



**UNITED STATES CAPITOL POLICE**  
**APPLICANT INTERVIEW QUESTIONNAIRE**

CP-1491  
(02/15)

Applicant Name: \_\_\_\_\_ Date/Time \_\_\_\_\_

Have you previously applied to the United States Capitol Police? When? \_\_\_\_\_

What was the disposition? \_\_\_\_\_

**EDUCATION**

Yes No

- ☐ ☐ 1. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?

**RESIDENCES**

Yes No

- ☐ ☐ 1. Have you ever been evicted, asked to leave a residence, or moved in lieu of being evicted?
- ☐ ☐ 2. Have you ever left a residence owing rent?
- ☐ ☐ 3. Have you ever had problems or difficulties with any of your neighbors?
- ☐ ☐ 4. Are you currently living with anyone who is a convicted felon or on parole?
- ☐ ☐ 5. Have the police or any law enforcement agency ever been to your current or previous residence?

**EMPLOYMENT**

Yes No

- ☐ ☐ 1. Have you ever been disciplined at work? (This includes written warnings, letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)
- ☐ ☐ 2. Have you ever been fired, released from probation, or asked to resign from any place of employment?
- ☐ ☐ 3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?
- ☐ ☐ 4. Have you ever quit without giving proper notice?
- ☐ ☐ 5. Have you ever resigned in lieu of termination?
- ☐ ☐ 6. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer?
- ☐ ☐ 7. Were you ever the subject of a written complaint at work?
- ☐ ☐ 8. Have you ever been counseled at work due to lateness or absence?
- ☐ ☐ 9. Did you ever receive an unsatisfactory performance review?
- ☐ ☐ 10. Have you ever sold, released, or given away legally confidential information?
- ☐ ☐ 11. Have you ever called in sick when you were neither sick nor caring for a sick family member?  
If yes, how many sick days have you used in the past five years which were not due to illness?
- ☐ ☐ 12. Have you ever used the Internet at work to view sexually explicit material?
- ☐ ☐ 13. Have you ever lied on or falsified an employment application?
- ☐ ☐ 14. Have you ever thought you were going to be fired?



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**EMPLOYMENT Cont'd (Drug & Alcohol Questions)**

Yes No

- ☐ ☐ 1. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?
- ☐ ☐ 2. Has your work performance ever been affected by your use of alcohol or drugs?
- ☐ ☐ 3. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?

**MILITARY**

Yes No

- ☐ ☐ 1. If required, have you registered for the Selective Service?
- ☐ ☐ 2. Have you ever served in any branch of the Armed Forces?
- ☐ ☐ 3. If so, was your discharge classified as anything other than an Honorable Discharge?  
Date of Discharge: \_\_\_\_\_
- ☐ ☐ 4. Are you currently participating in the Military Reserves or National Guard?
- ☐ ☐ 5. Have you ever been the subject of any non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?
- ☐ ☐ 6. Were you ever been denied a security clearance, or had a clearance revoked, suspended or downgraded?

**FINANCIAL**

**General Questions**

Yes No

- ☐ ☐ 1. How many people are dependent on you for support? \_\_\_\_\_
- ☐ ☐ 2. Are you currently required to pay child support?

**Financial Responsibility**

Yes No

- ☐ ☐ 1. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)?
- ☐ ☐ 2. Have any of your bills ever been turned over to a collection agency?
- ☐ ☐ 3. Have you ever had purchased goods repossessed?
- ☐ ☐ 4. Have your wages ever been garnished?
- ☐ ☐ 5. Have you ever been delinquent on income or other tax payments?
- ☐ ☐ 6. Have you ever failed to file income tax or cheated/lie on an income tax form?
- ☐ ☐ 7. Have you ever had an employment bond refused?
- ☐ ☐ 8. Have you ever avoided paying any lawful debt by moving away?
- ☐ ☐ 9. Have you ever defaulted on (failed to pay) a loan?
- ☐ ☐ 10. Have you ever borrowed money to pay for a gambling debt?
- ☐ ☐ 11. If yes, do you currently have any outstanding debts as a result of gambling?
- ☐ ☐ 12. Have you ever spent money for illegal purposes (illegal drugs, prostitution, purchases of fraudulent documents, etc.)?
- ☐ ☐ 13. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?
- ☐ ☐ 14. Have you written three or more bad checks in a one-year period?
- ☐ ☐ 15. Have you ever had any credit canceled by a creditor?
- ☐ ☐ 16. Have you ever provided false information on a credit or loan application?



