



SCOTTSDALE POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

NAME: _____

POSITION APPLIED FOR: _____

Please print all responses neatly and legibly

READ AND FOLLOW THE DIRECTIONS CAREFULLY

- A. Do not print the questionnaire double-sided (single-sided pages only).
- B. Do not remove any of the numbered pages.
- C. Personally complete this packet in your own writing. **MUST BE HAND PRINTED IN BLACK INK.** Provide a memo of explanation if you received assistance with filling out this packet or were unable to complete it yourself.
- D. Answer each question completely and accurately.
- E. If a question does not apply, write "DNA" in the space.
- F. If you need additional space, use supplemental pages 33 - 35.
- G. Include complete addresses, email addresses and phone numbers.
- H. Sign all required pages of the questionnaire and have pages 36 & 37 notarized.
- I. Do not bind or staple any of the documents being submitted.
- J. Return the completed packet to the Scottsdale Police Department Personnel Unit by the due date:

SCOTTSDALE POLICE DEPARTMENT
Personnel Unit
8401 E. Indian School Road
Scottsdale, AZ 85251

NOTICE

Failure to follow instructions will delay the background process or eliminate you from further processing. **An incomplete or sloppy packet will be rejected.** Packets returned to any other work unit, other than the Personnel Unit, could result in your disqualification for the position for which you applied.



Scottsdale Police Department

TERMS AND CONDITIONS

To the applicant:

- **I understand** that completing this packet does not automatically imply that I am in the background process. The packet merely allows the Police Department to determine my suitability towards moving forward with a complete background investigation.
- **I understand** a City of Scottsdale Police Department investigator will conduct an extensive background investigation into my personal history.
- **I understand** I will not receive, and I am not entitled to, a copy of the background investigation or knowledge of its contents.
- **I understand** that if I am a current City of Scottsdale employee any information acquired through the selection process that could be considered criminal or against City policies may result in disciplinary action, up to and including termination.
- **I understand** the contents of the background questionnaire and the findings of the investigation are confidential and will be used in the evaluation process for employment with the City of Scottsdale or other agencies upon receipt of a signed release.
- **I understand** I will be required to take a polygraph examination and psychological assessment. I may also be required to take a medical examination if required for the position applied.
- **I understand** no documents submitted by me will be returned and no copies of reports or documents utilized for or during the employment process will be furnished or given to me.
- **I understand** if I am not selected for employment, I will not be advised of the reason.
- **I understand** I will need to bring and show the background investigator the following documents at **the time of the background interview**: original birth certificate (Bureau of Vital Statistics copy), Naturalization Papers, Driver's License or State Identification card (if applicable), Social Security card, Military Discharge DD 214 (member 4), Marriage License, Divorce and / or Name Change documents, and any other documents necessary to complete the background process. **Do not send the original documents listed above with the background questionnaire; bring them with you at the time of your background interview for review by the background investigator.**
- **I understand** the background investigator will make photocopies of these documents and return the original items to me. The background investigator will retain the photocopies of these documents.
- **I understand** I will need to bring original (sealed) High School and College transcripts to the background investigator at **the time of the background interview**.
- **I understand** I must complete this packet in my own handwriting and will provide a memo of explanation if I receive assistance with filling out this packet or am unable to complete it myself.
- **I understand** I must provide COMPLETE and ACCURATE written explanations where required.
- **I understand** the existence of any of the conditions listed on page 3 & 4 of this packet may result in my rejection from the selection process.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PERSONNEL UNIT FOR CLARIFICATION.

I have read, understand and agree to the aforementioned conditions and criteria outlined above.

Signature

Date



Scottsdale Police Department

DISQUALIFIERS

Answer Yes or No, whichever is applicable, in the boxes to the right of each numbered statement below:

AUTOMATIC DISQUALIFIERS – Non-Uniformed Positions

- 1. Ever been convicted of a felony within the last 5 years. Yes No
- 2. Been dishonorably discharged from the United States armed forces within last 10 years.. Yes No
- 3. Illegally produced, cultivated, or transported marijuana, a dangerous drug or narcotic for sale or sold the above-mentioned within the last 10 years. Yes No
- 4. Illegally used marijuana for any purpose within the past three years. Yes No
- 5. Illegally used a dangerous drug or narcotic for any purpose within the past seven years. Yes No

