SCOTTSDALE POLICE DEPARTMENT

Background Questionnaire

NAME: _____

Position applied for: _____

Please print all responses neatly and legibly

READ AND FOLLOW THE DIRECTIONS CAREFULLY

1. **Do not print the questionnaire double-sided (single-sided pages only).**
2. **Do not remove any of the numbered pages.**
3. **Personally complete this packet. MUST BE HAND PRINTED IN BLACK INK.**
4. **Read each question carefully.**
5. **Answer each question completely and accurately.**
6. **If a question does not apply, write "DNA" in the space.**
7. **If you need additional space, use supplemental pages in Section 13.**
8. **Include complete addresses, email addresses and phone numbers.**
9. **Sign all required pages of the questionnaire and have pgs 42 & 43 notarized.**
10. **Do not bind any of the documents being submitted.**
11. **Return the completed packet to the Scottsdale Police Department Personnel Unit by the due date. 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.

TERMS AND CONDITIONS

To the applicant:

- **I understand** that completing this packet does not automatically imply that I'm 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 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 FOLLOWING PAGES 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*.**

_____

Signature **Date**

DISQUALIFIERS

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

AUTOMATIC DISQUALIFIERS

1. **Ever been convicted of a felony or any offense that would be a felony if committed in Arizona.** **Yes** ☐ **No** ☐
2. **Been dishonorably discharged from the United States armed forces.** **Yes** ☐ **No** ☐
3. **Been previously denied certified status, have certified status revoked or have current certified status suspended.** **Yes** ☐ **No** ☐
4. **Illegally sold, produced, cultivated, or transported for sale marijuana or dangerous drugs/narcotics.** **Yes** ☐ **No** ☐
5. **Illegally used marijuana for any purpose within the past three years.** **Yes** ☐ **No** ☐
6. **Illegally 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** ☐
7. **Ever illegally used marijuana, dangerous drugs / narcotics while employed or appointed as a peace officer.** **Yes** ☐ **No** ☐
8. **Illegally used a dangerous drug or narcotic, other than marijuana, for any purpose within the past seven years.** **Yes** ☐ **No** ☐
9. **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, peyote, mescaline, or derivatives thereof.*** **Yes** ☐ **No** ☐
10. **Have a pattern of abusing prescription medication.** **Yes** ☐ **No** ☐
11. **Had excessive traffic violations within the past three years.** **Yes** ☐ **No** ☐
12. Committed or violated federal, state, or city laws pertaining to criminal activity while employed by a law enforcement agency. **Yes** ☐ **No** ☐
13. Been previously employed with a law enforcement agency and since has committed or violated federal, state, or city laws pertaining to criminal activity. **Yes** ☐ **No** ☐
14. Lied during any stage of Scottsdale Police Department's hiring process, falsified any information on the application or background questionnaire. **Yes** ☐ **No** ☐
15. Use of non-prescription steroids since Jan.1, 1994, shall fall under the same restrictions as item # 3 above. **Yes** ☐ **No** ☐
16. Conviction of a domestic violence crime, misdemeanor or felony or conviction of a lesser charge, which at the time of occurrence was a domestic violence crime. **Yes** ☐ **No** ☐

DISCRETIONARY DISQUALIFIERS

1. An inability to perform the essential functions of the position. **Yes** ☐ **No** ☐
2. Unlawful sexual conduct. **Yes** ☐ **No** ☐
3. Commission of a felony. **Yes** ☐ **No** ☐
4. Any discharge from the U.S. armed forces other than an honorable discharge. **Yes** ☐ **No** ☐
5. Debts – demonstrated an unwillingness to honor fiscal contracts or just debts. **Yes** ☐ **No** ☐
6. Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession. **Yes** ☐ **No** ☐
7. Lied during any stage of the hiring process, falsified any information on the application or background questionnaire during the recruitment/selection process with any law enforcement agency. **Yes** ☐ **No** ☐
8. Unresolved responses to relevant issues when administered a polygraph examination. **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

TATTOOS

- Prohibits employees from exhibiting tattoos that are obscene, sexual, racial, or religiously discriminatory.
- Prohibits employees from having tattoos on their hands, face, neck or above the collarbone.
- Prohibits employees from having excessive tattoos on any exposed body part such as arms and legs in excess of 1/3 of the exposed body part.
- Command staff personnel have final discretion when determining the appropriateness of exposed tattoos and may require the candidate to enter into an employment agreement stating that the employee will be required to wear a long sleeve shirt or other apparel to cover excessive tattoos at all times while on duty with the department, except under conditions and circumstances authorized by a department supervisor.

