

QUALIFICATION INQUIRY

Within ten (10) working days of receipt, you are required to complete this Qualification Inquiry and provide it to your immediate supervisor. In completing this form, you are advised that:

- A. The purpose is to obtain information that will assist in determining whether personnel reassignments and/or administrative actions are warranted.
- B. A variety of disciplinary actions, including dismissal, may be undertaken if you refuse to answer, or if you fail to reply fully and truthfully.
- C. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in a criminal prosecution for a violation of Title 18, U.S. Code, Section 922 (g) (9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary hearings.
 - 1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute (18 U.S. Sec. 922(g)). The term "misdemeanor crime of domestic violence" means an offense that:
 - a. is a misdemeanor under federal or state law; and
 - b. has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Initial and date:

NO _____

YES _____

- 2. If you answered YES to the first question, provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Status/Charge: _____

Date sentenced: _____

Obtain a certified copy of judgments and offense reports within 15 days and submit to your superior.

I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including termination, and is also criminally punishable pursuant to federal law, including 18 U.S. C. Sec. 1001.

Name and Title
(print or type)_____

Agency Date_____

Signature_____