AUTOMATIC DISQUALIFIERS – Uniformed Positions (Police Officers, Police Officer – Lateral or Wavier, Police Aides, Detention Officers, Crime Scene Specialists, Security Guard)

- 1. Ever been *convicted* of a felony or any offense that would be a felony if committed in Arizona. Yes No
- 2. *Committed* a felony, an offense that would be a felony if committed in this state, or an offense involving dishonesty, unlawful sexual misconduct, or physical violence while employed by a law enforcement agency. Yes No
- 3. Engaged in any conduct or pattern of conduct that tends to disrupt, diminish, or otherwise would jeopardize public trust in the law enforcement profession. Yes No
- 4. Been dishonorably discharged from the United States armed forces. Yes No
- 5. Been previously denied certified status, have certified status revoked or have current certified status suspended or have voluntarily surrendered certified status in lieu of possible disciplinary action in this or any other state if the reason for denial, revocation, suspension, or possible disciplinary action was or would be a violation of R13-4-109(A) if committed in Arizona. Yes No
- 6. Illegally possessed, produced, cultivated, or transported marijuana for sale or sold marijuana. Yes No
- 7. Illegally possessed or used marijuana for any purpose within the past three years. Yes No
- 8. Illegally possessed or used marijuana other than for experimentation. Experimentation is defined as not exceeding a total of 20 times lifetime or exceeding five times, since attaining the age of 21. Yes No
- 9. Ever illegally possessed or used marijuana while employed or appointed as a peace officer. Yes No
- 10. Illegally sold, produced, cultivated, or transported for sale a dangerous drug or narcotic. Yes No
- 11. Illegally used a dangerous drug or narcotic, other than marijuana, for any purpose within the past seven years. Yes No
- 12. Ever illegally used a dangerous drug or narcotic other than for experimentation. Experimentation is defined as not exceeding a total of 5 times lifetime or exceeding one time, since attaining the age of 21. *This includes, but is not limited to, cocaine/crack, heroin, opium, morphine, LSD/acid, methamphetamine/speed, mescaline, or derivatives thereof.* Yes No
- 13. Ever possessed or used a dangerous drug or narcotic while employed or appointed as a peace officer. Yes No
- 14. Have a pattern of abusing prescription medication. Yes No
- 15. Had excessive traffic violations within the past three years. Yes No
- 16. Lied during any stage of Scottsdale Police Department’s hiring process, falsified any information on the application or background questionnaire. Yes No
- 17. Use of non-prescription steroids since Jan.1, 1994, shall fall under the same restrictions as item #10 above. Yes No

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTOOD, AND PROVIDED TRUTHFUL RESPONSES TO THE ABOVE STATED DISQUALIFIERS BY SIGNING BELOW:

Signature

Date



Scottsdale Police Department

GROOMING STANDARDS POLICY

Employees must follow this policy at all times when representing the department (including trainings, meetings, etc.). *Command staff personnel have final discretion when determining the appropriateness regarding any identified conflict.*

TATTOOS

- Prohibits employees from exhibiting tattoos that are obscene, sexual, racial, or religiously discriminatory.
- Prohibits excessive visible tattoos. Excessive is defined as:
 - Covering 1/3 or more of *exposed* body part.
 - Employees with tattoos covering 1/3 or more of an exposed body part are required to cover the tattoos with long sleeve shirts or pants while in the performance of their duties.
 - Visible on hands, face or neck.
 - **Exception:** Uniformed employees are permitted one “ring style” finger tattoo per hand, between the 2nd and 3rd knuckle, closest to the hand where a ring would be normally worn.
 - **Exception:** Employees in a non-uniformed position are permitted to have *discreet* visible tattoos on the back, and/or side of the neck, behind the ear, and on hands.

MUTILATIONS

- Prohibits enlarged or stretched holes, other visible mutilations, markings, or intentional scaring of the ears, face, or mouth to include tongue, lips, gums and teeth, or neck.
- Prohibits visible dental veneers or permanent dental inserts with a prominent and unnatural appearance; such as jewels, contrasting caps, initials, or other unnatural dental designs.
- Prohibits the display of foreign objects, piercings, or jewelry inserted around or under the exposed skin.
- Prohibits the possession of an intentionally split or forked tongue.

