

WILLCOX DEPARTMENT OF PUBLIC SAFETY

BACKGROUND QUESTIONNAIRE

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE IN YOUR OWN HANDWRITING OR PRINTING
3. WRITE OR PRINT LEGIBLY
4. READ EACH QUESTION CAREFULLY
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY
6. ANSWER ALL QUESTIONS
7. IF A QUESTION DOES NOT APPLY, WRITE "N/A" IN THE SPACE
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON BACK OF PAGE
9. SIGN THE QUESTIONNAIRE AND HAVE IT NOTORIZED.
10. WHEN COMPLETED, RETURN TO:

WILLCOX DEPARTMENT OF PUBLIC SAFETY
320 W. REX ALLEN DRIVE
WILLCOX, AZ 85643

NOTE:

Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing.

Your incomplete packet will be rejected. Please print legibly.

- Include complete addresses: Zip codes, street addresses, city & state.
- Include complete telephone number with area code.

WILLCOX DEPARTMENT OF PUBLIC SAFETY

OFFICE USE ONLY

DATE

POSITION: _____
() SWORN () CIVILIAN () FIREFIGHTER () RESERVE

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the WILLCOX DEPARTMENT OF PUBLIC SAFETY.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

By signing this questionnaire, you understand that you will not receive or are entitled to a copy of the report or to know its contents, and furthermore, you understand that the contents will be used in the evaluation process for employment with the WILLCOX DEPARTMENT OF PUBLIC SAFETY. You understand that no documents submitted by you will be returned and no copies or any other reports or documents utilized for or during your application for employment. In the event you are not selected for employment based any findings during your background investigation, you understand that you WILL NOT BE ADVISED OF THE REASONS FOR NONSELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY AND COMPLETELY.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, psychological and polygraph examinations.

CRITERIA STANDARDS FOR DISQUALIFICATIONS

- () 1. ANY FELONY COMMITTED DURING LIFETIME.
- () 2. PARTICIPATION IN ANY SERIOUS CRIME.
- () 3. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS, OR MARIJUANA.
- () 4. ANY SELLING OF NARCOTICS, DRUGS, OR MARIJUANA FOR PROFIT.
- () 5. ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS. (INCLUDES LSD, PCP, PEYOTE, Mescaline, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIN, COCAINE, HASH, SPEED, BARBITURATES, ETC.)
- () 6. ANY RECENT ILLEGAL USE OF MARIJUANA.
- () 7. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.
- () 8. ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE A DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON ANY HIGHWAYS OR ROADWAYS.
- () 9. ANY SEXUAL CONDUCT PROHIBITED BY LAW.
- () 10. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITIES.

PLEASE CONFIRM THAT HYOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFORMENTIONED CONDITIONS AND CRITERIA BY PROVIDING YOUR NOTORIZED SIGNATURE BELOW.

DATE

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20__.

NOTARY PUBLIC

(Notary Seal or Stamp)

NOTE: Where necessary, use the reverse side of page to complete answers throughout this questionnaire.

PERSONAL DATA

Last Name First Middle (full) Home Phone (with area code)

Business Phone or Other

Current Address (Street & Number) City State Zip Code

Length of time at address: _____ Blood Type: _____

Height Weight Hair Eyes Date of Birth Place of Birth

Social Security Number List any other names you have ever used

List last 2 (two) previous address:

Address (Street & Number) City State Zip Code Length of time

Address (Street & Number) City State Zip Code Length of time

MARITAL STATUS

Current Status (check one):

() Married () Single () Separated () Divorced () Widowed

If you are a married male, list wife's maiden name: _____

Spouses Name Date of Birth Spouses Occupation

Child's Name Date of Birth Address

Child's Name Date of Birth Address

Child's Name Date of Birth Address

EMPLOYMENT HISTORY

List all places of employment including any unemployment in the past ten (10) years, beginning with the present or most recent employer and continue in this sequence. If there are any time periods during this time frame of unemployment, list dates and reason for unemployment. If necessary, use the reverse side of this page, or make additional copies of this page to provide all necessary information as requested.

