



# SCOTTSDALE POLICE DEPARTMENT

## Background Questionnaire

NAME: \_\_\_\_\_

Position applied for: \_\_\_\_\_

*Please print all responses neatly and legibly*

### **FOLLOW THE DIRECTIONS CAREFULLY**

1. Personally complete this packet. Information must be hand printed in ink.
2. Read each question carefully.
3. Answer each question completely and accurately.
4. If a question does not apply, write "DNA" in the space.
5. If you need additional space, use supplemental pages in Section 13.
6. Include complete addresses and phone numbers.
7. Sign all required pages of the questionnaire and have them notarized.
8. Return the completed packet to the Scottsdale Police Department Personnel Unit, by the due date listed on the outside of the background questionnaire envelope. Return packet to:

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.**

## CHECK-OFF LIST OF ITEMS NEEDED FOR BACKGROUND

<b>Submit <i>WITH</i> your background packet:</b>
Credit Report
Work Related Items – performance evaluations, letters of commendation / discipline, etc.
Memorandum Regarding: Intent and Interest in the position applied for.
Memorandum Regarding: What you have done to prepare for the position.
Memorandum(s) Regarding: Any criminal incident or special issue (if applicable).
AZPOST Personal History Form ( <b>Police Officer Applicants ONLY</b> )
Address Labels for the Five (5) Personal References
Address Labels for <i>All</i> Past and Current Employer(s)

<b>Bring with you at the time of your background interview:</b>	
<b>(Please do not hold off submitting your background packet waiting for these items)</b>	
	Birth Certificate <i>Original</i>
	Naturalization / Right to Work Papers <i>Original</i>
	Social Security Card <i>Original</i>
	Drivers License / State Identification Card <i>Original</i>
	Military Discharge - DD214, page 4 <i>Original</i>
	Other Military Paperwork
	Name Change Documents <i>Original</i>
	Marriage Certificate (s)
	Divorce Decree (s)
	High School Transcript <i>Original &amp; Sealed</i>
	College Transcript (s) <i>Original &amp; Sealed</i>
	Other items:

**Contact Sue Sola at 480-312-1931 ([ssola@scottsdaleaz.gov](mailto:ssola@scottsdaleaz.gov)) if you have questions.**

## TERMS AND CONDITIONS

To the applicant:

- **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** 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, Credit Report, 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 and give to the background investigator original (sealed) High School and College transcripts to the background investigator at **the time of the background interview**.
- **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.

**REFER TO PREVIOUS PAGE OF THIS QUESTIONNAIRE FOR ADDITIONAL BACKGROUND REQUIREMENTS.**

**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.*

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**Signature**

**Date**

## DISQUALIFIERS

***Place a “Y” for YES or “N” for NO, which ever is applicable, in the boxes to the left of each numbered statement below:***

- 1. Participated in the commission of any felony offense or an offense that would be a felony, if committed in Arizona.
- 2. Participated in any serious crime.
- 3. Convicted of a domestic violence crime or a lesser charge, which at the time of its occurrence was a domestic violence crime, misdemeanor, or felony.
- 4. Any other conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the law enforcement profession.
- 5. Unlawful sexual conduct.
- 6. Any conviction (either misdemeanor or felony) involving narcotics, drugs, marijuana, or alcohol.
- 7. Sold, produced, cultivated or transported marijuana or illegal dangerous drugs/narcotics.
- 8. More than five illegal lifetime uses, or more than one use after attaining the age of 21, or any illegal use within the last seven (7) years, of opiates, narcotics, hallucinogens, and/or other dangerous drugs. (To include, but not limited to, LSD, PCP, peyote, mescaline, codeine, heroin, morphine, opium, psilocybin, cocaine, hash, speed, barbiturates, and designer drugs).
- 9. Marijuana use of more than 20 lifetime uses (experimentations) or, more than five (5) uses after attaining the age of 21, or used within the last three (3) years.
- 10. Have/had a pattern of abusing prescription medication.
- 11. Used non-prescription steroids on or after January 1, 1994.
- 12. Any excessive use of alcohol.
- 13. Any history of disregard for traffic laws with such frequency as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway.
- 14. Negligence in maintaining financial responsibility.
- 15. Been dishonorably discharged from the United States armed forces.

