

# PIMA COUNTY SHERIFF'S DEPARTMENT CORRECTIONS OFFICER APPLICANT 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's Drug Testing Program.

If you agree to the Background Procedure, you must type 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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Type Name

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Signature of Applicant

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Date

# INSTRUCTIONS

**TYPE** your responses. **No hand written questionnaires will be accepted.** You must respond to each and every question. **DO NOT LEAVE ANY QUESTION UNANSWERED OR ANY BLANK SPACES.** If the question is not applicable, enter "DNA." If the space provided is inadequate, add another page and identify the additional information by item number. Complete addresses, with zip codes, and email addresses, **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.

Have the "AUTHORIZATION" and "REQUEST FOR MILITARY RECORDS" forms notarized prior to submitting your background questionnaire to the Personnel Unit.

## **SPECIAL INSTRUCTIONS:**

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)*

## STATEMENT OF PERSONAL HISTORY

**INSTRUCTIONS:** Type all answers in the space provided. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet starting on page 14. Also, use this sheet to expound or explain your answer. All information provided is subject to verification.

<b>1. NAME:</b> Last	First	Middle	Suffix
<b>2. ADDRESS:</b>	<b>3. CITY:</b>	<b>4. STATE / ZIP CODE:</b>	
<b>5. MAILING ADDRESS:</b>	<b>6. CITY:</b>	<b>7. STATE / ZIP CODE:</b>	
<b>8. DATE OF BIRTH:</b> (Month / Day / Year)	<b>9. PLACE OF BIRTH:</b> (City / State)	<b>10. SOCIAL SECURITY NUMBER:</b>	

**11. LIST ALL EMAIL ADDRESSES USED:** (If necessary, use the Continuation Sheet starting on page 14)

**12. LIST ANY OTHER NAMES, DATE OF BIRTHS, OR SOCIAL SECURITY NUMBERS YOU HAVE USED:**

<b>13. HEIGHT:</b> feet                  inches	<b>14. WEIGHT:</b> pounds	<b>15. EYE COLOR:</b>	<b>16. HAIR COLOR:</b>
<b>17. CURRENT MARITAL STATUS:</b>		<b>18. SPOUSE'S NAME BEFORE MARRIAGE:</b>	
<b>19. HOME TELEPHONE NUMBER:</b>	<b>20. CELL / MOBILE NUMBER:</b>	<b>21. WORK TELEPHONE NUMBER:</b>	<b>22. MESSAGE NUMBER:</b>

**23. ARE YOU A CITIZEN OF THE UNITED STATES?**  YES    NO  
 (Please attach copy of Birth Certificate or other verification of citizenship.)  
**IF "NO," DO YOU POSSES A VALID WORK PERMIT?** (Please submit documentation)  YES    NO

<b>24. DO YOU HAVE?</b> (Please check one and attach a copy.) <input type="checkbox"/> GED <input type="checkbox"/> HIGH SCHOOL DIPLOMA	<b>25. WHEN AND WHERE DID YOU RECEIVE IT?</b>
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**26. MILITARY SERVICE:** If "YES," attach the **MEMBER 4 COPY** of the DD 214 and continue with this section.  YES    NO  
 If "No," skip to #27.

Branch of Service:	Date Entered:	Date Separated:
Type of Discharge:	<b>Were you ever arrested, cited, or apprehended by military police?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," explain on the Continuation Sheet starting on page 14.	
<b>Are you currently a member of a U.S. Reserve or National Guard Unit?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," list current assignment:	<b>Were you ever the subject of a report or investigation by military police or other investigative service?</b> (i.e., CID, NIS, OSI) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," explain on the Continuation Sheet starting on page 14.	

**Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)?**  YES    NO  
 If "YES," explain on the Continuation Sheet starting on page 14.

