

# PIMA COUNTY SHERIFF'S DEPARTMENT BACKGROUND QUESTIONNAIRE NOTICE

## READ THIS CAREFULLY BEFORE FILLING OUT THE BACKGROUND QUESTIONNAIRE!

In order to make a proper evaluation of you for employment with the Pima County Sheriff's Department, it is essential that all of the following questions be answered completely and truthfully. Read each question carefully. Omissions or untruthful answers will disqualify you from further consideration for employment. Truthful answers will be considered along with all other information in deciding your employment suitability, even if these answers appear to contain information of a negative sort.

A polygraph will be conducted to verify information in the Background Questionnaire. After the polygraph results are established, there may be follow-up investigation consisting of reference checks, current and former employer contacts or other inquiries as may be appropriate.

To the extent allowed by law, all aspects of your background investigation are kept confidential except under the following conditions:

Where felony criminal activity involving assaultive behavior or crimes against children is revealed, appropriate law enforcement action will be taken.

If you are currently certified by Arizona POST as a Peace Officer, any revealed violation of Arizona POST standards may be reported to Arizona POST.

Prospective employees will be drug tested during their pre-employment medical examination. Probationary employees are also tested at least once during their initial probationary period. All employees are subject to mandatory random drug testing in compliance with the Pima County Sheriff's Department Drug Testing Program.

If you agree to the Background Procedure, you must print your name and sign this page where the space appears for your signature. If you do not agree to these procedures, you will not be considered for employment.

I have read the above and understand its contents.

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*Print Name*

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*Signature of Applicant*

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*Date*

## INSTRUCTIONS

**TYPE** or **PRINT** your responses neatly in black ink. You must respond to each and every question. **DO NOT LEAVE ANY QUESTION UNANSWERED OR ANY BLANK SPACES.** If the question is not applicable, write N/A. If the space provided is inadequate, add another page and identify the additional information by item number. Complete addresses, with zip codes, must be provided where requested, i.e., Personal References, Employment History. Personal references must be **LOCAL REFERENCES**, unless you have lived in the Tucson area for less than five (5) years, in which case, you may use out-of-state or out-of-town references who have known you for at least five (5) years.

### **SPECIAL INSTRUCTIONS: DEPUTY AND CORRECTIONS OFFICER APPLICANTS**

Your BACKGROUND QUESTIONNAIRE must be submitted at the time of your oral board interview. At that time, you must also submit copies of your Birth Certificate, High School Diploma or GED, and if applicable, a copy of your DD214 (member #4 copy).

**COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS QUESTIONNAIRE AND WILL BECOME THE PERMANENT PROPERTY OF THE PIMA COUNTY SHERIFF'S DEPARTMENT.**

*BIRTH CERTIFICATE AND/OR PROOF OF CITIZENSHIP  
HIGH SCHOOL DIPLOMA OR G.E.D.  
IF APPLICABLE:  
COLLEGE DEGREE OR TRANSCRIPT  
FORM DD214 (member #4 copy)*

**PERSONAL DATA**

1. **NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY AND REASON:

\_\_\_\_\_  
\_\_\_\_\_

2. **HEIGHT:** \_\_\_\_\_ FEET \_\_\_\_\_ INCHES      **WEIGHT:** \_\_\_\_\_ POUNDS  
**HAIR COLOR:** \_\_\_\_\_      **EYE COLOR:** \_\_\_\_\_

3. **STREET ADDRESS:** \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip)

**MAILING ADDRESS IF DIFFERENT:** \_\_\_\_\_

**TELEPHONE NUMBERS (INCLUDE AREA CODE):**      **HOME:** ( ) \_\_\_\_\_  
**WORK:** ( ) \_\_\_\_\_      **MESSAGE:** ( ) \_\_\_\_\_      **OTHER:** ( ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

4. **SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHER SOCIAL SECURITY NUMBER(S) USED: \_\_\_\_\_

REASON FOR OTHER SOCIAL SECURITY NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

5. **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

OTHER DATES OF BIRTH USED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

6. **PLACE OF BIRTH:** \_\_\_\_\_  
(City) (State) (Country)

7. **ARE YOU A U.S. CITIZEN:** YES  NO   
IF "YES:" BY BIRTH  OR NATURALIZATION   
IF "NO:" DO YOU POSSESS A VALID WORK PERMIT? YES  NO