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**LEGAL**

Yes No

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you ever been placed on court probation as an adult?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Were you ever required to appear before a juvenile court for an act which would be a crime if committed as an adult?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you ever been a party in a civil lawsuit (small claims, dissolutions, child custody, paternity, support, etc.)?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have the police ever been called to your home for any reason?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Have you or your spouse/partner ever been referred to Child Protective Services?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Have you ever been the subject of an emergency protective order/restraining order/stay-away order?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Have you ever filed a false insurance or worker's compensation claim?  |

**Disclosure of Arrests and Convictions**

This section requires you to report detentions, arrests, and convictions, including diversion programs expunged charges, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information unless specifically exempted by state or federal law.

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense? (including offenses punishable under the Uniform Code of Military Justice)? |
|--------------------------|--------------------------|---|

**Part 1 – Have you ever committed any of the following misdemeanors?**

Yes No

- |                          |                          |     |  |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.  | Annoying / obscene phone calls   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.  | Battery (use of force or violence upon another)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.  | Brandishing a weapon (any type of weapon)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.  | Carrying a concealed weapon without a permit   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.  | Contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.  | Defrauding an innkeeper (not paying for food or room at a hotel/motel)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.  | Driving under the influence of alcohol and/or drugs  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.  | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)       |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.  | Hit & run collision ( <u>no injuries</u> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Hunting/fishing without a license  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Illegal gambling   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Impersonating a peace officer (pretending to be a police officer)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Indecent exposure (including flashing or mooning)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Joyriding (using a car or other vehicle without owner's permission)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Misdemeanor theft (including shoplifting/switching price tags)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Possession of alcohol as a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Possession of falsified or altered identification, including use of another person's ID (for any reason) |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Possession of stolen property (including vehicles)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. | Prostitution or soliciting a prostitute  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. | Resisting arrest (including running from the police)   |



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- ☐ ☐ 21. Trespassing
- ☐ ☐ 22. Vandalism (including "tagging", malicious mischief and/or property damage)
- ☐ ☐ 23. Intentionally writing a bad check
- ☐ ☐ 24. Filing a false police report
- ☐ ☐ 25. Any other act amounting to a misdemeanor

**Part 2 - At any time in your life have you ever committed any of the following?**

Yes No

- ☐ ☐ 1. Arson (intentionally destroying property by setting fire)
- ☐ ☐ 2. Assault with a deadly weapon
- ☐ ☐ 3. Theft of a vehicle and/or vehicle parts
- ☐ ☐ 4. Burglary (entering a structure or vehicle to commit theft or other crime)
- ☐ ☐ 5. Child molestation (performing unlawful acts with a child)
- ☐ ☐ 6. Accessing and/or possessing child pornography
- ☐ ☐ 7. Elder abuse/neglect
- ☐ ☐ 8. Embezzlement (theft of money or other valuables entrusted to you)
- ☐ ☐ 9. Felony drunk driving (involving injuries)
- ☐ ☐ 10. Forcible rape or other act of unlawful intercourse
- ☐ ☐ 11. Forgery (falsifying any type of document, check, certificate, license, etc)
- ☐ ☐ 12. Hit & run (with injuries)
- ☐ ☐ 13. Hate crime
- ☐ ☐ 14. Insurance fraud
- ☐ ☐ 15. Felony theft (including theft of a firearm)
- ☐ ☐ 16. Murder, homicide, or attempted murder
- ☐ ☐ 17. Perjury (lying under oath)
- ☐ ☐ 18. Possession of an explosive/destructive device
- ☐ ☐ 19. Robbery (theft from another person using a weapon, force, or fear)
- ☐ ☐ 20. Stalking
- ☐ ☐ 21. Blackmail or extortion
- ☐ ☐ 22. Any other act amounting to a felony