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

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**Signature**

**Date**

**DISQUALIFIERS (Continued)**

- A. Lied during any stage of the hiring process, falsified any information on the application or background questionnaire.
- B. Have deceptive or unresolved responses to questions during the administration of a polygraph examination.
- C. Been previously employed with a law enforcement agency and since have committed or violated federal, state or city laws pertaining to criminal activity.
- D. Committed or violated federal, state or city laws pertaining to criminal activity while employed by a law enforcement agency.
- E. An inability to perform essential functions of the position.

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

---

Signature

Date

# **1. PERSONAL DATA:**

## **A) PERSONAL INFORMATION:**

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<b>Last Name</b>	<b>First</b>	<b>Middle (full)</b>
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<b>home phone number</b>	<b>work phone number</b>	<b>cell phone number</b>
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<b>Current Address (Street &amp; Number)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Mailing Address other than above</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**E-Mail Address**

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<b>Height</b>	<b>Weight</b>	<b>Hair</b>	<b>Eyes</b>	<b>Date of Birth</b>	<b>Place of Birth</b>
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**Are you a citizen of the United States?**    Yes     No

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<b>Social Security Number</b>	<b>Driver's License Number and State</b>
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**If a Naturalized Citizen, List:**

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<b>Location</b>	<b>Date</b>	<b>Naturalization Number</b>
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**LIST ALL NAMES YOU HAVE USED:**

<b>Full Name</b>	<b>Dates Used</b>	<b>Reason</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## **2. - RELATIONSHIPS**

A) Status (circle one): Married | Single | Separated | Divorced | Widowed |

If married, complete the following:

---

Spouse's Full Name                      Date of Birth                      Spouse's Occupation

---

Spouse's Maiden Name                      Other Names used by Spouse

---

Spouse's Address, if different from yours

If prior marriages, complete the following:

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1-Former Spouse's Full Name                      Date of Birth                      Occupation

---

Former Spouse's Maiden Name                      Other Names Used by Former Spouse

---

Former Spouse's Address

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2-Former Spouse's Full Name                      Date of Birth                      Occupation

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Former Spouse's Maiden Name                      Other Names Used by Former Spouse

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Former Spouse's Address

---

3-Former Spouse's Full Name                      Date of Birth                      Occupation

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Former Spouse's Maiden Name                      Other Names Used by Former Spouse

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Former Spouse's Address

**2. RELATIONSHIPS / Continued:**

**B) Children (Include all, biological, adoptive, step, etc.)**

Child's Name	Date of Birth	Address (Complete)

**C) ALIMONY – CHILD SUPPORT INFORMATION.**

Are you obligated to pay alimony? Yes  No

For Whom? \_\_\_\_\_

Docket Number	Court Name	Court Address (city, state, zip)
Starting Date	Amount of Payment	Payments sent to
Are you current with your payments? If no, provide reasons		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

**IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.**

**2. RELATIONSHIPS / Continued:**

Are you obligated to pay child support?

Yes  No

For Whom? \_\_\_\_\_

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**Docket Number**                      **Court Name**                      **Court Address (city, state, zip)**

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**Starting Date**                      **Amount of Payment**                      **Payments sent to**

Are you current with this payment? If no, provide explanation                      Yes  No

For Whom? \_\_\_\_\_

---

**Docket Number**                      **Court Name**                      **Court Address (city, state, zip)**

---

**Starting Date**                      **Amount of Payment**                      **Payments sent to**

Are you current with this payment? If no, provide explanation                      Yes  No

For Whom? \_\_\_\_\_

---

**Docket Number**                      **Court Name**                      **Court Address (city, state, zip)**

---

**Starting Date**                      **Amount of Payment**                      **Payments sent to**

Are you current with this payment? If no, provide explanation                      Yes  No

For Whom? \_\_\_\_\_

---

**Docket Number**                      **Court Name**                      **Court Address (city, state, zip)**

---

**Starting Date**                      **Amount of Payment**                      **Payments sent to**

Are you current with this payment? If no, provide explanation                      Yes  No

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR  
ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.