8. WITH WHOM DO YOU RESIDE?

FULL NAME	DATE OF BIRTH	RELATIONSHIP

9. WHAT ARE YOUR HOBBIES, SPECIAL SKILLS AND ABILITIES?

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10. LIST ANY LANGUAGE SKILLS (READ, WRITE, OR SPEAK) OTHER THAN ENGLISH:

LANGUAGE: \_\_\_\_\_ READ  WRITE  SPEAK   
LANGUAGE: \_\_\_\_\_ READ  WRITE  SPEAK   
LANGUAGE: \_\_\_\_\_ READ  WRITE  SPEAK   
LANGUAGE: \_\_\_\_\_ READ  WRITE  SPEAK

11. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATION?

YES  NO

IF YOU ARE IN NEED OF AN ACCOMMODATION, WHAT ACCOMMODATION(S) WILL YOU NEED?

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12. WHAT IS YOUR CURRENT MARITAL STATUS? SINGLE  MARRIED

13. GIVE THE FOLLOWING INFORMATION REGARDING ALL MARRIAGES:

DATE	CITY, STATE	YOUR MAIDEN NAME OR SPOUSE'S MAIDEN NAME

14. IF A MARRIAGE OF WHICH YOU WERE A PART OF WAS DISSOLVED, COMPLETE THE FOLLOWING:

DATE	HOW DISSOLVED – DIVORCED/ANNULLED	LOCATION OF COURT – CITY, STATE

15. GIVE THE FOLLOWING INFORMATION CONCERNING YOUR PARENTS AND YOUR SPOUSE’S PARENTS:

	FULL NAMES	ADDRESS – CITY, STATE, ZIP CODE TELEPHONE NUMBER (include area code)
PARENTS		
PARENTS-IN-LAW		

16. IN THE FOLLOWING BOX, LIST EVERY CHILD BORN TO YOU AND ANY STEPCHILDREN:

FULL NAME	DATE OF BIRTH	PLACE OF BIRTH – CITY, STATE

17. LIST THREE PERSONAL REFERENCES, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS. THESE PERSONS MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES. BE SURE TO INCLUDE THEIR FULL ADDRESS WITH ZIP CODE.

NAME	ADDRESS – CITY, STATE, ZIP CODE	TELEPHONE (INCLUDE AREA CODE)
		(   )
		(   )
		(   )



**EDUCATION**

**20. HIGH SCHOOLS ATTENDED:**

FROM	TO	NAME OF SCHOOL	STREET ADDRESS CITY, STATE, ZIP	LAST GRADE COMPLETED

HIGH SCHOOL GRADUATE       GENERAL EDUCATION DEGREE (GED)       YEAR : \_\_\_\_\_

**21. FORMAL TRAINING COURSES ATTENDED:**

FROM	TO	NAME OF SCHOOL	COURSE OF STUDY	HOURS OF TRAINING

**22. UNIVERSITY OR COLLEGES ATTENDED:**

FROM	TO	NAME OF SCHOOL	MAJOR	MINOR	SEMESTER HOURS

**23. DEGREE(S) EARNED:**

YEAR	COLLEGE OR UNIVERSITY	DEGREE	MAJOR

**GENERAL INFORMATION****24. INDICATE YOUR RESPONSE BY MARKING AN "X" IN THE APPROPRIATE "YES" OR "NO" BOX:**

	YES	NO
A. WILL YOU ACCEPT AN ASSIGNMENT ANY PLACE IN PIMA COUNTY, INCLUDING AJO, ARIZONA? SOME POSITIONS REQUIRE RELOCATION WITHIN PIMA COUNTY. IF NO, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
B. HAS ANY MEMBER OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY EVER BEEN CONVICTED OR IMPRISONED? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
C. IS ANY MEMBER OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY CURRENTLY ON PROBATION, PARDON, OR PAROLE? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
D. DO YOU NOW HAVE OR ANYTIME IN THE PAST HAD A PERSONAL RELATIONSHIP WITH ANY PERSON WHO IS ON PROBATION, PAROLE, RELEASED ON PRE-TRIAL STATUS, CONVICTED OF A FELONY, OR IMPRISONED? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
E. ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU AND/OR STEPCHILDREN? IF NO, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN SUED? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
G. HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, DATE: _____, AND EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
H. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
I. HAVE YOU EVER HAD A GARNISHMENT OR WAGE ASSIGNMENT PLACED AGAINST YOU? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
J. ARE YOU CURRENT ON ALL TAXES? IF NO, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
K. ARE YOU NOW IN ARREARS ON ANY FINANCIAL OBLIGATION, WHICH INCLUDES CHILD SUPPORT, TAXES, CREDIT CARDS, LOANS, ETC.? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
L. WERE YOU EVER DISMISSED FROM A JOB OR FORCED TO RESIGN? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
M. DOES YOUR TOTAL MONTHLY EXPENSES EXCEED YOUR TOTAL MONTHLY INCOME? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
N. DO YOU OBJECT TO WEARING A UNIFORM? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
O. DO YOU OBJECT TO WORKING SHIFTS – DAYS, EVENINGS, AND NIGHTS? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
P. DO YOU OBJECT TO WORKING ROTATING SHIFTS? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
Q. DO YOU OBJECT TO WORKING WEEKENDS OR HOLIDAYS? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>
R. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? IF YES, EXPLAIN IN DETAIL ON PAGE 9.	<input type="checkbox"/>	<input type="checkbox"/>

