

# Secure Transport Officer Applicant Interview Questionnaire

Applicant Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Tell me about yourself: (Likes, dislikes, hobbies, accomplishments, failures, etc.)

L \_\_\_\_\_  
D \_\_\_\_\_  
H \_\_\_\_\_  
A \_\_\_\_\_  
F \_\_\_\_\_

What are your strengths / weaknesses in relation to dealing with people?

S \_\_\_\_\_  
W \_\_\_\_\_

Describe a situation in which you believe you acted appropriately in a certain situation but were scrutinized later by your supervisors and/or your co-workers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a situation in which you believe a co-worker acted inappropriately in a certain situation. What action did you take, if any?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience in interacting with persons with mental health issues or substance abuse and/or addiction issues.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your understanding of the position for which you are applying? What are your expectations?

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What is your understanding of "Appropriate Use Of Force"? Please describe fully.

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How is your driving record? Have you ever had your license suspended/revoked in any state? Have you been involved in any accidents within the last five years? Please describe each situation fully.

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Do you have any personal connection to any person with a mental health or substance abuse issue? How do you effectively interact with that person and accomplish difficult tasks in relation to conflict with them?

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Have you ever been terminated from a job or asked to leave employment? Please describe the circumstances.

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## **Suitability / Security Questionnaire Concerning Drug / Alcohol Usage**

In direct relation to information concerning alcohol / controlled substance / illegal drug usage, I am providing the answers / explanations for the following statements / questions:

What is the extent of your current use of alcohol? Please be specific.

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Has the use of alcohol ever affected your past or present job performance or resulted in the loss of a job?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain when, where, and why.

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Has your use of alcohol ever resulted in being cited, ticketed, or arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain when, where, and why.

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Are you now using or have you ever used any controlled substances / illegal drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain when, where, and why.

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Please provide any additional information / comments you may have concerning any of these matters.

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**Policy:     *The illegal use, sale, possession or furnishing of any drugs, including alcohol, by an employee of Northwest Regional, Inc. will not be condoned and is deemed to be cause for immediate termination of employment and notification to appropriate law enforcement officials.***

I certify that the statements made by me on this form are true, complete, accurate, and correct to the best of my knowledge and belief, and are made in good faith. In addition, I certify that I have read and understand the above policy regarding illegal alcohol & drug-related activity.

Printed Name of Applicant / Employee: \_\_\_\_\_

Signature of Applicant / Employee: \_\_\_\_\_ Date: \_\_\_\_\_