**DRUG USE**

The following questions ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

Marijuana, Hashish / Hashish Oil, Mescaline, Morphine, PCP / Angel Dust, Quaaludes, Anabolic Steroids, Tetrahydrocannabinol (THC), Glue, Hallucinogens (Peyote, LSD, Mushrooms), Heroin / Opium, Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.), Barbiturates (Downers), Cocaine / Crack Cocaine, Designer Drugs (Ecstasy, Synthetic Heroin, etc.), GHB (Date Rape Drug)

Yes No

- ☐ ☐ 1. Have you ever used an illegal drug?
- ☐ ☐ 2. Have you ever possessed any illegal drug?
- ☐ ☐ 3. Have you ever tried or used an illegal drug under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.?)
- ☐ ☐ 4. Have you ever allowed anyone to use any of the drugs described above in your presence, home, or vehicle?
- ☐ ☐ 5. Have you ever attended a party or gathering where any of the drugs described above were being used?
- ☐ ☐ 6. Do you have any friends or relatives who use any of the drugs described above?
- ☐ ☐ A. Have you ever misused a prescription drug OR have you ever taken a prescription drug that was not prescribed for your personal use?



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Have you ever engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? (1 – 6)

Yes No

- |                          |                          |    |                             |
|--------------------------|--------------------------|----|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sold                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Purchased                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Cultivated                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Manufactured                |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Furnished                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Carried or held for another |

**SEXUAL CONDUCT**

Yes No

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you ever had sexual intercourse with a minor under the age of fourteen?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Have you ever forced another person to have sexual contact against his or her will?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you ever had sex within public view?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you ever exposed your genitals or private parts in a lewd manner?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Have you ever engaged in sexual behavior at work?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Since your 18th birthday, have you ever had sexual contact with a minor under the age of 18?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Have you ever participated in any other illegal sexual activity (prostitution, rape, illegal pornographic activity, etc.)? |

**MOTOR VEHICLE (DRIVING)**

How long have you possessed a valid driver's license? \_\_\_\_\_ Years \_\_\_\_\_ Months

States where you have been licensed to drive: \_\_\_\_\_

Yes No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you ever been refused a driver's license by any state? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Has your driver's license ever been suspended or revoked?   |

Has a traffic citation ever resulted in a warrant or caused your driver's license to be suspended due to the following? (Questions No. 3,,4,& 5)

Yes No

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Failed to Appear   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Failed to complete traffic school  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Failed to pay the required fine  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Have you ever driven a vehicle without auto insurance, as required by law?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Have your ever been refused automobile liability insurance, or a bond, or had them cancelled?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Have you ever been involved as the driver in a motor vehicle accident within the past seven years in which you were the at-fault driver? |
| <input type="checkbox"/> | <input type="checkbox"/> | A. | Have you ever received a traffic citation (including camera citations)?  |



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**OTHER TOPICS**

Yes No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you ever been refused a permit to carry a concealed weapon?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic affiliation, ethnic origin, nationality, gender, sexual preference, or disability?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Has any member of your family ever been a member of, or associated with, ANY street gang or organized criminal enterprise such as outlaw motorcycle groups, prison gangs, or tagging crews?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Since the age of 16, have you ever been in an anger-provoked physical fight, confrontation or other violent act?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Have you ever hit or physically overpowered a spouse or romantic partner?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Do you own a handgun, shotgun or rifle?   |
| <input type="checkbox"/> | <input type="checkbox"/> | A. | Have you ever been a member of any group, organization, or association whose intention is to overthrow the United States Government, or to commit espionage, sabotage, or terrorism against the United States?  |
| <input type="checkbox"/> | <input type="checkbox"/> | B. | Have you ever participated in any illegal association or terrorist organization?  |
| <input type="checkbox"/> | <input type="checkbox"/> | C. | Do you know, or have you ever associated with any individuals whose interest(s) are contrary to those of the United States Government   |
| <input type="checkbox"/> | <input type="checkbox"/> | D. | Do you personally know anyone who threatened to cause harm to any official of the U.S. Government, or any foreign government?   |