25. **INDICATE YOUR RESPONSE BY MARKING AN "X" IN THE APPROPRIATE "YES" OR "NO" BOX. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON PAGE 9.**

	YES	NO
A. HAVE YOU EVER STOLEN MONEY FROM AN EMPLOYER?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN SUSPENDED OR DEMOTED BY ANY PREVIOUS EMPLOYER(S)?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER STOLEN ANYTHING WORTH \$5.00 OR MORE?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER SHOPLIFTED ANYTHING WORTH \$5.00 OR MORE FROM A STORE?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER PURCHASED STOLEN PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER FALSIFIED AN INSURANCE CLAIM?	<input type="checkbox"/>	<input type="checkbox"/>
G. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION THAT HAD AS ITS GOAL THE OVERTHROW OF THE GOVERNMENT OR ANY GOVERNMENT PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
H. HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARREST?	<input type="checkbox"/>	<input type="checkbox"/>
I. HAVE YOU EVER BEEN A SUSPECT IN A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
J. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
K. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
L. HAVE YOU EVER PETITIONED ANY COURT TO SEAL OR EXPUNGE A CRIMINAL OR JUVENILE RECORD?	<input type="checkbox"/>	<input type="checkbox"/>
M. IN THE PAST FIVE (5) YEARS HAVE YOU INSTIGATED ANY FIGHTS?	<input type="checkbox"/>	<input type="checkbox"/>
N. HAVE YOU EVER CAUSED SERIOUS PHYSICAL INJURY TO ANY PERSON?	<input type="checkbox"/>	<input type="checkbox"/>
O. HAVE YOU EVER STRUCK ANYONE YOU WERE LIVING WITH?	<input type="checkbox"/>	<input type="checkbox"/>
P. HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE? (SEE DEFINITION OF DOMESTIC VIOLENCE BELOW)	<input type="checkbox"/>	<input type="checkbox"/>

**Definition of Domestic Violence:**

**Domestic violence means any act which includes: endangerment, threatening or intimidating, aggravated assault, assault, custodial interference, interfering with judicial proceedings, unlawful imprisonment/kidnapping, trespassing, criminal damage, disorderly conduct, harassment or harassment by phone, aggravated harassment, stalking, aggravated domestic violence, child/vulnerable adult abuse and surreptitious videotaping or any act which is a dangerous crime against children, and if the relationship between the victim and the defendant is one of the following: spouse, former spouse, parent, child including step-child, grandparent, grandchild including step-grandchild, brother, sister, parent or parent-in-law, child-in-law, brother or sister-in-law, or if the victim and defendant are persons having resided in the same household (roommates), if the victim and defendant have a child in common, or if the victim or the defendant is pregnant by the other party.**

26. INDICATE YOUR RESPONSE BY MARKING AN "X" IN THE APPROPRIATE "YES" OR "NO" BOX. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON PAGE 9.

