



# 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.

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date*

# PIMA COUNTY SHERIFF'S DEPARTMENT BACKGROUND QUESTIONNAIRE

## 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.

**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 GED, AND IF APPLICABLE, COLLEGE DEGREE OR TRANSCRIPT, AND FORM DD214 (MEMBER #4 COPY).**

1. **NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
(Last) (First) (Middle) (MM/DD/YY)

OTHER NAMES (i.e., maiden or a.k.a.'s): \_\_\_\_\_

2. **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **HAIR COLOR:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

3. **STREET ADDRESS:** \_\_\_\_\_  
(Number) (Street)

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

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

**TELEPHONE NUMBERS: HOME:** ( ) \_\_\_\_\_ **WORK:** ( ) \_\_\_\_\_

**MESSAGE:** ( ) \_\_\_\_\_ **OTHER:** ( ) \_\_\_\_\_ **PAGER:** ( ) \_\_\_\_\_

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

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

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

5. **DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

6. **PLACE OF BIRTH:** \_\_\_\_\_

### EDUCATION

7. **HIGH SCHOOLS ATTENDED:**

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

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

**8. FORMAL TRAINING COURSES ATTENDED:**

FROM	TO	NAME OF SCHOOL	COURSE OF STUDY	HOURS OF TRAINING

**9. UNIVERSITY OR COLLEGES ATTENDED:**

FROM	TO	NAME OF SCHOOL	MAJOR	MINOR	TOTAL SEMESTER HOURS

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

YEAR	COLLEGE OR UNIVERSITY	DEGREE	MAJOR

11. **U.S. CITIZEN?** YES  NO  IF "YES," BY BIRTH?  NATURALIZED?   
 IF "NO," DO YOU POSSESS A VALID WORK PERMIT? YES  NO

12. **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, PLEASE INDICATE WHAT ACCOMMODATION YOU ARE REQUESTING: \_\_\_\_\_

13. **LIST THREE (3) PERSONAL REFERENCES, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS.**

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

14. **LIST ANY RELATIVES CURRENTLY EMPLOYED WITH PIMA COUNTY.**

RELATIVE'S NAME	RELATIONSHIP	DEPARTMENT

**15. LIST YOUR LAST THREE (3) EMPLOYERS BEGINNING WITH THE MOST RECENT EMPLOYER (INCLUDE COMPLETE ADDRESSES AND TELEPHONE NUMBERS).**

NAME & ADDRESS	JOB TITLE	SUPERVISOR	FROM MM/YY	TO MM/YY
REASON FOR LEAVING: _____				
PHONE: ( )				

NAME & ADDRESS	JOB TITLE	SUPERVISOR	FROM MM/YY	TO MM/YY
REASON FOR LEAVING: _____				
PHONE: ( )				

NAME & ADDRESS	JOB TITLE	SUPERVISOR	FROM MM/YY	TO MM/YY
REASON FOR LEAVING: _____				
PHONE: ( )				

**16. INDICATE YOUR RESPONSE BY MARKING AN "X" IN THE APPROPRIATE "YES" OR "NO" BOX. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON PAGE 5.**

