

Background Packet

(Table of Contents)

Personal Data.....	Pg. 5-6
Former Residences.....	Pg. 7
Employment History.....	Pg. 8-12
References.....	Pg. 13
Education/Training.....	Pg. 14
Arrest/Legal History.....	Pg. 15-20
Driving History.....	Pg. 21-22
Alcohol/Drug History.....	Pg. 23-26
Military.....	Pg. 27-28
Financial Status.....	Pg. 29-30
Social Networking.....	Pg. 31
Law Enforcement Experience.....	Pg. 32-34
Prior Police Applications.....	Pg. 35
General Questions.....	Pg. 36
Summary Statement.....	Pg. 37
Certification/Disclosure.....	Pg. 38
Reminder/Checklist.....	Pg. 39
Further Explanation Form.....	Pg. 40



Chandler Police Department

DATE: _____

POSITION _____
 SWORN DETENTION RESERVE CIVILIAN VOLUNTEER

This questionnaire will be used for reference by those who will be considering you for employment or for a commission with the CHANDLER POLICE DEPARTMENT.

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

Applicants will be required to take a polygraph examination (1) to confirm the information in this questionnaire and (2) 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. I further understand that the contents will be used in the evaluation process for employment with the City of Chandler and 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. I understand that **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 examinations, psychological evaluations, and employee orientations. Failure to comply may result in removal from the hiring process. All employees are required to abide by the General Order #B05-100 General Appearance requirements which states that ALL personnel may not have any visible tattoos that cannot be covered when working in their official capacity including on-duty, training, court, or outside events representing the department

CRITERIA STANDARDS FOR DISQUALIFICATION

1. ANY FELONY CONVICTION (NO TIME LIMIT)
2. PARTICIPATION IN ANY SERIOUS CRIME
3. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTIC DRUGS, DANGEROUS DRUGS OR MARIJUANA
4. ANY SELLING OF NARCOTICS DRUGS, DANGEROUS DRUGS OR MARIJUANA
5. ANY RECENT ILLEGAL USE OF MARIJUANA
6. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA IN YOUR LIFE
7. ANY RECENT ILLEGAL USE OF NARCOTICS OR DANGEROUS DRUGS
8. ANY EXCESSIVE ILLEGAL USE OF NARCOTICS OR DANGEROUS DRUGS IN YOUR LIFE
9. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY
10. 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
11. ANY SEXUAL CONDUCT PROHIBITED BY LAW

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

Applicant Signature Date

Subscribed and sworn to before me this _____ day of _____, 20 ____
My commission expires: _____

Notary Public



Chandler Police Department

ORI - AZ0070500

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth	SSN

City of Birth	County	State	Country

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Chandler Police Department, Professional Standards Section, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of deposits, withdrawals, balances of checking and savings accounts, and loans) and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaints of a civil nature made by or against me, wherever located, including the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and unobstructed access to the background and history of my personal life for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Chandler Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Chandler Police Department. I understand that all materials pertaining to this background investigation become the property of the Chandler Police Department, Professional Standards Section, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

<p>Subscribed and sworn to before me this _____ day of _____, 20____.</p> <p>My commission expires: _____</p> <p>_____ Notary Public</p>	<p>_____ Applicant Signature</p> <p>_____ Date</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ Zip</p>
--	--

Note: Where necessary, use a separate page to complete answers throughout this questionnaire.

A. Personal Data

Today's Date: _____

Full Name _____ SSN _____
LAST FIRST MIDDLE

AKA/Maiden Name _____

DL # _____ State _____ Gender _____ Marital Status _____ Date of Birth _____
MM/DD/YYYY

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____

Address _____
NO./STREET APT. # CITY STATE ZIP

Phone (_____) _____ (_____) _____ _____
HOME CONTACT EMAIL

1. Have you ever used or been known by any other name other than the one you listed on this questionnaire (including your maiden name)? Yes No
If yes, list name(s): _____

2. Have you ever used a social security number other than the one you have listed? Yes No
If yes, list number(s): _____

3. Have you ever taken a polygraph before? Yes No

Date (MM/YY)	Agency:	Result:

4. Have you ever committed a felony or an offense that would be a felony if committed in Arizona? Yes No
If yes, explain: _____

5. Have you driven a vehicle under the influence of alcohol or drugs and not been caught? Yes No
If yes, explain: _____

6. Have you ever failed to file an IRS statement? Yes No
If yes, list year(s): _____ Why? _____

A. Personal Data Continued

7. Are you currently delinquent with any child support obligations? Yes No

If yes, explain: _____

8. Have you ever failed to make child support payments you were legally required to make?

Yes No

If yes, explain: _____

9. Do you have any prejudices against any group? Yes No

If yes, explain: _____

10. Have you ever had a physical confrontation (i.e. pushed, slapped, punched, property damage, etc.) with a romantic/intimate partner (i.e. spouse, girlfriend/boyfriend, date)?

