

# GUYANA POLICE FORCE



## PRE-EMPLOYMENT

# APPLICATION QUESTIONNAIRE

..... / ..... / 20

**Tax Identification Number (TIN):** .....

**Guyana National Insurance (NIS):** .....

**Guyana National Identification:** .....

**Guyana Passport:** .....

**Bank Account Number:** .....

### For Official Use ONLY

**Processing on:** .....

**By:** .....

## HONESTY STATEMENT

**PLEASE READ CAREFULLY:** All questions must be answered, and all answer are subject to Verification. You are required to provide truthful answers despite how personal the information seems. The information provided will be treated with the highest level of confidentiality. Please be warned that providing false or deceitful information could seriously hamper your chances of being considered as a suitable candidate for employment with the Guyana Police Force.

Signature of Applicant: .....

Date: .....



SERVICE AND PROTECTION

**POLYGRAPH TESTING AGREEMENT**

**PLEASE READ CAREFULLY**

Based on the information you provide in this Application Questionnaire; a Polygraph Test would be necessary in order to determine whether you have been completely truthful in the responses provided. This procedure has become a necessary element of the recruitment procedure of the Guyana Police Force, in order to determine the suitability of applicants.

You are therefore requested to indicate your willingness to be subjected to a Polygraph Test, by attaching your name and signature to this agreement.

Name of Applicant (In BLOCK LETTERS): .....

Signature of Applicant: .....

Date: .....

During the course of the background investigation persons who know you will be asked to comment upon your suitability for the position for the position you have applied for. Inquiries will be confined to job-related matters.



SERVICE AND PROTECTION

**PERSONAL HISTORY / GENERAL BACKGROUND INFORMATION**

**PLACE RECENT  
PHOTOGRAPH  
HERE**

Full Legal Name:

.....

Last

First

Middle

1. Present Home Address: .....

.....

How long have you been living at that address? Years..... Months .....

Is the home being rented? Yes ( ) No ( )

If the answer is 'Yes' please state;

- a) The amount of the rent .....
- b) The name of the landlord .....
- c) The address of the landlord .....
- d) The telephone number of the landlord .....

Have you ever lived at any other address previously? Yes ( ) No ( )

If the answer is 'Yes' please State:

- a) The previous address .....
- b) The amount of rent .....
- c) The name of the Landlord .....
- d) The address of the Landlord .....
- e) The telephone number of the Landlord .....
- f) The number of years..... or Months ..... you lived there
- g) Your reason for leaving

(brief).....  
.....  
.....

2. Home Phone

.....

Business Phone

.....

Cellular Phone

.....

E-mail: Address: .....

3. Date of Birth                      Male                      Female                      NIS Number                      Race/Ethnic Background  
.....                      ( )                      ( )                      .....                      .....

Are you a citizen of Guyana by Birth ( )                      Naturalization ( )

Place of Birth .....

4. Have you ever used a different name? Yes ( )    No ( )

5. Have you ever legally changed your Name? Yes ( )    No ( )

Name Changed from.....

Name Changed to.....

Date and place where change was done.....

Reason for Change.....

6. Have you ever used a different NIS Number? Yes ( )    No ( )

If yes, state the number.....

7. Have you ever used a different date of birth? Yes ( )    No ( )

If yes, state the reason.....

8. Do you have a National Identification Card? Yes ( )    No ( )

9. Have you ever used a National Identification Card Yes ( )    No ( )

10. Do you have a passport Number? Yes ( )    No ( )

If "Yes", Passport Number.....

11. For the purposes of identification, provide the following information:

Height..... Weight..... Eye Color..... Hair Color.....

12. Do you have any tattoo or other distinguishable mark (s) on your body? If yes, state exactly which part of your body is this tattoo distinguishable marked?  
.....  
.....

Would you consent to subject yourself to an Examination:    YES                       NO

13. To which religious grouping do you belong? Christian ( ), Muslim ( ), Hindu ( ), None ( )

14. What sporting activities do you participate in and at what level?  
.....  
.....

If at club level, name the club(s)

.....  
.....