**27. LIST ANY RELATIVES CURRENTLY EMPLOYED WITH THE PIMA COUNTY SHERIFF'S DEPARTMENT**

RELATIVE'S NAME	RELATIONSHIP

**28. LIST ANY LANGUAGE SKILLS YOU POSSESS (other than English)**

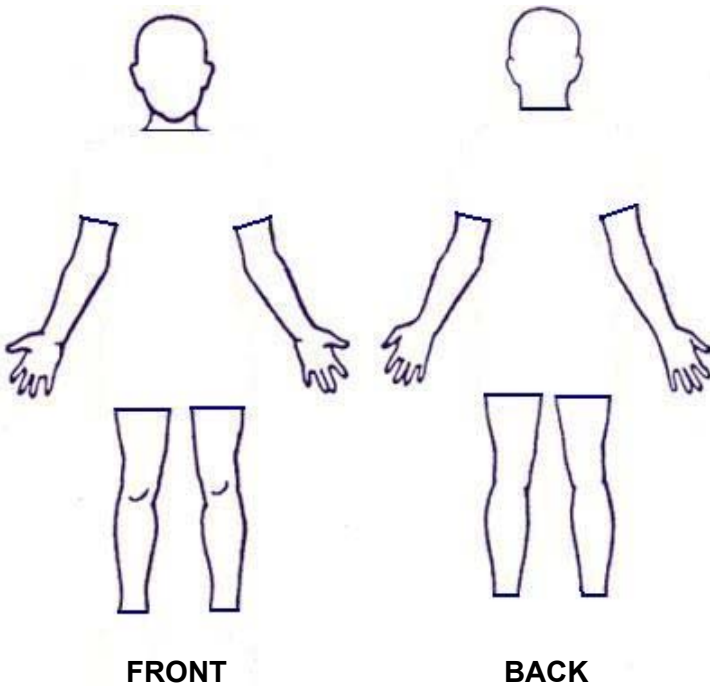
	<input type="checkbox"/> READ	<input type="checkbox"/> SPEAK	<input type="checkbox"/> WRITE
	<input type="checkbox"/> READ	<input type="checkbox"/> SPEAK	<input type="checkbox"/> WRITE
	<input type="checkbox"/> READ	<input type="checkbox"/> SPEAK	<input type="checkbox"/> WRITE
	<input type="checkbox"/> READ	<input type="checkbox"/> SPEAK	<input type="checkbox"/> WRITE

**29. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITHOUT ACCOMMODATIONS?**

YES  NO

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

**30. LIST ALL VISIBLE TATTOOS, BODY ART AND PIERCINGS BELOW. INDICATE THE LOCATION OF EACH MARK AND/OR TATTOO, BY PLACING THE CORRESPONDING ITEM LETTER (A, B, C, D, E, F etc.) IN THE CORRECT POSITION ON THE DIAGRAM BELOW.**



- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_

**31. DO YOU HAVE ANY TATTOOS OR MARKINGS THAT MAY BE CONSIDERED "GANG AFFILIATED?"**

YES  NO

**32. PERSONAL REFERENCES:** List at least three (3) people who have known you for at least five (5) years, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	YEARS KNOWN	EMAIL ADDRESS

**33. EXCLUDING FAMILY MEMBERS:** List all persons you have lived with during the past five (5) years. If necessary, use the Continuation Sheet starting on page 14.

NAME	CURRENT ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	EMAIL ADDRESS

**34. FAMILY MEMBERS:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s), children, step children, in-laws). If necessary, use the Continuation Sheet starting on page 14.

NAME	RELATIONSHIP	AGE	STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER	EMAIL ADDRESS

**35. EMPLOYMENT HISTORY:** List all jobs you have had in the past ten (10) years. List your current most recent employer first. Account for all periods of time to include periods of unemployment. If necessary, use the Employment History Continuation Sheet on page 16.

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

If present employer, may we contact?  YES  NO  
(Present employer will be contacted prior to employment.)

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

**36. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** (Beginning with the most recent)

SCHOOL	DATES ATTENDED	COURSE OF STUDY	DEGREE RECEIVED OR TOTAL CREDIT HOURS

**37. RESIDENCES:** List all addresses you have lived at during the past five (5) years, starting with your current residence. If necessary, use the Continuation Sheet starting on page 14.