JEWELRY

Conservative jewelry may be worn when appropriate to the assignment and when it does not create a safety risk.

- Prohibits male and female uniformed employees from wearing more than three rings.
- Prohibits male employees from wearing earrings.
- Prohibits female uniformed employees from wearing large earrings, including hoops and/or dangles.
 - **Exception:** All female employees are permitted to wear one pair of stud earrings.

MAKE-UP

- Prohibits all female employees from wearing non-conservative make-up.

HAIR AND FACIAL HAIR

- Prohibits male uniformed employees from cuts that touch the collar or ears.
- Prohibits male employees from mustaches that are unprofessional, untidy and untrimmed.
- Prohibits male uniformed employees from wearing other facial hair, such as goatees and beards, unless authorized by the Chief of Police.
 - Prohibits male employees from wearing long, untrimmed beards. Style must be consistent with professional appearance standards.
- Prohibits female uniformed employees from wearing hair that interferes with assigned duties.
 - Hair cannot extend beyond the top of the shoulders.
 - Restrain hair using pins, braids, or ponytails. Coil or fold braids or ponytails under and/or close to the head to enhance safety.
 - Style must be consistent with professional appearance standards.

I HAVE READ AND UNDERSTAND THE ABOVE GROOMING STANDARDS POLICY

Print Name

Sign Name

Date



Scottsdale Police Department

ITEMS NEEDED FOR BACKGROUND PROCESS

APPLICANT WILL NEED TO SUBMIT THE FOLLOWING ITEMS WITH BACKGROUND PACKET:

- **AZPOST Personal History Form (Police Officer Applicants ONLY)**
- **Current Credit Report (within the past 90 days)** (from one of the major credit bureaus: Experian, Equifax or TransUnion) – A complete credit history is needed not just Credit Summary. Credit Score is not needed.
- **Work Related Items:** copies of any/all written performance evaluations, letters of commendation, letters of reprimand/discipline, performance improvement notices/plans, specialized training information, certificates, awards, etc. (these documents may also be submitted at the time of applicant’s background interview)
- **Memorandums regarding each topic should be addressed through a one-paragraph response and should be addressed on separate memos. (Memos should be on separate pieces of paper) – Memos may be handwritten or typed:**
 - **Intent and Interest in the position you are applying for with the City of Scottsdale.** Topics that should be addressed in this memorandum are: 1) Why you want to become a...(the position you are applying for: police officer, dispatcher, detention officer, etc.); 2) Why you selected the Scottsdale Police Department.
 - **What you have done to prepare for the position for which you are applying.**
 - **Separate memos for each criminal incident or special issue (credit issues, employment terminations, etc.) - if applicable**
 - **What your current fitness regimen/routine is** (to include running distance and time) - **Police Officer Applicants ONLY**

Address the memorandums as follows:

Date: *Date memorandum was written*
To: *Background Investigator*
From: *Your name*
Regarding: *TOPIC*

APPLICANT WILL NEED TO PROVIDE THE FOLLOWING ITEMS AT THE TIME OF THEIR BACKGROUND INTERVIEW:

(Do not hold off submitting your background packet waiting for these items)

- **Birth Certificate *Original* (Bureau of Vital Statistics copy)**
- **Naturalization / Right to Work Papers *Original* (if applicable)**
- **Passport – Current and Expired (if applicable)**
- **Social Security Card *Original***
- **Driver’s License / State Identification Card *Original***
- **Military Discharge (DD 214, pg. 4) *Original* / Other Military Paperwork (if applicable)**
- **Name Change Documents *Original* (if applicable)**
- **Marriage Certificate(s) (if applicable)**
- **Divorce Decree(s) (if applicable)**
- **High School Transcript(s) *Original & Sealed***
- **College Transcript(s) *Original & Sealed* (if applicable)**
- **Bankruptcy Paperwork (if applicable)**
- **If you have current or prior Law Enforcement Employment (*sworn*) bring copies of your training file, including hours of basic, advanced and in-service training with curriculum, hours and all related certificates.**



Scottsdale Police Department

Address Continuation:						
Dates MO/YR		Street Address	City	County	State	Zip Code
From	To					

Social media - list all social media accounts and internet social websites (Facebook, twitter, Instagram, etc.). **Include user name.**