	YES	NO
A. DO YOU CURRENTLY HAVE PEACE OFFICER CERTIFICATION IN THE STATE OF ARIZONA?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER HAD PEACE OFFICER CERTIFICATION IN ANY STATE?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER HAD YOUR PEACE OFFICER STATUS REVOKED, CANCELED, SUSPENDED, OR REFUSED?	<input type="checkbox"/>	<input type="checkbox"/>
D. <b>(FOR DEPUTY/CORRECTIONS OFFICER APPLICANTS ONLY)</b> IF IT BECAME NECESSARY IN THE COURSE OF DUTIES TO TAKE A HUMAN LIFE, WOULD YOU BE RELUCTANT TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER APPLIED FOR A SIMILAR POSITION IN ANOTHER LAW ENFORCEMENT AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
F. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY REQUIRED IN THIS QUESTIONNAIRE, WHICH IS OR MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, TO AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR THE POSITION YOU ARE SEEKING?	<input type="checkbox"/>	<input type="checkbox"/>





**DRUG HISTORY**

27. INDICATE YOUR RESPONSE BY MARKING AN "X" IN THE APPROPRIATE "YES" OR "NO" BOX. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON PAGE 13.

							YES	NO
A. HAVE YOU EVER TAKEN DRUGS TO KEEP YOU AWAKE WHILE STUDYING OR WORKING?							<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER FORGED OR ALTERED ANY PRESCRIPTION FOR DRUGS?							<input type="checkbox"/>	<input type="checkbox"/>
<b>C. HAVE YOU EVER DURING YOUR ENTIRE LIFETIME USED, TRIED, EXPERIMENTED, OR ANY WAY INGESTED INTO YOUR BODY (EXPLAIN ALL "YES" ANSWERS ON PAGE 13):</b>								
	YES	NO	DATE FIRST USED (MO/DAY/YR)	DATE LAST USED (MO/DAY/YR)	TOTAL USE SINCE AGE 21 SPECIFIC NUMBER	TOTAL LIFETIME USE SPECIFIC NUMBER		
MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>						
HASHISH OR HASH OIL	<input type="checkbox"/>	<input type="checkbox"/>						
COCAINE	<input type="checkbox"/>	<input type="checkbox"/>						
BARBITURATES	<input type="checkbox"/>	<input type="checkbox"/>						
AMPHETAMINES	<input type="checkbox"/>	<input type="checkbox"/>						
METHAMPHETAMINES	<input type="checkbox"/>	<input type="checkbox"/>						
CRACK	<input type="checkbox"/>	<input type="checkbox"/>						
LSD OR OTHER HALLUCINOGENS INCLUDING MUSHROOMS	<input type="checkbox"/>	<input type="checkbox"/>						
HEROIN	<input type="checkbox"/>	<input type="checkbox"/>						
METHADONE	<input type="checkbox"/>	<input type="checkbox"/>						
DEMEROL	<input type="checkbox"/>	<input type="checkbox"/>						
QUAALUDES	<input type="checkbox"/>	<input type="checkbox"/>						
LYSERGIC ACID	<input type="checkbox"/>	<input type="checkbox"/>						
VALIUM	<input type="checkbox"/>	<input type="checkbox"/>						
TALWIN	<input type="checkbox"/>	<input type="checkbox"/>						
CODEINE	<input type="checkbox"/>	<input type="checkbox"/>						
DEXIDRINE	<input type="checkbox"/>	<input type="checkbox"/>						
BENZEDRINE	<input type="checkbox"/>	<input type="checkbox"/>						
DARVON	<input type="checkbox"/>	<input type="checkbox"/>						

	YES	NO	DATE FIRST USED (MO/DAY/YR)	DATE LAST USED (MO/DAY/YR)	TOTAL USE SINCE AGE 21 SPECIFIC NUMBER	TOTAL LIFETIME USE SPECIFIC NUMBER
PARAGORIC	<input type="checkbox"/>	<input type="checkbox"/>				
PSILOCYBIN	<input type="checkbox"/>	<input type="checkbox"/>				
ANGEL DUST	<input type="checkbox"/>	<input type="checkbox"/>				
PEYOTE	<input type="checkbox"/>	<input type="checkbox"/>				
STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>				
DOWNERS	<input type="checkbox"/>	<input type="checkbox"/>				
UPPERS	<input type="checkbox"/>	<input type="checkbox"/>				
REDS	<input type="checkbox"/>	<input type="checkbox"/>				
SPEED	<input type="checkbox"/>	<input type="checkbox"/>				
PCP	<input type="checkbox"/>	<input type="checkbox"/>				
USED A PHARMACEUTICAL DRUG PRESCRIBED FOR ANOTHER PERSON	<input type="checkbox"/>	<input type="checkbox"/>				
CRYSTAL METH	<input type="checkbox"/>	<input type="checkbox"/>				
SYNTHETIC DRUGS: ROHYPNOL, ECSTACY, GHB, CLUB DRUGS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>				