**RELATIVES, REFERENCES AND ACQUAINTANCES**

**1.PRESENT MARITAL STATUS**

Single ( )    Married ( )    Separated ( )    Divorced ( )    Widowed ( )

**2.MARRIAGE INFORMATION**

Marriage Date: .....

Where Performed: .....

Spouse's Name/Wife's Maiden Name: .....

Spouse's D.O.B: .....

**3. SPOUSES INFORMATION: (IF SEPARATED, DIVORCED OR IS IN A COMMON-LAW RELATIONSHIP)**

Name: ..... Telephone: .....

Address: .....

Separated ( )    Marriage Annulled ( )    Divorced ( )

Date of: .....

Order/Decree: .....

Granted by: .....

Where issued: .....

**4.CHILDREN**

List all of your children, including step-children and adopted children. Give the following information.  
(Attach additional pages if necessary)

Full Name

Date of Birth

.....

Address

Phone

.....

Full Name

Date of Birth

.....

Address

Phone



.....  
Full Name

Date of Birth

.....  
Address

Phone

.....  
**5.FAMILY MEMBERS**

List the **FULL NAME** of your Father, Mother (maiden and current surname), Step-Father, Step-Mother (including maiden name) **ALL** Brothers, Sisters, Step-Brothers, and Step-Sisters and any person(s) residing in your home whether related to you or not.

**Full Name**

**Date of Birth**

**Relationship**

.....  
**Address**

**Date of Birth**

**Relationship**

.....  
**Full Name**

**Date of Birth**

**Relationship**

.....  
**Address**

**Date of Birth**

**Relationship**

.....  
**Full Name**

**Date of Birth**

**Relationship**

.....  
**Address**

**Date of Birth**

**Relationship**

.....  
**Full Name**

**Date of Birth**

**Relationship**

.....  
**Address**

**Date of Birth**

**Relationship**

.....  
**Full Name**

**Date of Birth**

**Relationship**

.....  
**Address**

**Date of Birth**

**Relationship**

.....

**EDUCATIONAL BACKGROUND**

**1.NAME OF PRIMARY SCHOOL ATTENDED**

**ADDRESS**

.....

Highest Grade/Class Completed

Year

Left School

.....

What is the name of your last class teacher?.....

**2.NAME OF SECONDARY SCHOOL ATTENDED**

**ADDRESS**

.....

Highest Grade/Class Completed

Qualifications Received

Year

Left School

.....

What is the name of your last class teacher?.....

**3.NAME OF TECHNICAL/VOCATIONAL COLLEGE ATTENDED**

**ADDRESS**

.....

Qualifications Received: Diploma ( ) Certificate ( ) Field of

Study: .....

Year Graduated: .....

**4.NAME OF UNIVERSITY ATTENDED**

**ADDRESS**

.....

Qualifications Received: Degree ( ) Diploma ( ) Certificate ( )

Field of Study: .....

Year Graduated: .....

**5.HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANYONE OR THE ABOVE-MENTIONED EDUCATIONAL INSTITUTIONS THAT YOU ATTENDED?**

Yes ( ) No ( )

**If yes state reason:**

.....

.....