FROM	TO	STREET ADDRESS	CITY / COUNTY	STATE

**38. POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet starting on page 14.

DATE	LOCATION CITY / STATE	POLICE AGENCY	ORIGINAL CHARGE	DISPOSITION / COURT ACTION

**39. CIVIL ACTIONS:** List all civil actions in which you were a party (i.e., divorces, bankruptcy, small claims court, lawsuits, etc.) If necessary, use the Continuation Sheet starting on page 14.

DATE	LOCATION CITY / STATE	ACTION OR PROCEEDING	DISPOSITION / COURT ACTION

<b>40. CURRENT DRIVER'S LICENSE:</b>		<b>41. PREVIOUS DRIVER'S LICENSE INFORMATION:</b>
State:	Expiration Date:	List all states / countries where you have been licensed:
License Number:		
<b>42. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		

**43. MOTOR VEHICLE OPERATION:** List all moving violations for which you were cited. If necessary, use the Continuation Sheet starting on page 14.

DATE	LOCATION AND ISSUING AGENCY	VIOLATION CHARGED	COLLISION RELATED	COURT DISPOSITION
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**44. INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE "YES" OR "NO" BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" ANSWERS STARTING ON PAGE 14.**

A. HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF DRUGS OTHER THAN ALCOHOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. HAVE YOU EVER TAKEN DRUGS OR MEDICATIONS TO KEEP AWAKE WHILE DRIVING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT? <i>IF "YES," INCLUDE CITY AND STATE, DATE, CAUSE OF THE ACCIDENT, WHO WAS AT FAULT, INJURY OR NON-INJURY, AND IF IT WAS REPORTED TO LAW ENFORCEMENT IN YOUR EXPLANATION.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**45. LIST ALL VEHICLES CURRENTLY OWNED, REGISTERED, OR POSSESSED BY YOU OR ANY PERSON RESIDING IN YOUR HOUSEHOLD:**

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



**46. ILLEGAL / NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS / CONTROLLED SUBSTANCES:**  
 In this section, disclose all illegal drug use (or criminal involvement) that was not undertaken to treat or alleviate the symptoms of a medical condition. Drug use for medical purposes will be disclosed in a different portion of the application process.

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH?	IF YES, HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COCAINE/CRACK	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
METHAMPHETAMINE/SPEED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
HEROIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
OPIUM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
MORPHINE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
LSD/ACID	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
PEYOTE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
MESCALINE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
HASHISH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
STEROIDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
SYNTHETIC DRUGS: ROHYPNOL, ECSTACY, RUSH, ROOFIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
ILLEGAL USE OF PRESCRIPTION DRUGS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**47. IF YOU ANSWERED "YES," TO ANY OF THE AREAS IN QUESTION #41, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET STARTING ON PAGE 14. INCLUDE, IF APPLICABLE, THE FOLLOWING:**

- |   |  |
|---|--|
| a. How the drug was ingested or consumed? | d. How the drug was obtained?                  |
| b. The duration of usage?                 | e. Why you stopped using the drug?             |
| c. The motivation for use?                | f. Any other factors you believe are relevant. |

**IF YOU ANSWERED "YES," TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET STARTING ON PAGE 14.**

A. HAVE YOU EVER TAKEN DRUGS TO KEEP YOU AWAKE WHILE STUDYING OR WORKING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER FORGED OR ALTERED ANY PRESCRIPTION FOR DRUGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. HAVE YOU EVER SOLD, PRODUCED, CULTIVATED, OR TRANSPORTED MARIJUANA, DANGEROUS DRUGS, OR NARCOTICS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER USED MARIJUANA, DANGEROUS DRUGS, OR NARCOTICS WHILE EMPLOYED OR APPOINTED AS A PEACE OFFICER, CORRECTIONS OFFICER, OR DETENTION OFFICER?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>48. CRIMINAL CONDUCT:</b>			
a. <b>Have you ever committed a felony or an offense which would be a felony if committed in Arizona?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. <b>Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct, or physical violence?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
49. <b>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 advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the State of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
50. <b>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? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, or traffic violations?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>51. DO YOU HAVE PRIOR PEACE OFFICER CERTIFICATION / EMPLOYMENT IN ARIZONA OR ANY OTHER STATE?</b> If "YES," provide the following information.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF AGENCY	MONTH / YEAR		CITY	STATE	
	FROM	TO			
a. <b>Has your peace officer certification been revoked, suspended, canceled, or denied for any reason?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
b. <b>Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
c. <b>Have you received discipline for any improper conduct as a peace officer to include a letter of reprimand, letter of counseling, suspension, termination, or demotion?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
d. <b>Have you ever accessed the ACJIS, NCIC, or other law enforcement computer systems for an unauthorized purpose?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
e. <b>Have you ever fallen asleep while on duty as a law enforcement, corrections, or detention officer?</b> If "YES," provide a full explanation on the Continuation Sheet starting on page 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

