. If you have committed any of the following misdemeanor offenses within the past seven years or since becoming employed with a public safety agency, please answer "Yes". If you have not, please answer "No". ***If you answered "Yes" to any of the following questions below, please provide further explanation on the Background Investigation Questionnaire Explanation Sheet.***

- |  |       |   |       |
|--|-------|---|-------|
| a. Petty theft                         | _____ | b. Vandalism                              | _____ |
| c. N.S.F. Checks                       | _____ | d. Drunk in Public                        | _____ |
| e. Joy Riding                          | _____ | f. Illegal Gambling                       | _____ |
| g. Hit and Run                         | _____ | h. Brandish a Weapon                      | _____ |
| i. Possess Alcohol as a Minor          | _____ | j. Possess/use Altered ID or License      | _____ |
| k. Prostitution                        | _____ | l. Defraud an Innkeeper                   | _____ |
| m. Soliciting a Prostitute             | _____ | n. Indecent Exposure                      | _____ |
| o. Voyeurism                           | _____ | p. Possess Stolen Property                | _____ |
| q. Impersonate Police Officer, Sheriff | _____ | r. Carry Concealed or Illegal Weapon      | _____ |
| s. Make Annoying /Prank Phone Calls    | _____ | t. Assault or Battery (includes fighting) | _____ |
| u. Drunk Driving                       | _____ | v. Hunt or Fish without a License         | _____ |
| w. Other                               | _____ |   |       |

## Felony Offenses

3. If you have ever committed any of the following offenses, please write "Yes" on the line. If you have not, please write "No" on the line. ***If you answered "Yes" to any of the following questions below, please provide further explanation on the Background Investigation Questionnaire Explanation Sheet.***

- |                            |       |                                     |       |
|----------------------------|-------|-------------------------------------|-------|
| a. Murder                  | _____ | b. Unlawful Sexual Intercourse      | _____ |
| c. Rape                    | _____ | d. Spousal Battery                  | _____ |
| e. Robbery                 | _____ | f. Burglary                         | _____ |
| g. Arson                   | _____ | h. Grand Theft                      | _____ |
| i. Forgery                 | _____ | j. Kidnapping                       | _____ |
| k. Embezzlement            | _____ | l. Any Sexual Activity with a Child | _____ |
| m. Child Abuse             | _____ | n. Forcible Sexual Activity         | _____ |
| o. Auto Theft              | _____ | p. Domestic Violence                | _____ |
| q. Hit and Run with Injury | _____ | r. Aggravated Felonious Assault     | _____ |
| s. Credit Card Theft       | _____ | t. Tax Evasion                      | _____ |
| u. Other                   | _____ |                                     |       |

4. Have you ever been subject to a court order or proceeding, which prevented you from possessing, cultivating, or exporting cannabis/marijuana? \_\_\_\_\_

## General Questions

5. Do you own any illegal firearms? \_\_\_\_\_  
If so, please provide the number and type on a Background Investigation Questionnaire Explanation Sheet.
6. Have you ever discharged any firearm other than at an approved range, during the course of approved training, while hunting or during military operation? \_\_\_\_\_
7. Have you ever been detained, questioned, investigated, or arrested for suspicion of having committed a criminal act, whether or not you were convicted? \_\_\_\_\_
8. Have you ever been questioned as a witness in any criminal investigation? \_\_\_\_\_
9. Have you ever been contacted by the police for any reason not previously discussed? \_\_\_\_\_
10. Did you fail to register for the Selective Service? \_\_\_\_\_
11. Have you ever been adjudged as a "Mentally Disordered Sex Offender?" \_\_\_\_\_
12. Have you ever carried, either on your person or in your vehicle, any type of weapon for protection? \_\_\_\_\_
13. Are you currently delinquent on any child support or alimony? \_\_\_\_\_
14. Have you ever failed to make or been late in paying any child support obligations you were legally required to make? \_\_\_\_\_
15. Do you have any prejudices against any group based on their race, religion, ethnic origin, or nationality? \_\_\_\_\_
16. Have you ever been a member of, or supported financially or otherwise, any organization or group, which advocates, advises, or supports, the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States or the Constitution of the State of California? \_\_\_\_\_
17. Did you in any way cheat, lie, or commit fraud during the application or evaluation process or during any portion of the background process? \_\_\_\_\_

### **Employment History**

18. Have you ever resigned from employment in lieu of termination or as the result of any allegations of misconduct, whether founded or not? \_\_\_\_\_
19. Have you ever taken anything from your employer without authorization? \_\_\_\_\_
20. Have you ever had any conflicts or problems with your dealings with the public? \_\_\_\_\_

### **Driving Record**

21. Has your automobile insurance ever been cancelled for any reason? \_\_\_\_\_
22. Have you ever been refused a driver's license? \_\_\_\_\_
23. Has your driver's license ever been suspended or revoked for any reason? \_\_\_\_\_
24. Have you ever had a driver's license issued by another state or country? \_\_\_\_\_
25. Has your automobile insurance ever been placed in an assigned risk category? \_\_\_\_\_

### **General Topics**

Please answer these questions as part of this questionnaire. If you answer "Yes" to any question, please use a Background Investigation Questionnaire Explanation Sheet for your explanations.