No

Yes, on two or three occasion

Yes, on one occasion

Yes, on four or more occasion

If yes, explain: _____

11. Have you ever been a member of any organization that advocates, advises, or supports the use of force or other unlawful means to deny other person their rights under the constitution of the United States? Yes No

If yes, explain: _____

12. Did you cheat, lie, or commit fraud in any way on your application or evaluation process for this job?

Yes No

If yes, explain: _____

13. Indicate whether you have been rejected as a job applicant for any of the following reasons:

a. Issues raised by a background investigation? Yes No N/A

b. Issues raised by a polygraph? Yes No N/A

c. Issues raised by an oral board? Yes No N/A

d. Issues raised by a physical agility test? Yes No N/A

e. Other _____

If yes, explain: _____

14. Have you ever failed to successfully complete a probationary period with a law enforcement agency?

Yes No

If yes, explain: _____

B. Residences

Starting with the present, list all residence addresses and proceed backwards for the past **10 years**. Include school, military, and personal residences. **ACCOUNT FOR ALL TIME. DO NOT LEAVE ANY TIME FRAME BLANK. LIST EVERYTHING IN PROPER SEQUENCE.** If you need additional space, copy this blank page and attach as Page 6(a).

From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code
From (MM/YY)	To (MM/YY)	Number and Street	City	State/County	Zip Code

C. Employment History

List all places of employment. Begin with most recent employer and go backwards. List periods of school, military service, and unemployment in the past 10 years. **Do not omit any employers.** If you need additional space, copy this page before completing, and attach copy as Page 8(a).

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

C. Employment History Continued

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State Zip	Phone
Describe your duties:			
Reason for leaving:			

C. Employment History Continued

1. Have you ever been terminated or asked to resign from any employment? Yes No
If yes, complete the following:

Employer's Name: _____ Phone: _____
Explanation: _____

2. Have you ever resigned from a job to avoid being fired or terminated? Yes No
If yes, name of employer: _____
Explanation: _____

3. Are you currently employed? Yes No

4. If your work performance has been evaluated in the past, what is the latest evaluation you received?
 Exceptional
 Above average
 Average
 Below average
 Never been evaluated

5. Have you been tardy or late for work because of circumstances within your control?
Yes No
If yes, how often? _____ Last time: _____
Explanation: _____

6. During the past year, have you falsified sick time by calling in sick when you were not ill?
Yes No If yes, when? _____
Explanation: _____

7. Have you been unemployed anytime during the past three years? Yes No
If yes, when? _____
Explanation: _____

C. Employment History Continued

8. Have you ever been written up, counseled, or disciplined in any manner, by any of your employers for failure to comply with required rules or regulations, or for any other reason?

Yes No

If yes, explain: _____

9. Have you ever been suspended or served an "Intent to terminate" by any employer?

Yes No

If yes, explain: _____

10. Have you ever quit a job without giving notice required by an employer? Yes No

If yes, explain: _____

11. Would you be eligible to be rehired by all your former employers (assuming there was a job available)? Yes No

If no, explain: _____

12. Did you ever work without reporting it (even on the side) while collecting unemployment benefits?

Yes No

If yes, explain: _____

13. Have you ever taken merchandise or goods that you were not authorized to take from a company where you worked?

- No, never
- Yes, items with a total value of less than \$25
- Yes, items with a total value of between \$26 to \$99
- Yes, items with a total value of between \$100 to \$499
- Yes, items with a total value of \$500 or more