JEWELRY

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

EARRINGS:

- Employees are prohibited from wearing excessively large earrings to include, large loop earrings, long dangling earrings and ear gauges.
- Visible holes in earlobes caused by wearing ear gauges are prohibited.
- Male employees cannot wear earrings while in uniform or while representing the department in a traditional investigative or administrative assignment. Uniformed female personnel may wear one pair of stud earrings.
- Command staff personnel retain final discretion when determining the appropriateness of ear jewelry.

BODY PIERCING:

- Piercing of visible body parts, other than those written in this policy, is prohibited.

RINGS:

- Uniformed employees will not wear more than three rings.

I HAVE READ AND UNDERSTAND THE ABOVE TATTOO AND JEWELRY POLICIES.

Print Name	Sign Name	Date

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.**

1. PERSONAL DATA:

A) PERSONAL INFORMATION:

_____

Last Name **First** **Middle (full)**

_____ _____ _____

Home Phone Number **Work Phone Number** **Cell Phone Number**

_____

Current Address (Street & Number) **City** **State** **Zip**

_____

Mailing Address other than above **City** **State** **Zip**

_____

E-Mail Address

_____

Height **Weight** **Hair** **Eyes** **Date of Birth** **Place of Birth**

_____ _____

Social Security Number **Driver's License Number and State**

Are you a citizen of the United States? **Yes** ☐ **No** ☐

If a Naturalized Citizen,
List: _____

Location **Date** **Naturalization Number**

LIST ALL NAMES YOU HAVE USED:

Full Name	Dates Used	Reason

PERSONAL DATA / Continued:

B) RESIDENCES:

List all residences since birth. Start with the most recent and work backwards, include dates:

ADDRESS (street & number)	City	State	Zip Code	From	To

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.

C) List all persons you have lived with during the past (10) years, i.e.: spouse, ex-spouse, significant others, immediate relatives, roommates, etc. (Exclude children unless adult age):

Name	Current Address	City, State, Zip	10-digit phone number	Relationship

2. RELATIONSHIPS / Continued:

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

If married, complete the following: Date Married: _____

_____

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:

_____

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

Date Married: _____ Date Divorced: _____

_____

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

_____

Former Spouse's Address

_____

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

Date Married: _____ Date Divorced: _____

_____

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

_____

Former Spouse's Address

_____

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

Date Married: _____ Date Divorced: _____

_____

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

_____

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 and/or child support? **Yes** ☐ **No** ☐

1) 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** ☐ **No** ☐

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:

C) ALIMONY – CHILD SUPPORT INFORMATION CONTINUED

2) 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** ☐ **No** ☐

3) 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** ☐ **No** ☐

4) 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** ☐ **No** ☐

Explanation: _____

_____

_____

If you have additional Alimony and/or Child Support mandates, provide information below:

_____

_____

_____

_____

_____

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:

D) Family relationships. Excluding children, list all of your immediate relatives (i.e.: parents, siblings, "in-laws", to include those that are deceased)

Name	Relationship	Age	Street Address	City, State, Zip	Telephone

E) List the names and your relationship to any acquaintances employed by this department:

_____

_____

_____

_____

_____

_____

_____

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. 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 having a certified copy of their transcript mailed directly to themself. Certified copies of transcripts must stay in a sealed and certified envelope from the institution until they are submitted to background investigator.

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

B) Have you ever received any law enforcement training? **Yes** ☐ **No** ☐
If yes, please 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):

4. 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 (in person, by Skype, texts, Facebook…). Email addresses must be included.

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

1)

Name **Street** **City, State** **Zip** **Home Phone Number**

How long known? **Email Address** **Occupation/Business**

How do you know reference?

2)

Name **Street** **City, State** **Zip** **Home Phone Number**

How long known? **Email Address** **Occupation/Business**

How do you know reference?

3)

Name **Street** **City, State** **Zip** **Home Phone Number**

How long known? **Email Address** **Occupation/Business**

How do you know reference?

4)

Name **Street** **City, State** **Zip** **Home Phone Number**

How long known? **Email Address** **Occupation/Business**

How do you know reference?

5)

Name **Street** **City, State** **Zip** **Home Phone Number**

How long known? **Email Address** **Occupation/Business**

How do you know reference?