**D. NAME ANY OTHER DRUG, NARCOTIC, OR CONTROLLED SUBSTANCE NOT LISTED ABOVE THAT YOU HAVE ILLEGALLY USED. EXPLAIN:**

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**E. HAVE YOU EVER SOLD, PRODUCED, CULTIVATED, OR TRANSPORTED MARIJUANA, DANGEROUS DRUGS, OR NARCOTICS? YES  NO**

IF "YES," EXPLAIN EACH CIRCUMSTANCE IN DETAIL:

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**F. HAVE YOU EVER USED MARIJUANA, DANGEROUS DRUGS, OR NARCOTICS WHILE EMPLOYED OR APPOINTED AS A PEACE OFFICER? YES  NO**

IF "YES," EXPLAIN EACH CIRCUMSTANCE IN DETAIL ON PAGE 13.



**MILITARY**

**28. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?**

YES  NO  IF YES, COMPLETE THE FOLLOWING:

BRANCH OF SERVICE: \_\_\_\_\_

SERVICE/SERIAL NUMBER: \_\_\_\_\_

DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

HIGHEST RANK ATTAINED: \_\_\_\_\_

TYPE OF DISCHARGE, BE EXACT (IF OTHER THAN "HONORABLE," EXPLAIN IN DETAIL):

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**29. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF THE NATIONAL GUARD OR ARMED RESERVES?**

YES  NO  IF YES, BRANCH OF SERVICE \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

TYPE OF DISCHARGE, BE EXACT (IF OTHER THAN "HONORABLE," EXPLAIN IN DETAIL):

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**30. AS A MEMBER OF THE ARMED FORCES, NATIONAL GUARD, OR ARMED FORCES RESERVES, WERE YOU EVER COURT-MARTIALED? YES  NO  IF YES, PROVIDE SPECIFICS BELOW.**

**DID YOU RECEIVE OFFICE HOURS, CAPTAINS MAST, OR OTHER NON-JUDICIAL PUNISHMENT OR DISCIPLINARY ACTION? YES  NO  IF YES, COMPLETE THE FOLLOWING:**

DATE	TYPE OF ACTION	CHARGE	DISPOSITION

EXPLAIN CIRCUMSTANCES OF ANY DISCIPLINARY ACTIONS:

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**DRIVING HISTORY**

31. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED AS A JUVENILE OR AN ADULT. INDICATE THE DISPOSITION OF EACH CITATION (GUILTY, NOT GUILTY, DISMISSED, OR REDUCED TO, AND THE PENALTY). LIST ALL CITATIONS/ARRESTS FOR DRIVING WHILE INTOXICATED (DWI), DRIVING UNDER THE INFLUENCE (DUI), AND/OR RECKLESS DRIVING UNDER "ARRESTS" (QUESTION 40, UNDER CRIMINAL HISTORY).

CITY, STATE	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY/DISPOSITION

32. A. HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL?  
YES  NO

IF "YES," EXPLAIN IN DETAIL:

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B. HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF DRUGS OTHER THAN ALCOHOL? YES  NO

IF "YES," EXPLAIN IN DETAIL:

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33. HAVE YOU EVER TAKEN DRUGS OR MEDICATIONS TO KEEP YOU AWAKE WHILE DRIVING?  
YES  NO

IF "YES," EXPLAIN IN DETAIL:

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34. **HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT?** YES  NO

IF "YES," GIVE DETAILS ON EACH ACCIDENT AND INDICATE WHETHER A REPORT WAS MADE TO A LAW ENFORCEMENT AGENCY. **INCLUDE ALL REPORTED AND UNREPORTED ACCIDENTS.**

CITY, STATE	DATE	CAUSE OF ACCIDENT	WHO WAS LEGALLY AT FAULT	INJURY OR NON-INJURY	REPORTED YES/NO

35. **HAS YOUR DRIVER'S LICENSE EVER BEEN REFUSED, REVOKED, OR SUSPENDED?**

YES  NO

IF "YES," EXPLAIN IN DETAIL (INCLUDE DATES AND/OR PERIOD OF SANCTION):

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36. **ARIZONA DRIVER'S LICENSE NUMBER:** \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CLASS/ENDORSEMENTS: \_\_\_\_\_

