NAME _____

VACANCY # _____

City of Flagstaff
POLICE DEPARTMENT

BACKGROUND QUESTIONNAIRE

Follow Directions Carefully

1. Use ink to complete questionnaire.
2. Complete in your own handwriting or printing.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions.
7. If a question does not apply, write N/A in the space.
8. If you need additional space, write on the back of the page.
9. Sign the questionnaire and have it notarized. The Police Department will not notarize your signature.
10. When completed return to:

Human Resources
City of Flagstaff
211 W. Aspen Avenue
Flagstaff, AZ 86001

or

Flagstaff Police Department
911 E. Sawmill Road
Flagstaff, AZ 86001

NOTE: Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Your incomplete packet will be rejected.

- Complete Addresses: Street Addresses, City, State and Zip Code.
- Complete area codes and telephone numbers

Flagstaff Police Department

Date _____

Position _____
❒ Sworn ❒ Civilian

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the FLAGSTAFF POLICE DEPARTMENT.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that the questionnaire will be used in the background evaluation of my fitness to be a Flagstaff Police Department employee (commissioned officer or civilian). I further understand that the results of the background evaluation are for the exclusive use of the Department and will not be released. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me.

Where written explanations are required in this form, it is **mandatory** that the information be listed TOTALLY AND COMPLETELY.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, polygraph examination, and a psychological profile evaluation.

NOTE: Appropriate business attire is required for all steps of your processing, including all interviews, polygraph examinations, psychological evaluations, and employee orientations. Failure to comply may result in removal from the selection process.

Criteria Standards for Disqualification

❒ 1. Any Felony, No Time Limit

❒ 2. Participation in any Serious Crime

❒ 3. Any Misdemeanor Conviction involving Narcotics, Drugs, and Marijuana

❒ 4. Any Selling of Narcotics, Drugs, or Marijuana.

❒ 5. Any *illegal* use of opiate narcotics, hallucinogens, and/or other dangerous drugs. (Includes LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin. Cocaine, Hash, Speed, Barbiturates, ETC.)

❒ 6. Any recent use of Marijuana.

❒ 7. Any *excessive* illegal use of Marijuana.

❒ 8. Any history of disregard for traffic laws with such frequency so as to indicate a disrespect for traffic laws and a disregard for the safety of other persons on the highway.

❒ 9. Any sexual conduct prohibited by Law.

❒ 10. Negligence in maintaining financial responsibility.

Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below.

Signature _____ Date _____

Sworn to and subscribed before me

This _____ day of _____, 20 _____.

_____
Notary Public

Public Disclosure of Information

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your social security number is for the purpose of conducting a thorough background investigation. The information included on this form may constitute a "public record of matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. 39-121 *et seq*.

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If YES, provide full information below.

YES _____ NO _____

_____

_____

_____

_____

_____

Police Officer Applicants Only

If the necessity for you to shoot a human being, in the course of your duties as a police officer, would you have any reluctance to do so?

YES _____ NO _____ If **yes**, explain:

_____

_____

CERTIFICATION

I hereby certify under penalty of A.R.S. 13-2701 and 39-161, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willfully false statement on this form constitutes a violation of the law, and cause to initiate action to suspend or revoke certified peace officer status.

Signature _____ Date _____

Where necessary, use the reverse of page to complete answers throughout this questionnaire.

1. Personal Data

Last Name First Middle (Full) Home Phone

Current employment work hours Days Off Work Phone

Are you a United States Citizen? ❒ YES ❒ NO

Current Address City State Zip Code

Length of time at address: _____ Social Security # _____

Height Weight Hair Eyes Date of Birth Place of Birth

List any other names, social security numbers, or dates of birth you have used.

List all residences in the last 10 years:

Address City State Zip Code

Address City State Zip Code

Address City State Zip Code

2. Marital Status

Status : ❒ Married ❒ Single ❒ Separated ❒ Divorced ❒ Widowed ❒ Co-Habitate

If male and married, list wife's maiden name: _____

Spouse's Name Date of Birth Occupation

3. Employment History

List all places of employment and unemployment in the past 10 years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, use the following page if necessary, OMIT NONE!