		YES	NO
A.	IS ANY MEMBER OF YOUR OR YOUR SPOUSE'S FAMILY CURRENTLY ON PROBATION, PARDON, OR PAROLE?	<input type="checkbox"/>	<input type="checkbox"/>
B.	HAVE YOU EVER BEEN DISMISSED FROM A JOB OR FORCED TO RESIGN?	<input type="checkbox"/>	<input type="checkbox"/>
C.	DO YOU OBJECT TO WORKING SHIFTS, WEEKENDS, OR HOLIDAYS?	<input type="checkbox"/>	<input type="checkbox"/>
D.	HAVE YOU EVER STOLEN FROM AN EMPLOYER?	<input type="checkbox"/>	<input type="checkbox"/>
E.	HAVE YOU EVER BEEN SUSPENDED OR DEMOTED BY A FORMER EMPLOYER?	<input type="checkbox"/>	<input type="checkbox"/>
F.	HAVE YOU EVER STOLEN OR SHOPLIFTED ANYTHING WORTH \$5.00 OR MORE?	<input type="checkbox"/>	<input type="checkbox"/>
G.	HAVE YOU EVER PURCHASED STOLEN PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
H.	HAVE YOU EVER FALSIFIED AN INSURANCE CLAIM?	<input type="checkbox"/>	<input type="checkbox"/>
I.	ARE YOU CURRENT ON ALL TAXES? IF NO, EXPLAIN ON PAGE 5.	<input type="checkbox"/>	<input type="checkbox"/>
J.	ARE YOU NOW IN ARREARS ON ANY FINANCIAL OBLIGATION, WHICH INCLUDES CHILD SUPPORT, TAXES, CREDIT CARDS, LOANS, ETC.?	<input type="checkbox"/>	<input type="checkbox"/>
K.	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"/>
L.	HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARREST?	<input type="checkbox"/>	<input type="checkbox"/>
M.	HAVE YOU EVER BEEN A SUSPECT, CHARGED WITH, OR CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
N.	HAVE YOU EVER PETITIONED ANY COURT TO SEAL OR EXPUNGE A CRIMINAL OR JUVENILE RECORD?	<input type="checkbox"/>	<input type="checkbox"/>
O.	IN THE PAST FIVE (5) YEARS HAVE YOU INSTIGATED ANY FIGHTS?	<input type="checkbox"/>	<input type="checkbox"/>
P.	HAVE YOU EVER CAUSED SERIOUS PHYSICAL INJURY TO ANY PERSON?	<input type="checkbox"/>	<input type="checkbox"/>
Q.	HAVE YOU EVER STRUCK ANYONE YOU WERE LIVING WITH OR COMMITTED AN ACT OF DOMESTIC VIOLENCE?	<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, or if the relationship was previously romantic or was a sexual relationship.

**16. Continued – EXPLAIN ALL “YES” ANSWERS IN DETAIL ON PAGE 5.**

		YES	NO
R.	Have you ever accessed the ACJIS network or other local database computer system for any unauthorized purpose?	<input type="checkbox"/>	<input type="checkbox"/>
S.	Have you ever slept while on-duty as a law enforcement, corrections, or detention officer?	<input type="checkbox"/>	<input type="checkbox"/>

**17. HAVE YOU EVER IN YOUR LIFETIME USED, TRIED, EXPERIMENTED, OR IN ANY WAY INGESTED INTO YOUR BODY (EXPLAIN ALL “YES” ANSWERS ON PAGE 5):**

	DRUG	YES	NO	DATE FIRST USED MM/YY	DATE LAST USED MM/YY	TOTAL LIFETIME USE
A.	MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>			
B.	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>			
C.	AMPHETAMINES/CRYSTAL METH/ METHAMPHETAMINES	<input type="checkbox"/>	<input type="checkbox"/>			
D.	HALLUCINOGENS (LSD, MUSHROOMS)	<input type="checkbox"/>	<input type="checkbox"/>			
E.	HEROIN	<input type="checkbox"/>	<input type="checkbox"/>			
F.	PCP/ANGEL DUST/PSILOCYBIN	<input type="checkbox"/>	<input type="checkbox"/>			
G.	STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>			
H.	STIMULANTS (SPEED, UPPERS)	<input type="checkbox"/>	<input type="checkbox"/>			
I.	LIST OTHER ILLEGAL DRUGS:	<input type="checkbox"/>	<input type="checkbox"/>			

**18. HAVE YOU EVER SOLD MARIJUANA OR NARCOTIC DRUGS? YES  NO**

**19. LIST ALL TRAFFIC CITATIONS:**

CITY/STATE	APPROX. DATE	NATURE OF VIOLATION	PENALTY/DISPOSITION

**20. LIST ALL CRIMINAL CHARGES, ARRESTS, SUMMONS, OR CITE AND RELEASE INCIDENTS:**

DATE	LAW ENFORCEMENT AGENCY	CHARGE	CONVICTION	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



**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 PIMA COUNTY SHERIFF'S 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. I 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 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

**DO NOT WRITE BELOW THIS LINE**

POLYGRAPH REVIEWED:

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
DATE

CRIMINAL HISTORY CHECK COMPLETE:

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
DATE

BACKGROUND REVIEWED BY:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
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: \_\_\_\_\_