5. 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. Work Phone, Fax Phone and Email Address should be the Supervisor's or the Company's information. Explain your reason for leaving an employer.

Do not omit any employer or period of unemployment.

A)

Month/Year

From: _____

Current

To: _____

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

B)

Month/Year

From: _____

Current

To: _____

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

C)

Month/Year

From: _____

Current

To: _____

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

5. EMPLOYMENT HISTORY (continued):

D)

Month/Year

From: _____

To: _____ **Current**

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

E)

Month/Year

From: _____

To: _____ **Current**

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

F)

Month/Year

From: _____

To: _____ **Current**

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

5. EMPLOYMENT HISTORY (continued):

G)

Month/Year

From: _____

To: _____ **Current**

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

H)

Month/Year

From: _____

To: _____ **Current**

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

I)

Month/Year

From: _____

To: _____ **Current**

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

5. EMPLOYMENT HISTORY (continued):

J)

Month/Year

From: _____

Current

To: _____

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

K)

Month/Year

From: _____

Current

To: _____

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your reason for leaving

L)

Month/Year

From: _____

Current

To: _____

Salary

Start: _____

End: _____

FT or PT: _____

Name of Employer **Supervisor**

Employer Address **City** **State** **Zip**

Work Phone # **Work Fax #** **Supervisor's Work Email Address**

Your Job Title – Describe your duties

Explain your 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, 10-D, 11-N, etc.

5. EMPLOYMENT RELATED QUESTIONS:

Give details/explanations on supplemental pages at the end of this section

A) Have you ever applied to, or been employed by, the City of Scottsdale in any capacity as a paid employee or volunteer? If a position was not offered or accepted, provide an explanation. If a position was offered, provide the position title, department in which the position is located, and when offered or accepted. **Yes** ☐ **No** ☐

B) Have you ever applied for any position with another law enforcement agency? If YES, provide the below requested information. **Yes** ☐ **No** ☐

1	Agency Name	When	Position	Status

☐ Application	☐ Written / Practical Test	☐ Physical Agility	☐ Oral Board	☐ Background	☐ Polygraph	☐ Medical	☐ Psychological	☐ Command Staff Review

Contact Person / Background Investigator:		Phone:	

2	Agency Name	When	Position	Status

☐ Application	☐ Written / Practical Test	☐ Physical Agility	☐ Oral Board	☐ Background	☐ Polygraph	☐ Medical	☐ Psychological	☐ Command Staff Review

Contact Person / Background Investigator:		Phone:	

3	Agency Name	When	Position	Status

☐ Application	☐ Written / Practical Test	☐ Physical Agility	☐ Oral Board	☐ Background	☐ Polygraph	☐ Medical	☐ Psychological	☐ Command Staff Review

Contact Person / Background Investigator:		Phone:	

4	Agency Name	When	Position	Status

☐ Application	☐ Written / Practical Test	☐ Physical Agility	☐ Oral Board	☐ Background	☐ Polygraph	☐ Medical	☐ Psychological	☐ Command Staff Review

Contact Person / Background Investigator:		Phone:	

5	Agency Name	When	Position	Status

☐ Application	☐ Written / Practical Test	☐ Physical Agility	☐ Oral Board	☐ Background	☐ Polygraph	☐ Medical	☐ Psychological	☐ Command Staff Review

Contact Person / Background Investigator:		Phone:	

IF NEEDED, PLEASE USE EMPLOYMENT NARRATIVE SECTION ON PG 20 & 21 FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

5. 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** ☐

5. EMPLOYMENT RELATED QUESTIONS (continued):

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. EMPLOYMENT NARRATIVE SECTION (Continued)

Item Number	Explanation

6. 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** ☐

F) 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? (Includes any convictions or adjudications as a juvenile.) If YES, please complete the information below. **Yes** ☐ **No** ☐

Criminal Charges or Convictions:

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

6. CRIMINAL HISTORY /Continued:

G) Have you ever failed to comply with court directed fines, community service, diversions programs, or required attendance at classes? If YES, please explain. **Yes** ☐ **No** ☐

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6. CRIMINAL HISTORY NARRATIVE SECTION:

Provide explanations for "YES" answers to Section 6 questions below.