2. Relationships

A. List all children (biological, adoptive, step, etc.):

Child's Name	Date of Birth	Address (Street, City, State, Zip)	Phone Number

B. List immediate relatives (excluding children) including those deceased:

Name	Relationship	Address (Street, City, State, Zip)	Phone Number

If needed, please use supplemental pages at the end of this questionnaire for additional information.
Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

Immediate Relatives Continuation:			
Name	Relationship	Address (Street, City, State, Zip)	Phone Number

C. If applicable, list former marriages:

Name		Address (Street, City, State, Zip)		
Phone number	Date of birth	Occupation	Date Married	Date Divorced
Name		Address (Street, City, State, Zip)		
Phone Number	Date of Birth	Occupation	Date Married	Date Divorced

D. List all persons you have lived with during the past 10 years (excluding those listed in section 2-A, 2-B, & 2-C):

Name	Address (Street, City, State, Zip)	Phone Number	Relationship

E. List all acquaintances who work for or volunteer with the City of Scottsdale:

Name	Job Title	Relationship

If needed, please use supplemental pages at the end of this questionnaire for additional information.
 Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

3. Education

A. Indicate by checking the boxes below if you have any of the following:

- High School Diploma
 G.E.D. Certificate
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate Degree

List all high schools, colleges, trade schools and universities you have attended in chronological order. Applicants must provide a certified copy of their transcript for each listed institution. Certified transcripts must be delivered to personnel in a sealed and certified envelope from the institution.

Dates Attended	Name of Institution	Address (Street, City, State, Zip)	Certificate / Degree Type or Credit Hours Received	Major

B. Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning?

- Yes
 No
 If Yes, Provide Full Explanation on Supplemental Pages.

C. Have you ever completed law enforcement training as a civilian (non-sworn)?

Dates	Location	Type of Training	Certified
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

D. List any certifications, special licenses and fluency in any language other than English (verbal, written, reading). Include certification numbers where applicable.

If needed, please use supplemental pages at the end of this questionnaire for additional information. Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

4. References

List five (5) adult references that have known you for at least the last three years and whom you have regular contact with (in person, texts, Facebook, etc.). Do not list relatives, employers, supervisors or roommates (current or former). Email addresses must be included.

Name		Address (Street, City, State, Zip) <input type="checkbox"/> Residence <input type="checkbox"/> Business	
Email address		Primary Phone	Secondary Phone
Occupation	Years Known?	Relationship	

Name		Address (Street, City, State, Zip) <input type="checkbox"/> Residence <input type="checkbox"/> Business	
Email address		Primary Phone	Secondary Phone
Occupation	Years Known?	Relationship	

Name		Address (Street, City, State, Zip) <input type="checkbox"/> Residence <input type="checkbox"/> Business	
Email address		Primary Phone	Secondary Phone
Occupation	Years Known?	Relationship	

Name		Address (Street, City, State, Zip) <input type="checkbox"/> Residence <input type="checkbox"/> Business	
Email address		Primary Phone	Secondary Phone
Occupation	Years Known?	Relationship	

Name		Address (Street, City, State, Zip) <input type="checkbox"/> Residence <input type="checkbox"/> Business	
Email address		Primary Phone	Secondary Phone
Occupation	Years Known?	Relationship	

5. Employment

A. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is your current employer/supervisor aware of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Do you prefer contact with your present employer be delayed? Yes No If Yes, Provide Explanation Below.

If needed, please use supplemental pages at the end of this questionnaire for additional information. Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

D. Beginning with your present or most recent employer, list all of the places you have worked during your lifetime. Keep in proper order. List periods of school, military service, unemployment, temporary assignments, intern, volunteer service and part-time employment. If you worked in more than one position for any employer, list each separately. Be sure to keep in proper sequence. If you need more room, use the section that follows. Work phone, fax phone and email address should be the supervisor's or the company's information. Explain your reason for leaving your employer.

Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				

Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				

Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				



Scottsdale Police Department

Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				
Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				
Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				

If needed, please use supplemental pages at the end of this questionnaire for additional information.
 Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer		Supervisor's Name
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				
Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer		Supervisor's Name
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				
Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer		Supervisor's Name
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				

If needed, please use supplemental pages at the end of this questionnaire for additional information.
 Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				
Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				
Month / Year		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer		
From	To	Employer	Supervisor's Name	
Beginning Salary	Ending Salary	Address (Street, City, State, Zip)		
Job Title		Work Phone Number	Work Fax Number	Supervisor's Email Address
Description of Your Duties				
Reason For Leaving				

If needed, please use supplemental pages at the end of this questionnaire for additional information.
 Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

If a position was not offered or accepted, provide an explanation:

R. List all law enforcement agency applications:

1	Agency Name	Date	Position				Status		
	<input type="checkbox"/> Application	<input type="checkbox"/> Written / Practical Test	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Background	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Command Staff Review
Contact Person / Background Investigator:				Phone			Email Address		
2	Agency Name	Date	Position				Status		
	<input type="checkbox"/> Application	<input type="checkbox"/> Written / Practical Test	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Background	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Command Staff Review
Contact Person / Background Investigator:				Phone			Email Address		
3	Agency Name	Date	Position				Status		
	<input type="checkbox"/> Application	<input type="checkbox"/> Written / Practical Test	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Background	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Command Staff Review
Contact Person / Background Investigator:				Phone			Email Address		
4	Agency Name	Date	Position				Status		
	<input type="checkbox"/> Application	<input type="checkbox"/> Written / Practical Test	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Background	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Command Staff Review
Contact Person / Background Investigator:				Phone			Email Address		
5	Agency Name	Date	Position				Status		
	<input type="checkbox"/> Application	<input type="checkbox"/> Written / Practical Test	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Background	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Command Staff Review
Contact Person / Background Investigator:				Phone			Email Address		
6	Agency Name	Date	Position				Status		
	<input type="checkbox"/> Application	<input type="checkbox"/> Written / Practical Test	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Oral Board	<input type="checkbox"/> Background	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Command Staff Review
Contact Person / Background Investigator:				Phone			Email Address		

If needed, please use supplemental pages at the end of this questionnaire for additional information.
Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

S. Have you ever been disqualified during the application process from any law enforcement agency?

Yes No If Yes, Provide Explanation Below.

T. Have you ever taken a polygraph exam? Yes No If Yes, List Below.

Date	Employer Name	Reason	Location	Result

6. Driving

A. List all current driver's licenses (include other countries):

State	License Number	Type / Class	Endorsements	Expiration

B. List all previous driver's licenses (include other countries):

State	License Number	Type / Class	Endorsements	Expiration

C. List all traffic warnings and citations you have received:

Date	Charge (Not Number)	Police Agency	City / County / State	Disposition



Scottsdale Police Department

Traffic warnings/citations continuation:				
Date	Charge (Not Number)	Police Agency	City / County / State	Disposition

D. List all traffic accidents you have been involved in as the driver:				
Date	Charge (Not Number)	Police Agency	City / County / State	Disposition

E. Have you ever had your driver's license revoked or suspended?		Date of Suspension:	Date of Reinstatement:
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Explanation Below.			
		Date of Suspension:	Date of Reinstatement:

F. Have you ever attended a driver improvement school as a result of a traffic citation or to dismiss the filing of a traffic citation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Below.		
Date	Location / Jurisdiction	Charge (Not Number)

If needed, please use supplemental pages at the end of this questionnaire for additional information.
 Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

G. Have you ever failed to comply with any traffic court directed fines? Yes No If Yes, Provide Explanation Below.

Empty response area for question G.

H. List all vehicles registered to you below:

Year	Make	Model	License Plate #	State

I. Is the registration on your vehicle(s) current? Yes No If No, Provide Explanation Below.

Empty response area for question I.

J. Is the insurance on your vehicles current? Yes No If No, Provide Explanation Below.

Empty response area for question J.

7. Alcohol and Drug Use

A. Have you ever had difficulty within your family due to your alcohol consumption?

Yes No If Yes, Provide Explanation Below.

Empty response area for question A.

B. Have you ever missed days or been late to work due to your alcohol consumption?

Yes No If Yes, Provide Explanation Below.

Empty response area for question B.

If needed, please use supplemental pages at the end of this questionnaire for additional information. Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



Scottsdale Police Department

c. Have you ever been counseled by an employer about your drinking and its impact on your performance?

Yes No If Yes, Provide Explanation Below.

