

Snowflake-Taylor Police Department



FOLLOW DIRECTIONS CAREFULLY

1. USE **BLACK INK** TO COMPLETE QUESTIONNAIRE.
2. COMPLETE IN YOUR OWN HANDWRITING.
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 NOTARIZED. THE POLICE DEPARTMENT WILL NOT NOTARIZE YOUR SIGNATURE.
10. WHEN COMPLETED, RETURN TO:

SNOWFLAKE-TAYLOR POLICE DEPARTMENT
602 SOUTH MAIN STREET
SNOWFLAKE, AZ 85937

NOTE:

Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. **Your incomplete package will be rejected.** Please print legibly.

- * Include complete address:
 - Zip codes
 - Street addresses
 - City
 - State
- * Include complete telephone numbers:
 - Area code and number.

Snowflake-Taylor Police Department

Date

Position _____

Check one: () Police Officer () Dispatcher () Reserve () Civilian

Check one: () Part time () Full time

Are you currently AZPOST certified? Y____ N____ If yes, date of certification _____

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 Snowflake-Taylor Police Department.

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.

I understand that I will not receive, and I am not entitled to a copy of the report or to know its contents, and I further understand that the contents will be used in an evaluation process for employment with the Snowflake-Taylor Police Department. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. Unless, I am not selected for employment based on a single text. **I will not be advised of the reasons for non-selection.**

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 and psychological and polygraph examinations.

NOTE: Appropriate business attire is required for all steps of your processing, including all interviews, polygraph examination, psychological evaluations and employee orientations. Failure to comply may result in removal from the hiring process.

Criteria Standards for Disqualification's

1. Any felony, no time limit.
2. Participation in any serious crime.
3. Any misdemeanor conviction involving narcotics, drugs, or marijuana.
4. Any selling of narcotics, drugs or marijuana.
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 excessive use of marijuana.
7. 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 the highway.
8. Any sexual conduct prohibited by law.
9. Negligence in maintaining financial responsibility.

Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below.

Signature

Date

Sworn to and subscribed before me

This _____ day of _____, 20____.

Notary Public

Public Disclosure of Information

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your Social Security Number is for the purpose of conducting a thorough background investigation. The information included on this form may constitute a “public record of matter” requiring public disclosure under Arizona’s Public Records Law. A.R.S. 39-121 et. seq.

1. Personal Data

Last Name

First

Middle (Full)

Home Phone

List all places of employment and unemployment in the past ten- (10) years, beginning with the present or most recent employer and going backwards. List everything in proper sequence. **Omit none!** (Use the following page, if necessary.)

Month and Year: _____
Name of Employer _____ Supervisor _____
From: _____
To: Current _____
Employer Address _____ City _____ State _____ Zip _____ Phone _____
Salary: _____
Your Job Title – Describe your duties: _____
Start: _____
End: _____
Reason for leaving (i.e.: resigned, fired, laid off) _____

Month and Year: _____
Name of Employer _____ Supervisor _____
From: _____
To: _____
Employer Address _____ City _____ State _____ Zip _____ Phone _____
Salary: _____
Your Job Title – Describe your duties: _____
Start: _____
End: _____
Reason for leaving (i.e.: resigned, fired, laid off) _____

Month and Year: _____
Name of Employer _____ Supervisor _____
From: _____
To: _____
Employer Address _____ City _____ State _____ Zip _____ Phone _____
Salary: _____
Your Job Title – Describe your duties: _____
Start: _____
End: _____
Reason for leaving (i.e.: resigned, fired, laid off) _____

3. Employment History (continued)

List all places of employment and unemployment in the past ten- (10) years, beginning with the present or most recent employer and going backwards. List everything in proper sequence. **Omit none!** (Use the back of page, if necessary.)

Month and Year: _____
Name of Employer _____ Supervisor _____
From: _____
To: _____
Employer Address _____ City _____ State _____ Zip _____ Phone _____
Salary: _____
Your Job Title – Describe your duties: _____
Start: _____
End: _____
Reason for leaving (i.e.: resigned, fired, laid off) _____

Month and Year: _____
Name of Employer _____ Supervisor _____
From: _____
To: _____
Employer Address _____ City _____ State _____ Zip _____ Phone _____
Salary: _____
Your Job Title – Describe your duties: _____
Start: _____
End: _____
Reason for leaving (i.e.: resigned, fired, laid off) _____

Month and Year: _____
Name of Employer _____ Supervisor _____
From: _____
To: _____
Employer Address _____ City _____ State _____ Zip _____ Phone _____
Salary: _____
Your Job Title – Describe your duties: _____
Start: _____
End: _____
Reason for leaving (i.e.: resigned, fired, laid off) _____

4. References

- A. List three (3) references (not relatives, or former employers) who are responsible adults, and who have known you well during the past five- (5) years. **Include phone number with area codes.**

Name	Street	City	State	Zip	Home Phone
How long known?	Occupation & Business Address				Work Phone

Name	Street	City	State	Zip	Home Phone
How long known?	Occupation & Business Address				Work Phone

Name	Street	City	State	Zip	Home Phone
How long known?	Occupation & Business Address				Work Phone

- B. List the names of any acquaintances employed by this department:

- C. Have you ever applied to, or been employed by the Snowflake-Taylor Police Department in any capacity as a paid employee or a volunteer?