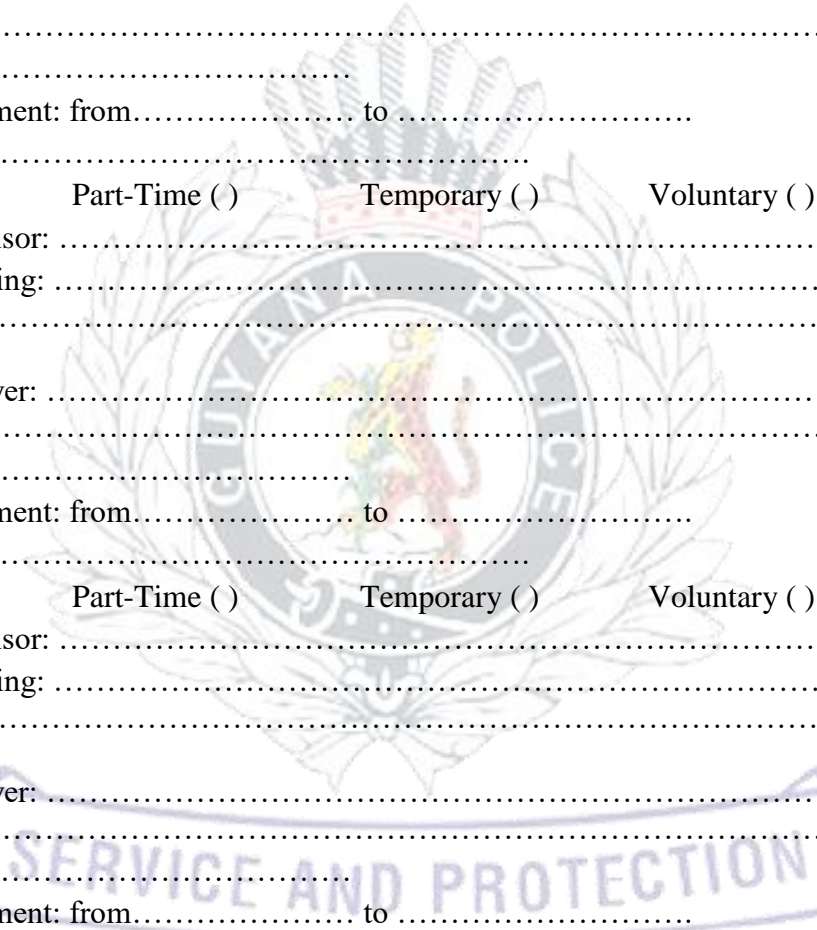


**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment list all jobs **FULL-TIME, PART-TIME, TEMPORARY AND VOLUNTARY POSITIONS**, you have held. If you had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided. (Attach additional pages if needed)

**\*\*\*\*ALL TIME MUST BE ACCOUNTED FOR\*\*\*\***

- 1. Name of Employer: .....  
Address: .....  
Telephone: .....  
Date of Employment: from..... to .....  
Job Title: .....  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: .....  
Reason for Leaving: .....  
.....
  
- 2. Name of Employer: .....  
Address: .....  
Telephone: .....  
Date of Employment: from..... to .....  
Job Title: .....  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: .....  
Reason for Leaving: .....  
.....
  
- 3. Name of Employer: .....  
Address: .....  
Telephone: .....  
Date of Employment: from..... to .....  
Job Title: .....  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: .....  
Reason for Leaving: .....  
.....
  
- 4. Name of Employer: .....  
Address: .....  
Telephone: .....  
Date of Employment: from..... to .....



Job Title: .....  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: .....  
Reason for Leaving: .....  
.....

5. Name of Employer: .....  
Address: .....  
Telephone: .....  
Date of Employment: from..... to .....  
Job Title: .....  
Full-Time ( )      Part-Time ( )      Temporary ( )      Voluntary ( )  
Name of Supervisor: .....  
Reason for Leaving: .....  
.....

1. Have you ever been fired, asked to resign, or forced to leave a job?      Yes ( )      No ( )

If yes, state briefly

.....  
.....

2. Have you ever resigned from a position to termination?      Yes ( )      No ( )

If yes, state briefly

.....  
.....

3. Have you ever been the subject of an allegation charging you with  
Racial or Ethnic bias or Sexual Harassment?      Yes ( )      No ( )

If yes, state briefly

.....  
.....

4. Have you ever been disciplined (e.g. oral/written reprimand, docked  
Pay, suspension demoted, etc.) for excessive absences, poor Judgment,  
Unbecoming conduct, poor work performance or other work related  
Reasons?      Yes ( )      No ( )

If yes, state briefly

.....  
.....

5. Have you ever falsified or altered any official document? Yes ( ) No ( )

If yes, state briefly

.....  
.....

**CREDIT INFORMATION**

1. Have you ever been sued because of unpaid bills? Yes ( ) No ( )

2. Have you ever sued? Yes ( ) No ( )

3. Do you have any outstanding credit/loans with Banks,  
Stores, other business or individuals? Yes ( ) No ( )

If yes, explain and provide amount: .....