### 3. REFERENCES:

A) List five (5) references who are responsible adults and who have known you for at least three years and with whom you have regular contact.

**DO NOT LIST: relatives, employers, supervisors or roommates (current or former).**

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Name	Street	City, State	Zip	Home Phone Number
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How long known?	Email Address	Occupation/Business
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Name	Street	City, State	Zip	Home Phone Number
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How long known?	Email Address	Occupation/Business
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Name	Street	City, State	Zip	Home Phone Number
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How long known?	Email Address	Occupation/Business
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Name	Street	City, State	Zip	Home Phone Number
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How long known?	Email Address	Occupation/Business
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Name	Street	City, State	Zip	Home Phone Number
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How long known?	Email Address	Occupation/Business
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## 4. EMPLOYMENT HISTORY:

List all places of employment and periods of unemployment, beginning with the present or most recent employer or period of unemployment and going backwards. If you worked in more than one position for any employer, list each separately. Include all positions you held: full-time, part-time, intern, volunteer, etc. List everything in proper sequence. Explain your reason for leaving an employer.

**Do not omit any employer or period of unemployment.**

**A)**

<i>Month/Year</i>	<b>Name of Employer</b>	<b>Supervisor</b>
<b>From:</b> _____	_____	
<b>To:</b> <u>Current</u>	<b>Employer Address</b>	<b>City State Zip Work &amp; Fax Phone #</b>
<i>Salary</i>	_____	
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>	
<b>End:</b> _____	_____	
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>	

**B)**

<i>Month/Year</i>	<b>Name of Employer</b>	<b>Supervisor</b>
<b>From:</b> _____	_____	
<b>To:</b> _____	<b>Employer Address</b>	<b>City State Zip Work &amp; Fax Phone #</b>
<i>Salary</i>	_____	
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>	
<b>End:</b> _____	_____	
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>	

**C)**

<i>Month/Year</i>	<b>Name of Employer</b>	<b>Supervisor</b>
<b>From:</b> _____	_____	
<b>To:</b> _____	<b>Employer Address</b>	<b>City State Zip Work &amp; Fax Phone #</b>
<i>Salary</i>	_____	
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>	
<b>End:</b> _____	_____	
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>	

**4. EMPLOYMENT HISTORY (continued):**

**D)**

<i>Month/Year</i>	<b>Name of Employer</b>					<b>Supervisor</b>
<b>From:</b> _____	<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work &amp; Fax Phone #</b>	
<b>To:</b> _____						
<i>Salary</i>						
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>					
<b>End:</b> _____						
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>					

**E)**

<i>Month/Year</i>	<b>Name of Employer</b>					<b>Supervisor</b>
<b>From:</b> _____	<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work &amp; Fax Phone #</b>	
<b>To:</b> _____						
<i>Salary</i>						
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>					
<b>End:</b> _____						
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>					

**F)**

<i>Month/Year</i>	<b>Name of Employer</b>					<b>Supervisor</b>
<b>From:</b> _____	<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work &amp; Fax Phone #</b>	
<b>To:</b> _____						
<i>Salary</i>						
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>					
<b>End:</b> _____						
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>					

#### **4. EMPLOYMENT HISTORY (continued):**

**G)**

<i>Month/Year</i>	<b>Name of Employer</b>	<b>Supervisor</b>			
<b>From:</b> _____	<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work &amp; Fax Phone #</b>
<b>To:</b> _____					
<i>Salary</i>					
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>				
<b>End:</b> _____					
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>				

