



MISLEADING, INNACURATE OR FALSE ANSWERS ARE GROUNDS FOR  
DISQUALIFICATION  
CITY OF MANHATTAN BEACH POLICE DEPARTMENT  
PRE-EMPLOYMENT QUESTIONNAIRE

**APPLICANT: If you fail to answer each question completely, your application will not be processed. Please attach additional sheets if necessary.**

**Full Name:** \_\_\_\_\_  
First Name Middle Last Name

**Position Applying for:** \_\_\_\_\_ **Exam No.:** \_\_\_\_\_

***Please respond to each of the following questions. Submit the completed questionnaire with your application.***

1. Driver's License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

2. Do you have a valid Social Security Number? Yes No

3. Have you graduated from a high school in the United States? Yes No

4. Have you passed the G.E.D. or the California High School Proficiency Exam? Yes No

5. Are you at least 20 ½ years of age? Yes No

6. Are you a Citizen of the United States? Yes No

A) If not, have you applied for U.S. Citizenship? Yes No

B) If yes, what date did you apply for citizenship? \_\_\_\_\_

7. Have you ever used or experimented with any illegal drugs, narcotics, or other illegal substances, including Marijuana? Yes No

A) If YES, be specific about what type of drug(s), narcotics, or other illegal substances including Marijuana and how much did you consume each time?

B) How often did you use the drug(s), narcotics, or other illegal substances, or Marijuana and how much did you consume?

C) When did you last use any illegal drug(s)(month/year)? \_\_\_\_\_

8. Have you ever used prescription medication, such as pain pills or any mood altering medication, for which you did not have a prescription? If YES, please explain reason, dates and amounts. Yes No

**NOTE: Please do not indicate any prescription drugs you are taking for any medical condition, unless it is Marijuana. In accordance with the Americans with Disabilities Act, the City of Manhattan Beach will provide reasonable accommodation to qualified individuals with disabilities.**

9. Please list any misdemeanor and/or felony convictions. Include any convictions that have been sealed or expunged from your criminal record. The Manhattan Beach Police Department will consider the nature, date and circumstances of any criminal offense as well as whether the offense is relevant to the position.

10. Have any of your previous or current employers initiated any disciplinary action against you including written reprimands, suspensions, reduction in pay, demotions or terminations? Yes No

If so, please discuss the circumstances of the incident(s) that resulted in the discipline. This includes any written reprimands, suspensions, and/or demotions.

11. May the City of Manhattan Beach have access to the personnel file for a reference check? Yes No

12. Are you currently attending a CA POST certified academy? Yes No

If YES, please provide your graduation date? \_\_\_\_\_

13. Have you been terminated from any position or resigned in lieu of termination? Yes No

14. Have you been asked to leave from a volunteer position? Yes No

If you responded "Yes" to any of the above, please provide details. Please list the employer, your position, dates of employment, date of termination or reason you resigned in lieu of termination and the reason(s) for the termination.

15. Please list other agencies where you have applied for Police Officer and your status in the process.

I, hereby certify that all statements made in this questionnaire are true and complete to the best of my knowledge and belief. I authorize the City of Manhattan Beach to investigate my qualifications, employment record, character and other areas listed in this questionnaire through inquiries to any sources mentioned in this questionnaire, unless otherwise stated, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by the City of Manhattan Beach.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_