4. Do you currently have any bills that are past due date that  
you are not paying? Yes ( ) No ( )

If yes, explain: .....

.....

5. Have you ever filed for Bankruptcy? Yes ( ) No ( )

If yes, explain: .....

SERVICE AND PROTECTION

6. Have you ever had a house, a vehicle, or other item repossessed? Yes ( ) No ( )

If yes, explain:

.....

.....

7. Are you currently behind in your payment of any bills to  
any creditor? Yes ( ) No ( )

If yes, explain and provide amount: .....

.....

8. Have you ever failed to provide financial support to someone to whom you are obligated? Yes ( ) No ( )
9. Are you currently experiencing financial problems? Yes ( ) No ( )

If yes, explain: .....

.....

**LEGAL/CRIMINAL ACTIVITIES**

1. Have you ever been arrested or convicted of any crime? Yes ( ) No ( )

If yes, explain the nature of the offence: .....

.....

2. Have you ever committed or participated in any criminal activity or activities? Yes ( ) No ( )

If yes, explain the activity: .....

.....

3. Have you ever been investigated for any criminal offence? Yes ( ) No ( )

If yes, explain: .....

.....

4. Have you ever been accused of stealing from any previous place of Employment? Yes ( ) No ( )

5. Were you ever required to appears before a juvenile court for any act that would be considered a crime? Yes ( ) No ( )

If yes, explain the nature of the crime: .....

.....

6. Has your spouse (husband, wife, companion) ever been arrested or convicted of any crime? Yes ( ) No ( )

If yes, explain the nature of the crime: .....

.....

7. Have you ever been involved in any physical assault? Yes ( ) No ( )

If yes, explain: .....

.....

8. Have you ever had a restraining order or any other type of protection

- order taken out against you? Yes ( ) No ( )
- If yes, explain: .....
- .....
9. Have you ever had cause to take out a restraining order against anyone Yes ( ) No ( )
- If yes, explain: .....
- .....
10. Have you ever committed, or been convicted of any act of domestic violence (physical assault or verbal threats) Yes ( ) No ( )
11. Have you ever purposely or negligently caused the death of another human being? Yes ( ) No ( )
12. Have you ever harmed, or attempted to cause harm to someone with a weapon Yes ( ) No ( )
13. Have you ever been involved in or accused of any act of disturbing the peace? (fighting in public, cursing in public, threatening another Person in public) Yes ( ) No ( )
14. Have you ever taken something from someone through the use of force or intimidation? Yes ( ) No ( )
15. Have you ever deliberately damaged or destroyed someone else's property? Yes ( ) No ( )
16. Have you ever broken into someone else's home, vehicle or any other property to steal something? Yes ( ) No ( )
17. Have you ever illegally used someone else's bank card to access their bank account or make a purchase? Yes ( ) No ( )
18. Have you ever taken anything from a shop or store without paying for it (shoplifting)? Yes ( ) No ( )
19. Have you ever had in your possession or do you possess an illegal weapon? Yes ( ) No ( )
20. Are you a member of, or have you ever been a member of any gang? Yes ( ) No ( )
21. Do you currently live, reside, or associate with anyone involved in any criminal activity? Yes ( ) No ( )
22. Have you ever live, reside, or associate with anyone involved in any criminal activity? Yes ( ) No ( )