D. Answer each of the following questions for each substance you have tried or used (experimentation includes, but is not limited to, smoking, swallowing, tasting, inhaling, inserting, ingesting or injecting):

Please make sure to answer all questions listed in each column.

Type of Drug	Have you ever possessed, sold, produced, cultivated, smuggled, or transported for sale or personal gain?	Have you ever tried, used or experimented with?	If "yes" how many times?	How many times after the age of 21?	Date First Used	Date Last Used
Marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Spice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Cocaine / Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Methamphetamine/ Speed / Crank	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Morphine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
LSD / Acid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Mushrooms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Bath Salts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Peyote	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Designer Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Roofies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Amphetamines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Nitrous Oxide	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Psycho toxics: Glue / Paint / Air Freshener, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Steroids (each injection or pill in a cycle is a use)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Any other illegal drug or substance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Illegal use of prescription drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				



Scottsdale Police Department

E. Have you ever illegally possessed or used marijuana for any purpose in the last three years?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

F. Have you ever tried, used, purchased, sold, produced, cultivated or transported any form of illegal drugs or illegal substance that were not named in section 7D? Yes No If Yes, Provide Full Explanation On Supplemental Pages.

G. Have you ever tasted, smoked, inhaled, ingested, inserted and / or injected any substance that you did not know what it was when you tried it? Yes No If Yes, Provide Full Explanation On Supplemental Pages.

H. Have you ever tasted, smoked, inhaled, ingested, inserted and / or injected any substance other than named in prior questions for the intent or purpose of getting high or intoxicated?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

I. Have you ever used someone else's Adderall, Ritalin, Concerta, or any form of ADD/ADHD medication? What was your motivation to use the medication? What was the duration and the amount used?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

J. Have you ever contributed to the purchase of illegal drugs, illegal substance or prescription drugs?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

K. To your knowledge, has anyone in your family ever used illegal drugs or any illegal substance?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

L. Have you ever consumed alcohol, illegal drugs or any illegal substances while being paid to work?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

M. Have you ever operated a motor vehicle while under the influence of alcohol or drugs to the point of impairment? What were the circumstances? Number of times? Approximate dates? Locations?
 Yes No If Yes, Provide Full Explanation On Supplemental Pages.

8. Criminal History

A. Have you ever been arrested, booked, charged with any crime or been issued a "notice to appear" citation / summons for a crime to include criminal traffic violations? Yes No If Yes, List Below And Provide Full Explanation On Supplemental Pages.

B. As an adult or a juvenile, have you ever been detained or questioned as a result of an incident, event, investigation or occurrence by the police or private security? (Include instances that you never went to court)
 Yes No If Yes, List Below And Provide Full Explanation On Supplemental Pages.

C. Have you ever been convicted or charged with any offense or violation of any statute, ordinance, law or regulation by any civil or military authority? (Include any convictions or adjudications as a juvenile)
 Yes No If Yes, List Below And Provide Full Explanation On Supplemental Pages.

Date	Charge	Agency (Police Agency Or Civil/Military Authority)	City / County / State	Disposition

D. Have you ever committed any act(s), as an adult or juvenile, which could have resulted in your arrest if you had been caught?
 Yes No If Yes, Provide Full Explanation On Next Page.

E. Have you ever used the internet to commit a crime (to include viewing child pornography)?
 Yes No If Yes, Provide Full Explanation On Next Page.

F. Have you ever had sexual contact with a minor? Yes No If Yes, Provide Full Explanation On Next Page.

G. Have you ever failed to comply with court directed fines, community service, diversion programs or mandatory classes?
 Yes No If Yes, Provide Full Explanation On Next Page.

H. Have you ever committed any acts of domestic violence? Or any act that could have been perceived as domestic violence by someone else? Yes No If Yes, Provide Full Explanation Below.



Scottsdale Police Department

Item Number	Explanation

11. Finances

A. Are you obligated to pay alimony and / or child support? Yes No If Yes, List Below.

Docket Number	Court Name And Address (Street, City, State, Zip)	
Starting Date	Amount of Payment	Payments Sent To

Are you current with your payments? Yes No If No, Provide Explanation Below.

Docket Number	Court Name and Address (Street, City, State, Zip)	
Starting Date	Amount of Payment	Payments Sent To

Are you current with your payments? Yes No If No, Provide Explanation Below.