<b>52. HAVE YOU APPLIED WITH ANY OTHER LAW ENFORCEMENT AGENCIES, CORRECTIONS AND / OR DETENTION FACILITIES IN THE PAST FIVE (5) YEARS?</b> If "YES," provide the following information.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF AGENCY	DATE OF APPLICATION	WAS POLYGRAPH TAKEN?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

53. GENERAL INFORMATION: INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE "YES" OR "NO" BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" ANSWERS STARTING ON PAGE 14.	
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 STARTING ON PAGE 14.	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAS ANY MEMBER OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY EVER BEEN (OR IS NOW) CONVICTED, IMPRISONED, OR INCARCERATED IN ANY CORRECTIONAL FACILITY, PRISON, OR JAIL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. IS ANY MEMBER OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY CURRENTLY ON PROBATION, PAROLE, OR BEEN PARDONED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. DO YOU NOW HAVE, OR ANY TIME 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU, STEPCHILDREN, AND/OR CHILDREN ADOPTED BY YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. HAVE YOU EVER BEEN SUED FOR ANY REASON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. HAVE YOU EVER FILED FOR BANKRUPTCY? IF "YES," THE DATE YOU FILED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I. HAVE YOU EVER HAD A GARNISHMENT OR WAGE ASSIGNMENT PLACED AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
J. ARE YOU CURRENT ON ALL TAXES (STATE AND FEDERAL)? IF "NO," EXPLAIN IN DETAIL STARTING ON PAGE 14.	<input type="checkbox"/> YES <input type="checkbox"/> NO
K. ARE YOU NOW IN ARREARS ON ANY FINANCIAL OBLIGATION, TO INCLUDE CHILD SUPPORT, TAXES, CREDIT CARDS, LOANS, ETC?	<input type="checkbox"/> YES <input type="checkbox"/> NO
L. WERE YOU EVER DISMISSED FROM A JOB OR ASKED TO RESIGN IN LIEU OF TERMINATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
M. DO YOUR TOTAL MONTHLY EXPENSES EXCEED YOUR TOTAL MONTHLY INCOME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
N. DO YOU OBJECT TO WEARING A UNIFORM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
O. DO YOU OBJECT TO WORKING SHIFTS – DAY, EVENING, AND NIGHT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
P. DO YOU OBJECT TO WORKING ROTATING SHIFTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q. DO YOU OBJECT TO WORKING WEEKENDS AND HOLIDAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
R. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
S. IF IT BECAME NECESSARY IN THE COURSE OF YOUR DUTIES TO TAKE A HUMAN LIFE, WOULD YOU BE RELUCTANT TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