14. Have you ever taken money that you were not authorized to take from a company where you have worked? Yes No

If yes, how much? _____

How many times? _____

Last time: _____

Explanation: _____

C. Employment History Continued

15. Have you ever purposely taken anything from a fellow employee that you were not authorized to take?

Yes No

If yes, what? _____ When? _____

Explanation: _____

16. Have you ever taken anything from a job site or crime scene that you were not authorized to take?

Yes No

If yes, what? _____ When? _____

Explanation: _____

17. While employed, have you ever been involved with another employee or outside person in a scheme to defraud your employer? Yes No

If yes, explain: _____

18. Has an employer ever accused you of being dishonest? Yes No

If yes, explain: _____

19. Have you ever been bonded? Yes No

20. If yes, was it canceled? Yes No

If yes, explain: _____

21. Did you ever sell or give confidential information you received through your employment to anyone for financial gain or for any other reason? Yes No

If yes, explain: _____

22. Have you ever or are you now making payments to any employer or bonding company for merchandise taken, stolen, or lost? Yes No

If yes, explain: _____

D. References

1. List at least five (5) references (not relatives or romantic partners) who are responsible adults and who have known you well during the past five (5) years. **You must provide complete address including zip code, current telephone number, and email.**

Name	Residence Address:
Relationship	City, State, Zip
How long acquainted?	Phone: (H) (C)
Occupation:	Email Address:

Name	Residence Address:
Relationship	City, State, Zip
How long acquainted?	Phone: (H) (C)
Occupation:	Email Address:

Name	Residence Address:
Relationship	City, State, Zip
How long acquainted?	Phone: (H) (C)
Occupation:	Email Address:

Name	Residence Address:
Relationship	City, State, Zip
How long acquainted?	Phone: (H) (C)
Occupation:	Email Address:

Name	Residence Address:
Relationship	City, State, Zip
How long acquainted?	Phone: (H) (C)
Occupation:	Email Address:

2. Are you acquainted with any employees of this department or any employees of the City of Chandler? Yes No

If yes, list them: _____

E. Education and Training

1. List all schools you have attended (high schools, trade schools, colleges, and universities).
List GED if it applies

From MM/YY	To MM/YY	Name and city/state	Credit Hours	Graduate?		Type of Degree
				Yes	No	

2. List all professional societies, organizations, licenses (date and number), registrations (date), special skills, knowledge, or abilities.

3. Do you speak, read, or write a language other than English? Yes No

If yes, what language? _____ How well? _____

4. Have you ever received any law enforcement training? Yes No

Name of organization: _____

Month and year you attended: _____

What type of training? _____

F. Conviction Record

1. Have you ever been convicted (pled guilty or no contest) of any offense, domestic violence, or violation of any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country? (Include detentions as a juvenile or minor by court adjudication of guilt. Include all situations, even if expunged) Yes No

If yes, explain: _____

G. Arrest History

1. Have you ever been arrested (convicted or not) for any offense or violation of any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country? (Include detentions as a juvenile or minor by court adjudication or guilt.)

Yes No

If yes, explain: _____

2. Explain all "yes" answers in detail in the space for additional information below (including any incidents as a juvenile). Include any traffic stops.

- a. Yes No Have you ever had any contact with a police officer?
- b. Yes No Have you been warned for anything by a police :
- c. Yes No Have you ever been detained by a police officer?
- d. Yes No Have you ever been accused of a crime?
- e. Yes No Have you ever been charged with a crime?
- f. Yes No Have you ever been arrested (this includes criminal citations)?
- g. Yes No Have you ever been convicted of any crime?
- h. Yes No Have any of your relatives ever been convicted or imprisoned?
- i. Yes No Have the police ever been called to your home for any reason?

If yes to any, explain: _____

H. Legal History

1. Have you ever been questioned as a suspect in a crime? Yes No

If yes, explain: _____

2. Have you ever been connected with a criminal investigation of any kind? Yes No

If yes, explain: _____

3. How many times have you been arrested (held in police custody, cited and released, etc.) for any reason? _____

4. How many times have you been convicted of, pled guilty to, or plead no contest to misdemeanor charges? _____

5. How many times have you been convicted of, pled guilty to, or pled no contest to felony charges? _____

6. Have you ever had a warrant issued for your arrest? Yes No

If yes, explain: _____

7. Have you ever been on court-ordered probation? Yes No

If yes, explain: _____

8. Have you ever had to appear before a juvenile court for an act that would have been a crime if committed as an adult? Yes No

If yes, explain: _____

9. Have you ever applied for a permit to carry a concealed weapon? Yes No

If yes, explain: _____

10. Have you ever stolen or taken without permission any property from a business or other people. (i.e. shoplift or switched price tags)?