Item Number	Explanation

6. CRIMINAL HISTORY NARRATIVE SECTION (Continued)

Item Number	Explanation

7. 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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8. DRIVING HISTORY

A) TRAFFIC CITATIONS: (i.e. DUI, Reckless Driving, Speeding)

DATE	CHARGE (Not Number)	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

8. DRIVING HISTORY / Continued:

B) TRAFFIC ACCIDENTS:

DATE	CHARGE (Not Number)	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

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

State **License Number** **Type/Class** **Endorsements** **Expiration**

State **License Number** **Type/Class** **Endorsements** **Expiration**

State **License Number** **Type/Class** **Endorsements** **Expiration**

D) List all previous driver's licenses you have held (include other countries):

State **License Number** **Type/Class** **Endorsements** **Expiration**

State **License Number** **Type/Class** **Endorsements** **Expiration**

State **License Number** **Type/Class** **Endorsements** **Expiration**

State **License Number** **Type/Class** **Endorsements** **Expiration**

8. DRIVING HISTORY / Continued:

E) Have you ever had your driver's license revoked or suspended? If YES, provide license information and please explain. **Yes** ☐ **No** ☐

State	Driver's License Number	Type/Class	Endorsements	Expiration

Details: _____

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? If YES, please explain. **Yes** ☐ **No** ☐

Date	Location/Jurisdiction	What was the citation for?
Date	Location/Jurisdiction	What was the citation for?
Date	Location/Jurisdiction	What was the citation for?
Date	Location/Jurisdiction	What was the citation for?
Date	Location/Jurisdiction	What was the citation for?

8. DRIVING HISTORY / Continued:

G) Have you ever failed to comply with any traffic court directed fines, community service, diversions programs, or required attendance at classes? If YES, please explain. **Yes** ☐ **No** ☐

H) Provide your vehicle information:

Year	Make	Model	License Plate #	State

I) Are all your vehicles currently registered? **Yes** ☐ **No** ☐

If no, why? _____

J) Do you have current insurance on all your vehicles? **Yes** ☐ **No** ☐

If no, why? _____

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.

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, inserting, ingesting or injecting):

PLEASE MAKE SURE TO ANSWER ALL QUESTIONS LISTED IN EACH COLUMN.

Type of Drug	Have you ever 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 attaining 21?	Date first used	Date last used
Marijuana	Yes ☐ No ☐	Yes ☐ No ☐				
Hashish	Yes ☐ No ☐	Yes ☐ No ☐				
Spice	Yes ☐ No ☐	Yes ☐ No ☐				
Cocaine / crack	Yes ☐ No ☐	Yes ☐ No ☐				
Methamphetamine/ speed / crank	Yes ☐ No ☐	Yes ☐ No ☐				
Heroin	Yes ☐ No ☐	Yes ☐ No ☐				
Opium	Yes ☐ No ☐	Yes ☐ No ☐				
Morphine	Yes ☐ No ☐	Yes ☐ No ☐				
LSD / acid	Yes ☐ No ☐	Yes ☐ No ☐				
Mushrooms	Yes ☐ No ☐	Yes ☐ No ☐				
Bath Salts	Yes ☐ No ☐	Yes ☐ No ☐				
Peyote	Yes ☐ No ☐	Yes ☐ No ☐				
Rush	Yes ☐ No ☐	Yes ☐ No ☐				
Designer drugs	Yes ☐ No ☐	Yes ☐ No ☐				
Ecstasy / etc	Yes ☐ No ☐	Yes ☐ No ☐				
Roofies	Yes ☐ No ☐	Yes ☐ No ☐				
Amphetamines	Yes ☐ No ☐	Yes ☐ No ☐				
Barbiturates	Yes ☐ No ☐	Yes ☐ No ☐				
Nitrous oxide	Yes ☐ No ☐	Yes ☐ No ☐				
Psycho toxics: glue / paint / air freshener, etc.	Yes ☐ No ☐	Yes ☐ No ☐				
Steroids	Yes ☐ No ☐	Yes ☐ No ☐				
Any other illegal drug or substance	Yes ☐ No ☐	Yes ☐ No ☐				
Illegal use of prescription drugs	Yes ☐ No ☐	Yes ☐ No ☐				

9. NARCOTICS AND ALCOHOL (Continued)

B) If you answered Yes to any of the areas in section A, provide a full explanation below. Include the following:

1) **How long the drug was ingested or consumed?**
2) **The duration of usage.**
3) **The motivation for use.**
4) **How the drug was obtained?**
5) **Why you stopped using the drug.**
6) **Any other factors you believe are relevant.**

C) Have you ever tried, used, purchased, sold, produced, cultivated or transported any form of illegal drugs or narcotic that were not named on page 29? Yes ☐ No ☐