_____ To Present _____
From (month & year) Name of Employer Supervisor

Employer Address Phone Number

Salary: \$ _____
Start Job Title – Describe Duties

\$ _____
End Reason for leaving (i.e.: resigned, terminated, laid-off)

_____ to _____
From (month & year) Name of Employer Supervisor

Employer Address Phone Number

Salary: \$ _____
Start Job Title – Describe Duties

\$ _____
End Reason for leaving (i.e.: resigned, terminated, laid-off)

_____ to _____
From (month & year) Name of Employer Supervisor

Employer Address Phone Number

Salary: \$ _____
Start Job Title – Describe Duties

\$ _____
End Reason for leaving (i.e.: resigned, terminated, laid-off)

_____ to _____
From (month & year) Name of Employer Supervisor

Employer Address Phone Number

Salary: \$ _____
Start Job Title – Describe Duties

\$ _____
End Reason for leaving (i.e.: resigned, terminated, laid-off)

EMPLOYMENT HISTORY (continued)

_____ to _____
From (month & year) Name of Employer Supervisor

Employer Address Phone Number

Salary: \$ _____
Start Job Title – Describe Duties

\$ _____
End Reason for leaving (i.e.: resigned, terminated, laid-off)

_____ to _____
From (month & year) Name of Employer Supervisor

Employer Address Phone Number

Salary: \$ _____
Start Job Title – Describe Duties

\$ _____
End Reason for leaving (i.e.: resigned, terminated, laid-off)

Have you ever applied to, or been employed by the Willcox Department of Public Safety in any capacity as a paid employee or a volunteer?

YES _____ NO _____ If YES, when/position: _____

Have you ever applied for any position with another Law Enforcement agency or Public Safety department?

YES _____ NO _____ If YES, explain (use back of page if necessary):

Date Agency Name Status of Application

Date Agency Name Status of Application

Date Agency Name Status of Application

Have you ever had any involvement or association with another Law Enforcement agency or Public Safety department either as a volunteer or paid employee?

YES _____ NO _____ If YES, when/where: _____

Have you ever received any Law Enforcement or Public Safety training?

YES _____ NO _____ If YES, explain:

_____ Date(s) _____ Location _____ Type of training _____

ORGANIZATIONAL MEMBERSHIP

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating 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 any unlawful or unconstitutional means?

YES _____ NO _____ If YES, explain:

POLICE OFFICER APPLICANTS ONLY

If the necessity arose for you to shoot a human being, in the course of your duties as a Police Officer, would you have any reluctance to do so? YES _____ NO _____

If YES, explain: _____

MILITARY STATUS

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any other military or semi-military organization?

YES _____ NO _____ If YES, give details: (use back of page if necessary)

_____ Entry Date _____ Rank / Branch / Organization _____ Discharge Type _____ Date _____

Are you registered with the Selective Service?

YES _____ NO _____ If YES, give details:

_____ Local Board # _____ Address _____ Draft Class _____ Date Classified _____

CONVICTION HISTORY

Have you ever been **convicted** or **charged** for any offense, or violation of any statute, ordinance, law regulation by any civil or military authority, including **Traffic** and **Parking** violations since you began driving, in this country or any other country? (Include any convictions or adjudication as a juvenile).

YES_____ NO_____ If YES, describe them below (use back of page if necessary)

CRIMINAL CONVICTIONS or CHARGES:

DATE	CHARGE	DISPOSITION/POLICE AGENCY	CITY/COUNTY/ST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CITATIONS:

DATE	CHARGE	DISPOSITION/POLICE AGENCY	CITY/COUNTY/ST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING HISTORY

List all drivers or chauffeurs licenses you currently hold:

State License Number and Type Expiration Date

Have you ever had your license revoked or suspended? YES_____ NO_____

If YES, list below:

State License Number and Type Date and Reason

Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation?

YES_____ NO_____ If YES, list below:

Date Location/Jurisdiction Reason

NARCOTICS AND ALCOHOL HISTORY

Use the reverse side if additional space is needed to explain all "YES" answers. Include number of times use occurred.

A) Have you ever tried or used any illegal narcotic or dangerous drug, either in pill form, injection, or any other manner of ingestion?