**H)**

<i>Month/Year</i>	<b>Name of Employer</b>	<b>Supervisor</b>			
<b>From:</b> _____	<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work &amp; Fax Phone #</b>
<b>To:</b> _____					
<i>Salary</i>					
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>				
<b>End:</b> _____					
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>				

**I)**

<i>Month/Year</i>	<b>Name of Employer</b>	<b>Supervisor</b>			
<b>From:</b> _____	<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work &amp; Fax Phone #</b>
<b>To:</b> _____					
<i>Salary</i>					
<b>Start:</b> _____	<b>Your Job Title – Describe your duties</b>				
<b>End:</b> _____					
<b>FT or PT:</b> _____	<b>Explain your reason for leaving</b>				

**4. EMPLOYMENT HISTORY (continued):**

**J)**

<i>Month/Year</i>	Name of Employer	Supervisor			
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____	Salary				
Start: _____	Your Job Title – Describe your duties				
End: _____	Explain your reason for leaving				
FT or PT: _____					

**K)**

<i>Month/Year</i>	Name of Employer	Supervisor			
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____	Salary				
Start: _____	Your Job Title – Describe your duties				
End: _____	Explain your reason for leaving				
FT or PT: _____					

**L)**

<i>Month/Year</i>	Name of Employer	Supervisor			
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____	Salary				
Start: _____	Your Job Title – Describe your duties				
End: _____	Explain your reason for leaving				
FT or PT: _____					

**IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.**



#### 4. EMPLOYMENT RELATED QUESTIONS (continued):

- D) Have you ever been a volunteer or paid employee of a law enforcement agency? If yes, complete the information requested below and the Law Enforcement Section at the end of this questionnaire. Yes  No

DATES	AGENCY NAME & STATE	POSITION	JOB DUTIES

- E) Have you 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? If YES, complete the Military Section at the end of this questionnaire. Yes  No

- F) Have you registered with Selective Service? If NO, give details. Yes  No

- G) Are you currently employed? Yes  No

- H) Is your current employer / supervisor aware of this application? Yes  No

- I) Can you be contacted at work? Yes  No

Provide your work hours & days. \_\_\_\_\_

- J) What is your work phone number, including extension? \_\_\_\_\_

- K) What is the best time to contact you? \_\_\_\_\_

- L) Should contact with your present employer be delayed? If YES, give details. Yes  No

- M) In any employment setting, including the military service, have you received any verbal or written reprimands or suspensions for violations of company policy? If YES, give details. Yes  No

- N) Have you ever been discharged or asked to resign from any position? If YES, give details. Yes  No

- O) Have you ever left any employment because you thought that you were going to be discharged or asked to resign from any position? If YES, give details. Yes  No

P) Have you ever taken a Polygraph for employment purposes or related to an employer request or any other reason? If YES, provide employer name, dates, reason, location and outcome. Yes  No

EMPLOYER NAME	DATE	REASON	LOCATION	RESULTS

Q) Have you ever left any employment without giving a two-week notice? If YES, give details. Yes  No

R) Have you had any difficulty working with, being supervised by or dealing with the opposite sex or those of different origin, race, religion, or nationality? If YES, give details. Yes  No

S) Have you been able to follow direct orders, even though you may not have agreed with them? If NO, please explain. Yes  No

T) Were you involved in any physical or verbal confrontations in any place of employment? If YES, give details. Yes  No

U) Were you ever exposed to any high stress or extreme emergency condition in any previous employment setting? If YES, give details. Yes  No

**EMPLOYMENT NARRATIVE SECTION**

**Item Number    Explanation**




## 5. EDUCATION AND TRAINING

A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED, if applicable. Applicant is responsible for contacting each institution listed and have them mail a certified copy of your transcript directly to the Scottsdale Police Department, Personnel Unit, 8401 E. Indian School, Scottsdale, AZ 85251. Certified copies of transcripts will be accepted from applicant if they are in a sealed and certified envelope from the institution.