B. Have your wages ever been garnished? Yes No If Yes, Provide Explanation On Next Page.

C. Have you ever been a party to a small claims or other court action? Yes No If Yes, Provide Explanation On Next Page.

D. Do you have any civil actions pending against you? Yes No If Yes, Provide Explanation On Next Page.

E. Have you ever had a court judgment rendered against you? Yes No If Yes, Provide Explanation On Next Page.



Scottsdale Police Department

Item Number	Explanation

12. Law Enforcement Employment

Complete this section if you have ever been employed in a paid or non-paid position in a law enforcement agency.

A. Indicate by checking the boxes below if you have any of the following law enforcement experience:

- Sworn
 Police Reserve
 Military Police
 Police Officer (Correction Only)
 Detention/Corrections
 Civilian

B. Have you ever had any sustained complaints, reprimands (verbal or written) and / or suspensions?

- Yes
 No
 If Yes, List And Provide Full Explanation On Next Page.

Date	Charge	Disposition

C. Other than probationary status, have you ever had an unsatisfactory personnel rating? Yes No If Yes, Provide Explanation On Next Page.

D. Have you ever lied or purposely distorted facts in an official report? Yes No If Yes, Provide Explanation On Next Page.

E. Have you ever lied or committed perjury in court testimony or any official proceeding? Yes No If Yes, Provide Explanation On Next Page.

F. Have you ever used / consumed alcohol, illegal drugs or illegal substances on duty? Yes No If Yes, Provide Explanation On Next Page.



Scottsdale Police Department

13. Military Service

A. Have you registered with selective service? Yes No If No, Provide Explanation Below.

B. Have you ever applied to any of the armed forces and been turned down? Yes No If Yes, Provide Explanation Below.

Complete this section if you have ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C. (including Reserves or National Guard) or any other military or semi-military organization.

c. List all areas of military service.

Branch / Organization	Entry Date	Separation Date	Rank / Rate	Discharge Type

A. List all bases / locations and assignments:

Base / Location	Dates	Assignments

If needed, please use supplemental pages at the end of this questionnaire for additional information. Indicate item number & letter i.e.: 2-B, 6-C, 13-C, etc.



CHECK-OFF LIST OF ITEMS NEEDED TO SUBMIT WITH YOUR BACKGROUND PACKET:

Credit Report (Must be from one of the major credit bureaus: Experian, Equifax or TransUnion) – Current (within the past 90 days) – Complete Credit History is Required not Credit Summary. Credit Score does not need to be included.

Work Related Items – performance evaluations, letters of commendation / discipline, etc. (items can also be brought to interview with investigator)

Memorandum: Intent and Interest in the position applied for.

Memorandum: What you have done to prepare for the position.

Memorandum(s): Any criminal incident or special issue (if applicable).

Memorandum: Your current fitness regimen/routine including running distance and time. (Police Officer Applicants *ONLY*)

AZPOST Personal History Form (Police Officer Applicants *ONLY*)

If you have questions, contact the Personnel Unit at 480-312-1933 or spsstaff@scottsdaleaz.gov.



CHECK-OFF LIST OF ITEMS NEEDED TO BRING WITH YOU AT THE TIME OF YOUR BACKGROUND INTERVIEW:

(Please do not hold off submitting your background packet waiting for these items)

Birth Certificate *Original* (Bureau of Vital Statistics copy)

Naturalization / Right to Work Papers *Original (if applicable)*

Passport – Current and Expired *Original (if applicable)*

Social Security Card *Original*

Driver's License / State Identification Card *Original*

Military Discharge - DD214, page 4 *Original (if applicable)*

Other Military Paperwork *(if applicable)*

Name Change Documents *Original (if applicable)*

Marriage Certificate(s) *(if applicable)*

Divorce Decree(s) *(if applicable)*

High School Transcript(s) *Original & Sealed*

College Transcript(s) *Original & Sealed (if applicable)*

Bankruptcy Paperwork *(if applicable)*

If you have current or prior Law Enforcement employment (*sworn*) bring copies of your training file, including hours of basic, advanced and in-service training with curriculum, hours and all related certificates.

Other items:

If you have questions, contact the Personnel Unit at 480-312-1933 or spspstaff@scottsdaleaz.gov.