Yes_____ No_____ If yes, date and position:_____

- D. Have you ever applied for any position with another law enforcement agency?

Yes_____ No_____ If yes, explain (use back of page if necessary):

Date	Agency Name and State	Status of Application
Date	Agency Name and State	Status of Application

- E. Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?

Yes_____ No_____ If yes, where?_____

- F. Have you ever received any law enforcement training?

Yes _____ No _____ If yes, When _____

Where _____ Type of Training _____

G. Have you ever been certified as a police officer?

Yes _____ No _____ If yes, explain _____
When _____

Where _____ Type of Certification _____

5. Education and Training

A. List all schools (high schools, colleges, universities, and graduate schools you have attended. List GED if applicable:

Date Graduated	School Name	Address	Diploma Received

B. List any skills or abilities possessed (include foreign languages):

6. Organizational Memberships

A. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement group, or combination of persons which 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: _____

7. Military Status

List below any **Traffic** and/or **Parking** citations since you began driving in this country or any other country.

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N

A. Have you ever operated a motor vehicle while under the influence of alcohol?

Yes_____ No_____

B. List all drivers or chauffeurs licenses you currently hold:

State License Number and Type

C. Have you ever been licensed to drive in another state?

Yes_____ No_____ If yes, list:_____

State License Number and Type

D. Have you ever had your license revoked, suspended, or restricted?

Yes_____ No_____ If yes, list:_____

State License Number and Type

Date and Reason Suspended/Revoked

E. 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:_____

Date Location/Jurisdiction

What was citation for?

10. Narcotics

Use reverse side if more space is needed to explain **yes** answers. Include number of times and dates drug used.

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

Yes_____ No_____ If yes list below:

Type of Drug	Month/Year you Last Tried	Total times tried before age 21. Check the appropriate box.					Total times tried after age 21. Check the appropriate box				
		1	2-5	6-10	11-20	21+	1	2-5	6-10	11-20	21+
Marijuana											
Hash											
Cocaine											
Crack											
Speed											
Heroin											
Opium											
Morphine											
LSD											
Acid											
Peyote											
Mescaline											
Steroids											

10. Narcotics (Continued)

	Type of Drug	Date you First Tried	Date you Last Tried	Maximum Times Tried
Any other Illegal drugs?				
Any Prescription drugs not prescribed for your use?				
Obtained any Prescription drug in an illegal manner?				

B. Have you ever **given** or **sold** prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?

Yes _____ No _____ If yes, explain: _____

C. Has anyone ever used narcotics in your family?

Yes _____ No _____ If yes, explain: _____

A. Have you ever had your wages attached? Yes () No ()

B. Have you ever been a party to small claims or other court action? Yes () No ()

- C. Have you ever been involved with any civil court action? Yes () No ()
- D. Have you ever had judgement 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 fired, discharged or asked to resign from any position? Yes () No ()
- H. Have the police ever been called to your home? Yes () No ()
- I. Have you ever committed any criminal violation that had gone undetected? Yes () No ()
- J. Have you or your spouse ever been convicted of any crime or imprisoned? Yes () No ()
- K. Have any relatives of you or your spouse ever been convicted of any crime or imprisonment? Yes () No ()
- L. Do you now or have you ever had any gambling debts? Yes () No ()
- M. Have you ever used an employer's money to gamble with? Yes () No ()
- N. Have you ever worked for a gambling operation or booked any bets? Yes () No ()
- O. Have you ever had an F.B.I. fingerprint check done for any reason? Yes () No ()
- P. In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? Yes () No ()
- Q. Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion or nationality? Yes () No ()
- R. In any job that you've held, have you been involved in any physical or major verbal confrontations? Yes () No ()
- S. Would you be able to follow direct orders, even though you may not agree with them? Yes () No ()
- T. In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? Yes () No ()
- U. Have you ever left a place of employment without giving two weeks notice? Yes () No ()

Police Officer or Reserve Applicants Only

If the necessity of you to shoot a human being, the course of your duties as a Police Officer, would you have any reluctance to do so?

Yes_____ No_____ If yes, explain:_____

Certification

I hereby certify under penalty of A.R.S. 13-2701 and A.R.S. 39-161, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willful false statement on this form constitutes a violation of the law, and cause to initiate action to suspend or revoke certified peace officer status.

Signature

Date

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, undetected criminal offenses, traffic violations, or residence?

Yes_____ No_____ If yes, provide full information:_____