37. **HAVE YOU EVER POSSESSED A DRIVER'S LICENSE IN ANY STATE OTHER THAN ARIZONA?**

YES  NO

IF "YES,"

1. STATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

2. STATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

38. LIST BELOW ALL VEHICLES OWNED, REGISTERED, OR POSSESSED BY YOU OR ANY PERSON RESIDING IN YOUR HOUSEHOLD.

VEHICLE YEAR	MAKE	MODEL	REGISTERED OWNER (IF OTHER THAN APPLICANT)	LICENSE PLATE NUMBER AND STATE

**EMPLOYMENT HISTORY**

39. LIST ALL JOBS YOU HAVE HELD IN THE PAST 10 YEARS OR SINCE YOUR 17<sup>TH</sup> BIRTHDAY (WHICHEVER IS LEAST). LIST YOUR PRESENT OR MOST RECENT EMPLOYER FIRST. PROVIDE PHONE NUMBERS AND COMPLETE ADDRESSES, INCLUDING ZIP CODES. ACCOUNT FOR ALL PERIODS OF TIME, TO INCLUDE PERIODS OF UNEMPLOYMENT.

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						
IF PRESENT EMPLOYER, MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						

MONTH/YR		NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
JOB DUTIES: _____						
REASON FOR LEAVING: _____						



**CERTIFICATION AND RELEASE FROM LIABILITY**

THE TERM "BACKGROUND INVESTIGATION" AS USED IN THIS DOCUMENT REFERS TO ANY AND ALL INFORMATION AND SOURCES OF INFORMATION THAT THE DEPARTMENT, IN ITS SOLE DISCRETION, MAY DEEM NECESSARY TO OBTAIN OR CONTACT, TO DETERMINE FITNESS AS A CANDIDATE FOR EMPLOYMENT WITH THE DEPARTMENT.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL, **REGARDLESS** OF WHEN THEY ARE DISCOVERED.

I HEREBY RELEASE FROM LIABILITY AND PROMISE TO HOLD HARMLESS UNDER ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION, THE DEPARTMENT OR ANY OF ITS OFFICERS, AGENTS, OR EMPLOYEES FOR ANY STATEMENTS, ACTS, OR OMISSIONS IN THE COURSE OF MY BACKGROUND INVESTIGATION.

I HEREBY RELEASE FROM LIABILITY AND PROMISE TO HOLD HARMLESS UNDER ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION ANY OFFICER, AGENT, OR EMPLOYEE OF THE DEPARTMENT WHO MAY CONDUCT MY BACKGROUND INVESTIGATION.

\_\_\_\_\_  
*PRINT NAME IN FULL*

\_\_\_\_\_  
*SIGNATURE IN FULL*

\_\_\_\_\_  
*DATE*

**THE PEACE OFFICER CODE OF ETHICS**

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the State of Arizona, my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, without favor, malice or ill will, and without compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION: I hereby certify that I have read the above Code of Ethics and agree to abide by the code.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLIANCE WITH STANDARDS: ARIZONA ADMINISTRATIVE CODE R13-4-105 (A) establishes the minimum qualifications for appointment as a peace officer in the State of Arizona. These include:

1. Be a United States citizen;
2. Be at least 21 years of age, except that a person may attend an academy if the person will be 21 prior to graduating;
3. Be a high school graduate or have successfully completed a General Education Development (G.E.D.) examination;
4. Undergo a complete background investigation that meets the standards of R13-4-106, except that a person may begin an academy before the results of the fingerprint check are returned. However, the person shall not graduate from the academy and the agency shall not receive reimbursement for the person's training expenses until a qualifying fingerprint check return is obtained;
5. Undergo a medical examination that meets the standards of R13-4-107 within one (1) year before appointment. An agency may make a conditional offer of appointment before the medical examination. If the medical examination is conducted more than 180 days before appointment, the person shall submit a written statement indicating that the person's medical condition has not changed since the examination;
6. Not have been convicted of a felony or any offense that would be a felony if committed in Arizona;
7. Not have been dishonorably discharged from the United States Armed Forces;
8. Not have been previously denied certified status, have certified status revoked, or have current certified status suspended;
9. Not have illegally sold, produced, cultivated, or transported marijuana for sale;
10. Not have ever illegally used marijuana for any purpose within the past three (3) years;
11. Not have ever illegally used marijuana other than for experimentation;
12. Not have ever illegally used marijuana while employed or appointed as a peace officer;
13. Not have illegally sold, produced, cultivated, or transported for sale any dangerous drug or narcotic, other than marijuana;
14. Not have illegally used a dangerous drug or narcotic, other than marijuana, for any purpose within the past seven (7) years;
15. Not have ever illegally used a dangerous drug or narcotic other than for experimentation;
16. Not have ever illegally used a dangerous drug or narcotic while employed or appointed as a peace officer;
17. Not have a pattern of abuse of prescription medication;
18. Undergo a polygraph examination that meets the requirements of R13-4-106, unless prohibited by law;
19. Not have been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with a frequency within the past three (3) years that indicates a disrespect for traffic laws or a disregard for the safety of other persons on the highway;
20. Read the Code of Ethics above and affirm by signature the person's understanding and agreement to abide by the code.