No, never

Yes, items with a total value of less than \$25

Yes, items with a total value between \$25 - \$99

Yes, items with a total value between \$100 - \$499

Yes, items with a total value between \$500 or more

11. When was the last time you stole or took, without permission, any property from a business or other person? _____ Age: _____

Explain: _____

H. Legal History Continued

12. Did you ever buy anything that you suspected was stolen? Yes No

If yes, explain: _____

13. Did you ever sell anything that you knew was stolen? Yes No

If yes, explain: _____

14. Are you now in possession of any stolen property? (i e., on person, at residence, in car, etc.)
Yes No

If yes, explain: _____

15. Have you ever paid, or been paid, to participate in any sexual act? Yes No

If yes, explain: _____

16. Have you ever sought out or viewed child pornography, including via the Internet?
Yes No

If yes, explain: _____

17. In the next section mark ALL ANSWERS THAT APPLY to you, including incidents as a juvenile. Be sure to mark **at least** one response for each offense. Even if you were in the military and the offenses under the UCMJ, make sure you include these offenses.

If you have been questioned by police about one of these offenses or have been named in a police report concerning one of these described offenses, mark the box for that offense(s) and any other box that might apply for that offense.

a. ARSON – Intentionally setting a fire to destroy something or cause damage.

- | | |
|---|--|
| <input type="checkbox"/> I have been accused of it. | <input type="checkbox"/> I have been convicted |
| <input type="checkbox"/> I have committed it. | (or pled guilty or no contest). |
| <input type="checkbox"/> I have been arrested for it. | <input type="checkbox"/> I have been a victim. |
| <input type="checkbox"/> I have been tried in court for it. | <input type="checkbox"/> None of the above. |

b. FORGERY – Signing another person’s name to a document without their permission.

- | | |
|---|--|
| <input type="checkbox"/> I have been accused of it. | <input type="checkbox"/> I have been convicted |
| <input type="checkbox"/> I have committed it. | (or pled guilty or no contest). |
| <input type="checkbox"/> I have been arrested for it. | <input type="checkbox"/> I have been a victim. |
| <input type="checkbox"/> I have been tried in court for it. | <input type="checkbox"/> None of the above. |

H. Legal History Continued

c. EMBEZZLEMENT – Theft of money or valuables entrusted to you.

- | | |
|---|---|
| <input type="checkbox"/> I have been accused of it. | <input type="checkbox"/> I have been convicted
(or pled guilty or no contest). |
| <input type="checkbox"/> I have committed it. | <input type="checkbox"/> I have been a victim. |
| <input type="checkbox"/> I have been arrested for it. | <input type="checkbox"/> None of the above. |
| <input type="checkbox"/> I have been tried in court for it. | |

d. RAPE OR ATTEMPTED RAPE – A forcible sex act other than child molest, including sexual abuse.

- | | |
|---|---|
| <input type="checkbox"/> I have been accused of it. | <input type="checkbox"/> I have been convicted
(or pled guilty or no contest). |
| <input type="checkbox"/> I have committed it. | <input type="checkbox"/> I have been a victim. |
| <input type="checkbox"/> I have been arrested for it. | <input type="checkbox"/> None of the above. |
| <input type="checkbox"/> I have been tried in court for it. | |

e. SEXUAL CHILD ABUSE OR MOLEST

- | | |
|---|---|
| <input type="checkbox"/> I have been accused of it. | <input type="checkbox"/> I have been convicted
(or pled guilty or no contest). |
| <input type="checkbox"/> I have committed it. | <input type="checkbox"/> I have been a victim. |
| <input type="checkbox"/> I have been arrested for it. | <input type="checkbox"/> None of the above. |
| <input type="checkbox"/> I have been tried in court for it. | |

f. ASSAULT, RESISTING ARREST, HOMICIDE

- | | |
|--|-----------------------|
| <input type="checkbox"/> I have been accused of it. | Which crime(s)? _____ |
| <input type="checkbox"/> I have committed it. | Which crime(s)? _____ |
| <input type="checkbox"/> I have been arrested for it. | Which crime(s)? _____ |
| <input type="checkbox"/> I have been tried in court for it. | |
| <input type="checkbox"/> I have been convicted (or pled guilty or no contest). | |
| <input type="checkbox"/> I have been a victim. | |
| <input type="checkbox"/> None of the above. | |