DATES ATTENDED	NAME OF INSTITUTION	ADDRESS	CERTIFICATE, DEGREE, CREDITS OR DIPLOMA RECEIVED AND MAJOR

B) Have you ever received any law enforcement training? If YES, please Yes  No   
complete the information requested below.

WHEN	WHERE	TYPE OF TRAINING

C) List all skills, abilities, certifications, and special licenses you have (if fluent in a second language, please state the language and what you are fluent in, i.e.: verbal, written, reading):


## **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 has adopted or shows a policy of avocation 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 unlawful or unconstitutional means? If YES, please explain. Yes  No

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## **7. CRIMINAL HISTORY**

**Provide explanation for all "YES" answered questions on the narrative pages at the end of the section.**

- A) Have you ever been arrested or charged with any crime or been issued a "Notice To Appear" Citation for a crime (other than minor traffic violations)? If YES, explain in detail, giving date, charges, charging agency, and disposition of charges. Yes  No
- 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 all instances even though you never went to court.) If YES, please explain. Yes  No
- C) As an adult or a juvenile, have you ever committed any act (s) that could have resulted in your arrest, if you had been caught? If YES, please explain. Yes  No
- D) Have you ever used the internet to commit a crime (including the viewing of child pornography)? If YES, please explain. Yes  No
- E) Have you ever had sexual contact with a minor? If YES, please explain. Yes  No





## 8. DRIVING HISTORY

**A) TRAFFIC CITATIONS:**

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

**B) TRAFFIC ACCIDENTS:**

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

**C) List all driver's licenses you currently hold:**

State	License Number	Type/Class	Endorsements	Expiration





## 9. NARCOTICS AND ALCOHOL

A) Answer each of the following questions for each substance you have used or tried contrary to law. (Experimentation includes, but is not limited to, smoking, swallowing, tasting, inhaling or injecting):

Type of Drug	Have you ever tried?	If "YES" how many times?	How many times after attaining 21?	Date first used	Date last used	Have you ever sold, smuggled, or transported for sale or personal gain?
Marijuana						
Hashish						
Cocaine / crack						
Methamphetamine/ speed / crank						
Heroin						
Opium						
Morphine						
LSD / acid						
Mushrooms						
PCP						
Peyote						
Mescaline						
Designer drugs						
Ecstasy / etc						
GHB						
Amphetamines						
Barbiturates						
Nitrous oxide						
Psycho toxics: glue / paint / etc.						
Steroids						
Any other illegal drug						
Illegal use of prescription drugs						





## 10. MISCELLANEOUS BACKGROUND QUESTIONS

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| <b>A. Have you ever had your wages attached?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>B. Have you ever been a party to a small claims or other court action?</b>                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>C. Do you have any immediate civil actions pending against you?</b>                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>D. Have you ever had a court judgment rendered against you?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>E. Have you ever been delinquent in any of your financial obligations?</b>                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>F. Have you ever been delinquent in paying taxes?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>G. Have you ever been refused credit?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>H. Have you ever had any of your financial obligations turned over to a collection agency?</b>           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>I. Have you ever had any property repossessed?</b>   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>J. Have you ever had any property or assets seized?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>K. Have you ever filed for bankruptcy?</b>   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>L. Are you now delinquent (not current) in your financial obligations?</b>                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>M. Have you or your spouse ever been sued or summoned to court in a civil or criminal action?</b>        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>N. Have the police ever been called to your residence for any reason other than your being a victim?</b> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>O. Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?</b>          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>P. Have you ever worked for a gambling operation or booked any bets?</b>                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>Q. Do you now or have you ever had any gambling debts?</b>   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>R. Have you ever used an employer's money to gamble with?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>S. Have you ever used a credit card for gambling?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>T. Have you ever had an FBI fingerprint check done for any reason?</b>                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>U. Have you ever been involved in any type of sexual discrimination or harassment incident?</b>          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |









## 12. MILITARY SERVICE SECTION

**This section must be completed if you have served with a military employer in a paid or non-paid position.**

A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, or R.O.T.C. (including Reserves or National Guard) or any other military or semi-military organization? If YES, please complete the information below

Yes  No

BRANCH/ORGANIZATION	ENTRY DATE	SEPARATION DATE	RANK	DISCHARGE TYPE

B) List all Bases / Locations and assignments

BASE / LOCATION	DATES	ASSIGNMENT

C) Were you ever questioned as part of a military criminal investigation? If YES, please explain

Yes  No

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**12. MILITARY SERVICE SECTION (continued)**

D) Have you ever been the subject of military discipline pursuant to the Uniform Code of Military justice or any service regulation? If YES, please explain. Yes  No

DATE	CHARGE	DISPOSITION

E) Have you ever held any type of military/federal government security clearance? When? What type? Ever canceled / revoked? If YES, please explain Yes  No








## **14. ITEMS NEEDED FOR BACKGROUND**

**Applicant will need to submit the following items with background packet:**

- **AZPOST Personal History Form (Police Officer Applicants *ONLY*)**
- **Additional items: current credit report, copies of any / all written performance evaluations, letters of commendation, letters of reprimand / discipline, performance improvement notices / plans, specialized training information, certificates, awards etc.**
- **Memorandum regarding: “Intent and Interest” in the position you are applying for with the City of Scottsdale. Each topic should be addressed through a one-paragraph response. Topics to be addressed in this memorandum are:**
  - **Why you want to become a...(the position you are applying for: police officer, dispatcher, detention officer, etc.)**
  - **Why you selected the Scottsdale Police Department**
  - **Address the memorandum as follows:**

**Date:** *Date memorandum was written*  
**To:** *Background Investigator*  
**From:** *Your name*  
**Regarding:** *My intent and interest in working for the City of Scottsdale as a (the position you are applying for.)*
- **Separate memorandums regarding the below itemized topics:**
  1. **What you have done to prepare for the position for which you are applying.**
  2. **Separate letters for each criminal incident or special issue (*credit issues, employment terminations, etc*)**

**Applicant will need to provide to the background investigator the following items:**  
**(Please do not hold off submitting your background packet waiting for these items)**

- **Official (sealed) high school and college transcripts.**
- **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 pg. 4), marriage license, divorce and / or name change documents, and any other documents necessary to complete the background process.**

**14. ACKNOWLEDGEMENT**

*I hereby certify that all answers to questions on this Background Questionnaire are true and complete. I further understand and agree that any falsification of information or material, any non-disclosure of information or any misrepresentation or deception may cause forfeiture on my part of all rights to any consideration for employment with the City of Scottsdale.*

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Signature of Applicant

Date

**APPLICANT - READ AND SIGN ABOVE STATEMENT AND HAVE NOTARIZED**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

## 15. RELEASE OF LIABILITY WAIVER

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

*The below named individual has applied for a position of trust with the Scottsdale Arizona Police Department. He/She has listed you and/or your organization as an employer, personal reference or a jurisdiction where they have lived/worked or have had contact with on their background packet. Please complete the attached questionnaire and return it in a timely manner to the Scottsdale Police Department Personnel Unit. All responses are confidential. Your cooperation is greatly appreciated.*

I, \_\_\_\_\_, DO HEREBY AUTHORIZE any and all persons, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability for law enforcement employment. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior, background and polygraph information. (This authorizes release of this information to the Scottsdale Police Department.)

This release is in addition to, and not intended to curtail or diminish the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability all persons or entities disclosing information pursuant to this release.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Former Names

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 digits only of Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Work Telephone Number

Signature of Applicant: \_\_\_\_\_

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

**APPLICANT - READ AND COMPLETE ABOVE WAIVER AND HAVE NOTARIZED**

Sworn and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_