I hereby certify that I have read the above standards and that I understand my appointment as a peace officer requires that the above standards are met.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PIMA COUNTY SHERIFF'S DEPARTMENT  
1750 EAST BENSON HIGHWAY • TUCSON, ARIZONA 85714-1578  
PHONE (520) 351-4600 • FAX (520) 295-8480  
CLARENCE W. DUPNIK, SHERIFF

## REQUEST FOR MILITARY RECORDS

I, \_\_\_\_\_, applicant for \_\_\_\_\_,  
Authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of  
my military records to release to the Pima County Sheriff's Department, information or  
photocopies from my military personnel records. Also furnish an undeleted DD Form 214,  
Certificate of Release of Discharge from Active Duty, which has the reenlistment code (RE),  
the type and reason for release or discharge, and any drug and alcohol information.

We sincerely appreciate your cooperation in fulfilling this request. If we can be of similar  
service to you, please contact us.

Sincerely,

CLARENCE W. DUPNIK  
Sheriff of Pima County

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

I served with the \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Serial Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

It is requested that said Records Center furnish the Pima County Sheriff's Department any and  
all information requested.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Public: \_\_\_\_\_

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## **AUTHORIZATION**

I, \_\_\_\_\_ an applicant for the position of, \_\_\_\_\_, with the Pima County Sheriff's Department, do hereby authorize the release of information concerning my employment, medical, financial, and criminal adult and juvenile history as it relates to my application for employment.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the Department who conduct my background investigation.

I understand the results of my background investigation are confidential and not available for my examination for release to any authority, except to authorized Department employees and, if applicable, Arizona POST staff to ensure compliance with Arizona POST Standards.

\_\_\_\_\_  
Printed Name of Applicant                      Signature of Applicant                      Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary Public

(SEAL)

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



**PIMA COUNTY  
EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

**CONFIDENTIAL INFORMATION**

Completing this form is strictly voluntary. This information will be kept confidential and will be used for statistical purposes only. This data will help ensure that Pima County is in compliance with Federal affirmative action mandates and reporting requirements. Information from this form may be transferred to other official documents. Your failure to complete this form may result in Pima County inaccurately reporting your ethnicity.

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

**DEPARTMENT:** \_\_\_\_\_ **SHERIFF** \_\_\_\_\_

**PLEASE USE INK**

**SEX:** (Please check one) 1.  Male 2.  Female

Below are two questions about your ethnicity and race. You are to answer both questions. In answering the second question, you may select one or more races. If you select more than one race, you will be reported to the Two or More Races category on the Federal government's EEO-1 report. For example, if you select Black and American Indian or Alaska Native, you will be reported in the Two or More Races category.

***Question 1 – Ethnicity -- Are you Hispanic or Latino?***

- No**, not Hispanic or Latino
- Yes**, Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

***Question 2 – Race -- What is your race? Select one or more of the following five race categories.***

- WHITE** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK OR AFRICAN AMERICAN** – A person having origins in any of the Black racial groups of Africa.
- ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN or ALASKA NATIVE** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**HANDICAPPED (DISABLED) INDIVIDUAL:** A person who (a) has a physical or mental impairment which substantially limits one or more major life activities; (b) has a record of such impairment; or (c) is regarded as having such an impairment.

Please check one:  Yes  No

**VETERAN STATUS:** Served for 180 consecutive calendar days and received other than dishonorable discharge.

- 0.  Not a Veteran
- 1.  Veteran, Vietnam Era
- 2.  Disabled Veteran – Vietnam Era
- 3.  Disabled Veteran – Non Vietnam
- 4.  Veteran, Non Vietnam

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

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