YES _____ NO _____ If YES, explain: _____

1. Heroin, Opium, Morphine YES _____ #of times _____ NO _____

If YES, explain: _____

2. LSD, Acid, Blotters YES _____ #of times _____ NO _____

If YES, explain: _____

3. Methedrine, Speed YES _____ #of times _____ NO _____

If YES, explain: _____

4. Cocaine, Crack, Ice YES _____ #of times _____ NO _____

If YES, explain: _____

5. Peyote, Mescaline, Hash or any other hallucinogen YES _____ #of times _____ NO _____

If YES, explain: _____

6. Marijuana YES _____ #of times _____ NO _____

If YES, explain: _____

7. Steroids YES _____ #of times _____ NO _____

If YES, explain: _____

8. Any other narcotics or other dangerous drugs YES _____ #of times _____ NO _____

If YES, explain: _____

B) To your knowledge, has anyone in your family ever used narcotics illegally?

YES _____ #of times _____ NO _____

If YES, explain: _____

C) Have you ever consumed alcohol on the job?

YES _____ #of times _____ NO _____

If YES, explain: _____

D) Have you ever operated a motor vehicle while under the influence of alcohol or drugs?

YES _____ #of times _____ NO _____

ANSWER THE FOLLOWING
(Use Page 12 for explanations)

- | | | | |
|----|---|---------|--------|
| 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 judgment rendered against you? | YES () | NO () |
| E) | Have you ever been refused credit? | YES () | NO () |
| F) | Have you ever had any property repossessed? | YES () | NO () |
| G) | Have you ever been discharged or asked to resign from any position? | YES () | NO () |
| H) | Have the police ever been called to you home for any reason?
(other than as a victim) | YES () | NO () |
| I) | Have you or your spouse ever been sued or summoned to court? | YES () | NO () |
| J) | Have any relatives of you or your spouse ever been convicted of
any crime or imprisoned? | YES () | NO () |
| K) | Do you now or have you ever had any gambling debts? | YES () | NO () |
| L) | Have you ever used an employers money to gamble with? | YES () | NO () |
| M) | Have you ever worked for a gambling operation, or booked any bets? | YES () | NO () |
| N) | Have you ever had an F.B.I. fingerprint check done for any reason? | YES () | NO () |
| O) | In any employment setting, including military service, have you received any verbal or written
reprimands or suspensions for violations of company policy? | YES () | NO () |
| P) | Would you have any difficulty in working or dealing with members of the opposite sex,
different origin, race, religion, or nationality? | YES () | NO () |
| Q) | In any job that you've held, have you been involved in any physical or major verbal confrontations? | YES () | NO () |
| R) | Would you be able to follow direct orders, even though you may not agree with them? | YES () | NO () |
| S) | In any previous employment setting, were you ever exposed to any high stress
or any situation involving extreme emergency conditions? | YES () | NO () |
| T) | Have you ever left a place of employment without giving two weeks notice? | YES () | NO () |
| U) | Have you ever committed any criminal violation that has gone
undetected? | YES () | NO () |
| V) | Have you ever operated a motor vehicle while under the influence of alcohol or drugs
to the point that you knew you should not have been driving? | YES () | NO () |
| W) | Have you ever been extensively delinquent on any of your financial obligations? | YES () | NO () |
| X) | Have you ever had any of your financial obligations turned over to a collection agency? | YES () | NO () |

WILLCOX DEPARTMENT OF PUBLIC SAFETY
320 W. REX ALLEN DRIVE
WILLCOX, AZ 85643
520-384-4673

AUTHORIZATION FOR RELEASE OF INFORMATION

I, DO HEREBY AUTHORIZE and release from any and all liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities including the WILLCOX DEPARTMENT OF PUBLIC SAFETY to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement, firefighter/emt, or communications work may be determined. This includes, but is not limited to my character, integrity and reputation.

SIGNED

DATE

SOCIAL SECURITY NUMBER

HOME PHONE NUMBER

CONTACT PHONE NUMBER

NOTARY

DATE

COMMISSION EXPIRES

(SEAL)