## SEXUAL MISCONDUCT

- |   |         |        |
|---|---------|--------|
| 1. Have you ever engaged in or ever been accused of engaging in any illegal sexual act? (buggery, sex with animals)   | Yes ( ) | No ( ) |
| 2. Have you ever committed or ever been accused of committing any act of sexual assault against any adult or child (intercourse, oral sex, anal sex, fondling)?       | Yes ( ) | No ( ) |
| 3. Have you ever forced anyone, either by word or action, to have sexual contact with you against his/her will (including spouse)?                                    | Yes ( ) | No ( ) |
| 4. Have you ever engaged in any acts of prostitution or received payment for someone else's act or sexual performance   | Yes ( ) | No ( ) |
| 5. Have you ever engaged in any acts of prostitution, such as either paying someone or being paid to perform a sexual act?  | Yes ( ) | No ( ) |
| 6. Have you ever engaged in any form of sexual act or ever had sexual relations with anyone while at work?  | Yes ( ) | No ( ) |
| 7. Have you ever engaged in any form of sexual act with a minor?  | Yes ( ) | No ( ) |
| 8. Have you ever been involved in or been accused of being involved in the sale or production of pornographic materials (books, video, CD's)                          | Yes ( ) | No ( ) |
| 9. Have you ever been involved in or been accused of being involved in any act of indecent exposure? (deliberate exposure of your genitals to the public)             | Yes ( ) | No ( ) |
| 10. Have you ever participated in any window peeping for lewd purposes?   | Yes ( ) | No ( ) |
| 11. Have you ever engaged in or have been accused of engaging in making lewd, obscene or harassing phone calls?   | Yes ( ) | No ( ) |
| 12. Have you ever had or been accused of having sexual relations or contact with anyone not able to give consent? (mentally incompetent, drunk, drugged, unconscious) | Yes ( ) | No ( ) |



If yes, explain: .....  
.....

13. Have you ever knowingly had sexual relations or contact with a relative? Yes ( ) No ( )

**ILLEGAL DRUGS**

1. Have you ever been involved in or been accused of being involved in the sale or delivery of illegal drugs? Yes ( ) No ( )

2. Have you ever participated in or been accused of participating in the manufacture of illegal drugs? Yes ( ) No ( )

3. Have you ever been involved or been accused of being involved in cultivating or growing of illegal drugs? Yes ( ) No ( )

4. Have you ever bought or been accused of buying illegal drugs for your own use or for another person? Yes ( ) No ( )

5. Have you ever been associated with or accused of associating with persons who use illegal drugs? Yes ( ) No ( )

6. Have you ever driven a vehicle or been accused of driving a vehicle under the influence of any form of narcotic? Yes ( ) No ( )

7. Do you currently use any form of illegal drugs? Yes ( ) No ( )

If yes, explain: .....

**ALCOHOLIC USE**

1. Do you usually consume alcohol? Yes ( ) No ( )

If yes, explain how often: .....

2. How often do you become intoxicated?

Explain: .....

3. Have you ever driven a vehicle or been accused of driving a vehicle while being intoxicated or under the influence of alcohol? Yes ( ) No ( )

4. Have you ever been involved in an accident due to the use of alcohol? Yes ( ) No ( )

5. Have you ever been charged for driving under the influence of alcohol? Yes ( ) No ( )

6. Have you ever missed work because of alcohol consumption? Yes ( ) No ( )

7. Have you ever consumed or been accused of consuming alcohol during your working hours? Yes ( ) No ( )

**TRAFFIC AND DRIVING RECORD**

- 1. Have you ever been accused of or charged for any traffic offence? Yes ( ) No ( )
- 2. Have you ever driven a vehicle without a driver's license? Yes ( ) No ( )
- 3. Are you in possession of a valid driver's license? Yes ( ) No ( )
- 4. Have you ever driven a vehicle that was not registered or insured? Yes ( ) No ( )
- 5. Have you ever been involved in a motor vehicle accident that you failed to report to the police or where you left the scene without identifying yourself?  
(Hit and run) Yes ( ) No ( )



**DECLARATION**

A. I hereby declare that while being an applicant for the Guyana Police Force, I am willing to subject myself to be examined for tattoo(s) and tested for the use of narcotic drugs. Should I be successful at both examinations and become a member of the Guyana Police Force, I am committed not to alter my physical status with any tattoo(s) or the use of narcotic Drugs.

.....  
Signature of Applicant

Date: .....

B. I hereby further declare that now being a member of the Guyana Police Force, I am willing to subject myself to be physically examined and tested at any time to confirm that I have not altered my physical status with any tattoo(s) or the use of narcotic drugs. Should I be found in breach of my acceptable physical status as it relates to tattooing and the use of narcotic drugs, Whilst being a serving member of the Guyana Police Force, I accept that my service will be immediately terminated.

.....  
Signature and Number of Rank

Date: .....