26. Do you go by any other name other than the ones you have used on this background questionnaire (including any maiden names)? \_\_\_\_\_
27. Have you ever slapped, punched, kicked, or otherwise injured any spouse, roommate, or romantic partner? \_\_\_\_\_

## For Applicants with Military Service

28. Did you ever serve in any branch of the military, whether active or reserve? \_\_\_\_\_

29. List every base, fort, camp, station, ship, post, and location where you were assigned on a Background Investigation Questionnaire Explanations Sheet. Include all common and military addresses (i.e., Military District of Washington, Fort Myers, VA, or U.S.S. Enterprise, Long Beach, CA). Include dates of assignment.

30. Did you ever receive any non-judicial punishment (Article 15, Captain's Mast) including any punishment which was expunged or removed from your record?

Yes  No  If you answered "Yes," list the date(s), offense(s), unit of assignment, post, base or station where assigned, and punishment imposed on a Background Investigation Questionnaire Explanation Sheet.

31. Were you ever subjected to Article 32 proceedings?

Yes  No  If you answered "Yes," list the date(s), offense(s), investigating officer, and location for each such proceeding on a Background Investigation Questionnaire Explanation Sheet.

32. Were you ever tried by court-martial?

Yes  No  If you answered "Yes," list each such proceeding to include where the court-martial was held, the type of court-martial, date, charge, and specifications of each court-martial and the findings on a Background Investigation Questionnaire Explanation Sheet.

33. Were you ever detained, arrested, jailed, or held by police or security forces in another country for anything other than minor traffic offenses?

Yes  No  If you answered "Yes," on a separate Background Investigation Questionnaire Explanation Sheet provide the date(s), locations(s), police or security force(s) involved, and the disposition of each such contact.

34. Were you ever denied a security clearance or have a clearance or have a clearance revoked, suspended, or downgraded?

Yes  No  If you answered "Yes," please provide details on a Background Investigation Questionnaire Explanation Sheet.



## Drug Use History

35. Have you ever used, experimented with, consumed, possessed, manufactured, except as provided for by a written prescription issued by a licensed physician any of the following drugs?

Yes  No  If you answered "Yes," please complete the following. If "No," please go on to question 35.

Type or Name of Substance		One Time	More Than One Time
A.	Cocaine		
B.	Barbiturates		
C.	Amphetamines (Uppers)		
D.	Heroin		
E.	LSD, STP		
F.	Psilocybin, Peyote, Mushrooms		
G.	Opium, Morphine, Base		
H.	Steroids (Injected or Oral)		
I.	Toluene (glue)		
J.	Designer Drugs, Synthetics		
K.	Other		

**Note:** Any drug, which has been prescribed by a ***licensed physician*** pursuant to Federal laws, need not be disclosed in this questionnaire. Recreational or experimental drug use ***is not protected*** under the Americans with Disabilities Act or state law.

## **Supplemental Questions**

36. Are you a member or been associated with any criminal street gang? If so, please explain.

37. Is there anything else, you feel the background investigator should know about you or your experiences?

## **Certification**

I hereby certify that all of the answers provided and statements made in this questionnaire are true and complete. I understand any misstatements of material fact, omissions, incomplete answers, or inaccurate responses will subject me to disqualification or dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

## **Background Investigation Questionnaire Explanation Sheet**

Applicants Name: \_\_\_\_\_

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I certify that this statement is a true, complete and accurate explanation to the above question(s). I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Background Investigation Questionnaire Explanation Sheet**

Applicants Name: \_\_\_\_\_

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I certify that this statement is a true, complete and accurate explanation to the above question(s). I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Background Investigation Questionnaire Explanation Sheet**

Applicants Name: \_\_\_\_\_

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I certify that this statement is a true, complete and accurate explanation to the above question(s). I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Background Investigation Questionnaire Explanation Sheet**

Applicants Name: \_\_\_\_\_

---

I certify that this statement is a true, complete and accurate explanation to the above question(s). I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Background Investigation Questionnaire Explanation Sheet**

Applicants Name: \_\_\_\_\_

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I certify that this statement is a true, complete and accurate explanation to the above question(s). I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date