D) 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 ☐

E) Have you ever tasted, smoked, inhaled, ingested, inserted and/or injected any substance other than was what named in prior questions for the intent or purpose of getting high or intoxicated? Yes ☐ No ☐

F) Have you ever contributed to the purchase of illegal narcotics? Yes ☐ No ☐

G) To your knowledge, has anyone in your family ever used narcotics illegally or any illegal substance? Yes ☐ No ☐

H) To your knowledge, does anyone in your family or friends currently use narcotics illegally or any illegal substance? Yes ☐ No ☐

I) Have you ever consumed alcohol or drugs on the job? Yes ☐ No ☐

If you answered Yes to any of the areas in section A, provide a full explanation below.

J) Have you ever operated a motor vehicle while under the influence of alcohol or drugs to the point of impairment? If YES, please explain, giving the circumstances, number of times, approximate dates, and locations. Yes ☐ No ☐

Item Number	Explanation

9. NARCOTICS AND ALCOHOL NARRATIVE SECTION

Item Number	Explanation

10. MISCELLANEOUS BACKGROUND QUESTIONS

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

If you answered yes to any question above, provide a full explanation on the following page.

10. MISCELLANEOUS BACKGROUND QUESTIONS / NARRATIVE SECTION CONTINUED

Item Number	Explanation

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.

11. LAW ENFORCEMENT EMPLOYMENT SECTION

This section must be completed if you have ever been employed in a paid or non-paid position with a law enforcement agency.

A) Provide information for any law enforcement training academy you have attended.

Date	Sponsoring Agency	Academy Location and Hours	Certified Yes	Certified No	Certification Status (Current, Expired, Revoked, etc.)

B) List all assignments held. Include long term TDY (temporary duty) assignments.

Agency	Assignment	Assignment Dates Start	Assignment Dates End	Brief description of job duties of this assignment

11. LAW ENFORCEMENT EMPLOYMENT SECTION (continued)

C) Please list all advanced officer training (including specialty training and certifications) you have attended.

Date	Class

D) Have you ever been the subject of a citizen's complaint resulting in disciplinary action being taken against you? If YES, please explain. **Yes** ☐ **No** ☐

DATE	CHARGE	DISPOSITION

11. LAW ENFORCEMENT EMPLOYMENT / NARRATIVE SECTION

Item Number	Explanation

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.

12. MILITARY SERVICE SECTION

A) Have you ever applied to any of the armed forces and been turned down? **Yes** ☐ **No** ☐

B) 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/RATE	DISCHARGE TYPE

Section below must be completed if you have served or worked for a military employer.

C) Did you receive an Honorable Discharge? **Yes** ☐ **No** ☐

D) Are you eligible to re-enter the United Stated Armed Forces? **Yes** ☐ **No** ☐

E) List all Bases / Locations and assignments

BASE / LOCATION	DATES	ASSIGNMENT

12. MILITARY SERVICE SECTION (continued)

F) Have you ever served in or were you ever deployed to any Foreign Countries? **Yes** ☐ **No** ☐

G) Did you participate in any imminent danger assignments/deployments? **Yes** ☐ **No** ☐

H) Were you ever questioned as part of a military investigation? **Yes** ☐ **No** ☐
If YES, please explain

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I) 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

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

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12. MILITARY SERVICE / NARRATIVE SECTION

Item Number	Explanation

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.

13. ADDITIONAL NARRATIVE PAGES

Item Number	Explanation

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.

13. ADDITIONAL NARRATIVE PAGES (continued)

Item Number	Explanation

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.

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.

_____

Signature of Applicant **Date**

APPLICANT - READ AND SIGN ABOVE STATEMENT AND HAVE NOTARIZED

Signature of Applicant: _____ Date: _____

On this _____ Day of _____, 20_____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

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

On this _____ Day of _____, 20_____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Signature of Notary Public: _____

FOR CANDIDATE'S USE

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 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).
- ☐ Memorandum Regarding: What your current fitness regimen/routine is (to include running distance and time). **(Police Officer Applicants *ONLY*)**
- ☐ AZPOST Personal History Form **(Police Officer Applicants *ONLY*)**

Contact the Personnel Unit at 480-312-1933 (spspstaff@scottsdaleaz.gov) if you have questions.

FOR CANDIDATE'S USE

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*
- ☐ Drivers 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:

Contact the Personnel Unit at 480-312-1933 (spspstaff@scottsdaleaz.gov) if you have questions.