

**MONTEREY PARK POLICE DEPARTMENT**  
**PRE-BACKGROUND CCW INTERVIEW QUESTIONS**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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 a detailed explanation on pages at the end of this document.

**Weapon(s):**

**YES    NO**

1. Have you ever been denied a permit to carry a concealed weapon?  YES  NO
2. Have you ever had a license to carry a concealed weapon revoked?  YES  NO
3. Are all of the firearms you possess legally registered to you in California?  YES  NO
4. Have you ever carried an unauthorized concealed weapon on your person or in your vehicle?  YES  NO

**Military:**

1. Were you honorably discharged from the military?  YES  NO
2. Were you ever in military confinement?  YES  NO
3. Were you ever subject to a military court martial?  YES  NO

**Driving:**

1. Has your driver's license ever been suspended or revoked?  YES  NO
2. Have you ever received a traffic citation, other than for parking?  YES  NO
3. Have you ever been involved in a traffic accident?  YES  NO
4. Have you ever been involved in a hit and run accident?  YES  NO
5. Have you ever been involved in a high-speed pursuit in which you evaded the police?  YES  NO

**Legal:**

**YES NO**

1. Were you ever arrested, detained or questioned by police as an adult or juvenile for suspicion of any crime?  YES  NO
2. Are there other crimes you have committed for which you were not detained or arrested?  YES  NO
3. Are there any arrests you have not disclosed?  YES  NO
4. Have you ever been placed on probation?  YES  NO
5. Have you ever been sentenced to jail or prison?  YES  NO
6. Have you ever petitioned a court to have any record sealed?  YES  NO
7. Have you ever succeeded in having any records sealed?  YES  NO
8. Have you ever succeeded in having a felony conviction reduced to a misdemeanor?  YES  NO
9. Have you ever been the victim of a violent crime?  YES  NO
10. Have you ever been involved in any incident of domestic violence?  YES  NO
11. Have you ever been subject to a restraining order?  YES  NO
12. Have you ever had a warrant issued for failure to appear/failure to pay a fine?  YES  NO

**Mental Health:**

1. Are you currently taking any prescription medication on a regular basis that would alter your moods or impair your judgement?  YES  NO
2. Have you ever been under the care of psychiatrist or psychologist?  YES  NO
3. Have you ever been committed to a mental health facility either voluntarily or involuntarily?  YES  NO
4. Have you ever been found not guilty by reason of insanity?  YES  NO
5. Have you ever attempted suicide?  YES  NO

**Drugs & Alcohol:**

**YES NO**

1. Do you drink alcoholic beverages?
2. Have you ever been treated for or hospitalized for alcoholism, substance abuse or drug addiction?
3. Have you ever driven a vehicle while under the influence of alcohol or drugs?
4. Have you ever used, possessed or sold any controlled substances/drugs?

**Gang Membership:**

1. Do you have any tattoos? If "Yes," include description and location.
2. Are you now, or have you ever been a member of or associated with a street gang, motorcycle club or related organization?

**Residence:**

1. Is your residence address listed on the CCW application your primary residence? (If "No," please explain e.g. vacation home, etc.)
2. Did you list all your residence addresses for the last five years?
3. Have you ever had a run-in with a neighbor? Were the police called?

**Employment:**

1. Have you ever been terminated/fired from an employer?
2. Have you ever resigned from employment in lieu of termination?
3. Have you ever had a verbal or physical altercation with a supervisor, co-worker or customer?
4. Have you ever worked for a law enforcement agency?

**Decision-Making:**

**YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you ever used physical force against anyone?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had to physically defend yourself?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there anything in your background that you are trying to conceal?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever taken a polygraph test? If "Yes," what were the results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever used another name or impersonated another person?        | <input type="checkbox"/> | <input type="checkbox"/> |

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