54. GENERAL INFORMATION: INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE "YES" OR "NO" BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" ANSWERS STARTING ON PAGE 14.	
A. HAVE YOU EVER STOLEN MONEY FROM AN EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER BEEN SUSPENDED OR DEMOTED BY ANY PREVIOUS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. HAVE YOU EVER STOLEN ANYTHING WORTH \$5.00 OR MORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER SHOPLIFTED ANYTHING WORTH \$5.00 OR MORE FROM A STORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. HAVE YOU EVER PURCHASED STOLEN PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. HAVE YOU EVER FALSIFIED AN INSURANCE CLAIM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> YES <input type="checkbox"/> NO
H. HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARREST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I. HAVE YOU EVER BEEN QUESTIONED OR DETAINED REFERENCE ANY CRIMINAL ACTIVITY TO INCLUDE BUT NOT LIMITED TO DOMESTIC VIOLENCE, MISDEMEANOR OFFENSES, AND JUVENILE OFFENSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
J. HAVE YOU ENGAGED IN OR BEEN ACCUSED OF SEXUAL ABUSE IN AN INSTITUTIONAL SETTING OR IN THE COMMUNITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
K. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OR AFFILIATED WITH ANY GANG(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO
L. HAVE YOU EVER BEEN A SUSPECT OF A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
M. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
N. HAVE YOU EVER BEEN CONVICTED OF A CRIME? (MISDEMEANOR OR FELONY)	<input type="checkbox"/> YES <input type="checkbox"/> NO
O. HAVE YOU EVER PETITIONED ANY COURT TO SEAL OR EXPUNGE A CRIMINAL OR JUVENILE RECORD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
P. IN THE PAST FIVE (5) YEARS HAVE YOU INSTIGATED ANY FIGHTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q. HAVE YOU EVER CAUSED SERIOUS PHYSICAL INJURY TO ANY PERSON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
R. HAVE YOU EVER STRUCK ANYONE YOU WERE LIVING WITH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
S. HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE? See definition of Domestic Violence below	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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 telephone, 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.

**55. CERTIFICATION:**

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, or terminate employment.

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

**THE CORRECTIONS 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:** \_\_\_\_\_

**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, 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 Pima County Sheriff's 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 Pima County Sheriff's Department who may conduct my background investigation.

**TYPE NAME IN FULL:** \_\_\_\_\_

**SIGNATURE IN FULL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CONTINUATION SHEET

Please indicate the applicable **question number and letter** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

## CONTINUATION SHEET

Please indicate the applicable **question number and letter** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

**EMPLOYMENT HISTORY:** (continuation)

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

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FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:



**EMPLOYMENT HISTORY:** (continuation)

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
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		Email: Phone: Fax:			

Reason for leaving:

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FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:



# Pima County Sheriff's Department

1750 E. Benson Highway • Tucson, AZ 85714-1758  
Phone 520-351-4640 • Facsimile 520-295-8480  
www.pimasheriff.org

Chris Nanos  
Sheriff

*Keeping the Peace and Serving the Community Since 1865*

## 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 adult and juvenile criminal 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 or 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: \_\_\_\_\_

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





**PIMA COUNTY  
EQUAL EMPLOYMENT OPPORTUNITY (EEO)  
CONFIDENTIAL INFORMATION SELF-IDENTIFICATION SHEET**

**Employee Name:** \_\_\_\_\_ **Department:** Sheriff **EIN:** \_\_\_\_\_  
(Print Name)

**Sex Identification:** 1.  Male 2.  Female

**Race / Ethnicity Identification:**

Please select one of the following categories:

- Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.
- White (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
- Black or African American (not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not of Hispanic Origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not of Hispanic Origin) – 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).
- American Indian or Alaska Native (not of Hispanic Origin) – 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.
- Two (2) or More Races (not of Hispanic Origin) – All persons who identify with more than one (1) of the above five (5) races.

**Handicapped (Disabled) Individual:**

A person who (a) has a physical or mental impairment which substantially limits one (1) or more major life activities; (b) has a record of such impairment; or, (c) is regarded as having such an impairment.

1.  Yes 2.  No

**Veteran Status:**

Served for 180 consecutive calendar days and received other than dishonorable discharge. Please check one.

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

Date of military discharge: \_\_\_\_\_

**Recipient of the Armed Forces Expeditionary Medal:**

As part of the annual VETS-100 Reporting, the Federal government has requested that in addition to our normal reporting requirements we report on any veterans who are working for us who have received the Armed Forces Expeditionary Medal.

- No, I am not a recipient of the Armed Forces Expeditionary Medal
- Yes, I am a recipient of the Armed Forces Expeditionary Medal. The award date was: \_\_\_\_\_

Please self identify any other awards received if you are a veteran who served on active duty in the U.S. Military, Ground, Naval, or Air service during a war or in a campaign or expedition for which campaign badge has been authorized, under the laws administered by the U.S. Department of Defense.

\_\_\_\_\_  
Employee Signature Date Title

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.