



# CITY OF SCOTTS VALLEY

Steve Walpole  
Chief of Police

## Scotts Valley Police Department Pre-Background Interview Form CCW

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Background Investigator: \_\_\_\_\_

Please read and answer all questions. You are admonished to answer all questions completely and truthfully. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you may be denied a Concealed Weapons Permit.

If you answer "Yes" to any of the questions, you must provide an explanation on the reverse side of the page.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Have you ever been denied a permit to carry a concealed weapon?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a license to carry a concealed weapon revoked?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever used another name or ever impersonated another person?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently taking any prescription medication on a regular basis that would alter your moods or impair your judgment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been under the care of a psychiatrist or psychologist?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been committed to a mental health facility either voluntarily or involuntarily?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been found not guilty by reason of insanity?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever attempted suicide? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you drink alcoholic beverages?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been treated for or hospitalized for alcoholism, substance abuse or drug addiction?.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever driven a vehicle while under the influence of alcohol or drugs?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever smoked, sold, grown or given marijuana to anyone?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever used, possessed, or sold any controlled substance?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Were you honorably discharged from the military?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were you ever subject to a military court martial?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Were you ever in military confinement?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has your driver's license ever been suspended or revoked?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever received a traffic citation, other than for parking?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever been involved in a traffic accident?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been involved in a hit and run accident?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever had a warrant issued for failure to appear/failure to pay a fine?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever been involved in a high speed pursuit in which you evaded the police?.....   | <input type="checkbox"/> | <input type="checkbox"/> |



	<u>YES</u>	<u>NO</u>
23. Were you ever arrested, detained or questioned by police as an adult or juvenile for suspicion of any crime?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you have tattoos? If so, include description and location.	<input type="checkbox"/>	<input type="checkbox"/>
25. Are there other crimes you have committed for which you were not detained or arrested?.....	<input type="checkbox"/>	<input type="checkbox"/>
26. Are there any arrests you have not disclosed?.....	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever been placed on probation?.....	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever been sentenced to a jail or prison?.....	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever petitioned a court to have any record sealed?.....	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever succeeded in having any records sealed?.....	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever succeeded in having a felony conviction reduced to a misdemeanor?.....	<input type="checkbox"/>	<input type="checkbox"/>
32. Are you now, or have you ever been, a member of, or associated with, a street gang, motorcycle club, or related organization?.....	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you ever been the victim of a violent crime?.....	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever been involved in any incident of domestic violence?.....	<input type="checkbox"/>	<input type="checkbox"/>
35. Have you ever been subject to a restraining order?.....	<input type="checkbox"/>	<input type="checkbox"/>
36. Have you ever lost control of your temper?.....	<input type="checkbox"/>	<input type="checkbox"/>
37. Have you ever had a run-in with a neighbor?.....	<input type="checkbox"/>	<input type="checkbox"/>
38. Have you ever used physical force against anyone?.....	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever had to physically defend yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you ever taken a polygraph? If yes, what were the results?.....	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you ever carried an unauthorized concealed weapon on your person or in your vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>
42. Did you list all of your residence addresses (even those of brief duration) for the last ten years?.....	<input type="checkbox"/>	<input type="checkbox"/>
43. Is there anything in your background you are trying to conceal?.....	<input type="checkbox"/>	<input type="checkbox"/>
44. Is your residence address listed on the CCW application your primary residence (if not please explain e.g. vacation home, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>

The above information is a true and complete account of my background. I realize I could be disqualified as a CCW applicant if I fail to provide a truthful account of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