Month and Year	**Name of Employer**	**Supervisor**
From:		
To: Current		
Salary	**Complete Employer Address**	**(Area Code) Telephone**
Start:		
End:		
Job Title – Describe your duties**:**		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	**Name of Employer**	**Supervisor**
From:		
To:		
Salary	**Complete Employer Address**	**(Area Code) Telephone**
Start:		
End:		
Job Title – Describe your duties**:**		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	**Name of Employer**	**Supervisor**
From:		
To:		
Salary	**Complete Employer Address**	**(Area Code) Telephone**
Start:		
End:		
Job Title – Describe your duties**:**		
Reason for Leaving (ie: resigned, fired, laid off):		

3. Employment History (continued)
(Use back of page if necessary)

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	**Complete Employer Address**	**(Area Code) Telephone**
Start:		
End:		
Job Title – Describe your duties**:**		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	**Complete Employer Address**	**(Area Code) Telephone**
Start:		
End:		
Job Title – Describe your duties**:**		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	**Complete Employer Address**	**(Area Code) Telephone**
Start:		
End:		
Job Title – Describe your duties**:**		
Reason for Leaving (ie: resigned, fired, laid off):		

4. References

A) List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years (5) years (include area code and phone):

Name	**Complete Address**	**Area Code & Telephone**
How Long known	**Occupation & Business Address**	**Work Area Code & Telephone**

Name	**Complete Address**	**Area Code & Telephone**
How Long known	**Occupation & Business Address**	**Work Area Code & Telephone**

Name	**Complete Address**	**Area Code & Telephone**
How Long known	**Occupation & Business Address**	**Work Area Code & Telephone**

B) List the names of any acquaintances employed by this Department:

_____

C) Have you ever applied to, or been employed by the Flagstaff Police Department as a paid employee or as a volunteer?

❒ YES ❒ NO If YES, date & position: _____

D) Have you ever applied for any position with another law enforcement agency? ❒ YES ❒ NO
If YES, explain (use back of page if necessary):

Date	**Agency Name and State**	**Status of Application**

E) Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee? ❒ YES ❒ NO If YES, when/where:

When	Where

F) Have you ever received any law enforcement training? ❒ YES ❒ NO If YES, explain:

When	Where	Type of Training

G) Have you ever been certified as a police officer? ❒ YES ❒ NO If YES, explain:

When	Where	Type of Certificate

5. Education and Training

A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED if applicable:

Date Graduated	School Name	Address	Diploma Received

B) List all skills or abilities possessed (include foreign languages):

_____

_____

_____

_____

_____

6. Organizational Membership

A) Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, by any unlawful or unconstitutional means? ❒ YES ❒ NO If YES, explain:

_____

_____

_____

_____

7. Military Status

A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit? ❒ YES ❒ NO If YES, explain:

Entry Date	Rank/Branch/ Organization	Discharge Type	Date

B) Are you registered with the Selective Service? ❒ YES ❒ NO ❒ N/A

Local Board #	Address	Draft Class	Date Classified

8. Arrest History

Have you ever been given a ticket, arrested, convicted, charged, or questioned for any offense; violation of any statute or ordinance; and/or law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.) ❒ YES ❒ NO If YES, describe below:

Date	Location	Arresting Agency	Original Charge	Reduced To	Disposition/ Court Action

9. Driving Record

List below any Traffic and/or Parking citations since you began driving, in this country or any other country.

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N

A) Have you ever operated a motor vehicle while under the influence of alcohol? ❒ YES ❒ NO

Explain: _____

B) List all driver's or chauffeur's licenses you currently hold:

State _____ Lic. # and Type _____ Exp. Date _____

C) Have you ever been licensed to drive in another state? ❒ YES ❒ NO If YES, list below:

State _____ Lic. # and Type _____

D) Have you ever had your license revoked, suspended, or restricted? ? ❒ YES ❒ NO
If YES, list below:

State _____ Lic. # and Type _____

Date & Reason Susp/Revoked _____

E) Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation? ❒ YES ❒ NO If YES, list below:

Date _____ Location/ Jurisdiction _____

What was the citation for? _____

10. Narcotics

Use the reverse side if more space is needed to explain YES answers. Include the number of times and dates drug was used.

1) Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or any other manner of ingestion? ❒ YES ❒ NO

Type of Drug	Month / Year of last use	Total times tried before age 21 (check appropriate box)					Total times tried after age 21 (check appropriate box)				
		1	2-5	6-10	11-20	21+	1	2-5	6-10	11-20	21+
Marijuana											
Hash											
Cocaine											
Crack											
Speed											
Heroin											
Opium											
Morphine											
LSD											
Acid											
Peyote											
Mescaline											
Steroids											

	Type of Drug	Date you first tried	Date you last tried	Maximum times tried
Any other illegal drugs?				
Any prescription drugs not prescribed for your use				
Obtained any prescription drug in an illegal manner				

2) Have you ever GIVEN or SOLD prescription drugs, marijuana, or any other illegal narcotic or dangerous drugs? ❒ YES ❒ NO If YES, explain:

_____

3) Has anyone ever used narcotics (refer to #10) in your family? ❒ YES ❒ NO If YES, explain:

_____

11. Answer the Following

(use page 14 for detailed explanations)

#		YES	NO
A	Have you ever had your wages attached?		
B	Have you ever been a party to a small claims or other court action?		
C	Have you ever been involved with any civil court action?		
D	Have you ever had judgement rendered against you?		
E	Have you ever been refused credit?		
F	Have you ever had any property repossessed?		
G	Have you ever been fired, discharged or asked to resign from any position?		
H	Have the police ever been called to your home?		
I	Have you ever committed any criminal violation that has gone undetected?		
J	Have you or your spouse ever been sued or summoned into court?		
K	Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?		
L	Do you now or have you ever had any gambling debts?		
M	Have you ever used an employer's money to gamble with?		
N	Have you ever worked for a gambling operation or booked any bets?		
O	Have you ever had an F.B.I. fingerprint check for any reason?		
P	In any employment setting, including military service, have you ever received any verbal or written reprimands or suspensions for violations of company policy?		
Q	Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?		
R	In any job that you've held, have you been involved in any physical or major verbal confrontations?		
S	Would you be able to follow direct orders, even though you may not agree with them?		
T	In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?		
U	Have you ever left a place of employment without giving two weeks notice?		
V	Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew that you should not have been driving?		
W	Have you ever been extensively delinquent on any of your financial obligations?		
X	Have you ever filed for bankruptcy?		
Y	Have you ever had any of your financial obligations turned over to a collection agency?		
Z	Are you now current on your financial obligations?		
AA	Have you ever been placed on court supervision or probation?		
BB	Have you ever had any court proceedings expunged?		
CC	Have you been unemployed during the last 10 years? If yes, explain below how you supported yourself.		
DD	Do you pay child support or spousal maintenance?		
EE	Are your support payments current?		

Please use this area to explain your yes answers to questions A – EE.
List the date of each occurrence.

Question	Date	

12. SUPPLEMENTARY BACKGROUND INFORMATION

Please use this page to describe the following:

1. Why do you want to be a Police Department Employee?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. What qualities do you possess that would make you a good Police Department Employee?

_____

_____

_____

_____

_____

_____

_____

_____

FAMILY REFERENCES: List all immediate relatives: parents, siblings, in-laws, and ex-spouses.

Name	Relation-ship	Age	Street Address	City, State, Zip	Area Code Telephone

List **all** persons with whom you have lived during the past five years. **Do not** include family members.

Name	Street Address	City, State, Zip	Area Code & Telephone	Relationship

Flagstaff Police Department
911 E. Sawmill Road
Flagstaff, AZ 86001

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize and release from any liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities including the Flagstaff Police Department to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement work may be determined. This includes, but is not limited to my character, integrity, and reputation.

_____
Signed

_____
Date

_____
Social Security Number

_____
Home Phone

_____
Contact Phone

The foregoing instrument was acknowledged before me
this _____ day of _____, _____.

_____
Notary

-SEAL-

_____
Commission Expires