g. BURGLARY, THEFT, BREAKING AND ENTERING

- | | |
|--|-----------------------|
| <input type="checkbox"/> I have been accused of it. | Which crime(s)? _____ |
| <input type="checkbox"/> I have committed it. | Which crime(s)? _____ |
| <input type="checkbox"/> I have been arrested for it. | Which crime(s)? _____ |
| <input type="checkbox"/> I have been tried in court for it. | |
| <input type="checkbox"/> I have been convicted (or pled guilty or no contest). | |
| <input type="checkbox"/> I have been a victim. | |
| <input type="checkbox"/> None of the above. | |

h. CRIMINAL DAMAGE (VANDALISM/GRAFFITI)

- | | |
|---|---|
| <input type="checkbox"/> I have been accused of it. | <input type="checkbox"/> I have been convicted
(or pled guilty or no contest). |
| <input type="checkbox"/> I have committed it. | <input type="checkbox"/> I have been a victim. |
| <input type="checkbox"/> I have been arrested for it. | <input type="checkbox"/> None of the above. |
| <input type="checkbox"/> I have been tried in court for it. | |

H. Legal History Continued

i. ROBBERY (ARMED/STRONG ARMED)

- I have been accused of it. Which crime(s)? _____
- I have committed it. Which crime(s)? _____
- I have been arrested for it. Which crime(s)? _____
- I have been tried in court for it.
- I have been convicted (or pled guilty or no contest).
- I have been a victim.
- None of the above.

j. CHILD ABUSE

- I have been accused of it.
- I have committed it.
- I have been arrested for it.
- I have been tried in court for it.
- I have been convicted (or pled guilty or no contest).
- I have been a victim.
- None of the above.

k. CHILD NEGLECT

- I have been accused of it.
- I have committed it.
- I have been arrested for it.
- I have been tried in court for it.
- I have been convicted (or pled guilty or no contest).
- I have been a victim.
- None of the above.

l. SEXUAL CRIMES – i. e. self-exposure, obscene phone calls, peeping tom, sex in a public place, bestiality (sex with animals), etc.

- I have been accused of it. Which crime(s)? _____
- I have committed it. Which crime(s)? _____
- I have been arrested for it. Which crime(s)? _____
- I have been tried in court for it.
- I have been convicted (or pled guilty or no contest).
- I have been a victim.
- None of the above.

m. DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

- I have been accused of it.
- I have committed it.
- I have been arrested for it.
- I have been tried in court for it.
- I have been convicted (or pled guilty or no contest).
- I have been a victim.
- None of the above.

18. Have you ever observed, been present, participated in, or concealed the commission of any crime?

Yes No

If yes, explain: _____

19. Have you had the police to your residence for any reason? Yes No

If yes, explain: _____

H. Legal History Continued

20 Have you ever been the subject of a court order of protection or injunction prohibiting harassment?

Yes No

If yes, explain: _____

21. Have you ever been the subject of an investigation by child protective services (child welfare agency)? Yes No

If yes, explain: _____

22. Have any of your relatives (including your spouse) or your spouse's relatives, ever been convicted or imprisoned for a crime? Yes No

If yes, please list name and relation: _____

Charge: _____

23. List all criminal actions in which you were a defendant. **ALL INCIDENTS MUST BE EXPLAINED IN GREAT DETAIL.**

Date	Original Charge	Charge Reduced To	Court Disposition	Police Agency Concerned

If you answered yes to any of the questions above, describe in detail the situation and the end result. Make a copy of the further explanations page attached at the back of this packet if needed.

Signature: _____

Date: _____

I. Driving History

1. Have you ever had a driver’s license cancelled, refused, revoked or suspended? Yes No

If yes, explain in detail: _____

2. If yes, how many times did you drive while your license was suspended or revoked? _____

3. Have you ever attended a driver improvement school? Yes No

If yes, explain in detail: _____

4. Do you currently have an Arizona Driver’s License? Yes No

License # _____ Restrictions: _____

5. Do you have, or have you ever had, a driver’s license from another state or country?

Yes No If yes, where? _____

6. How many automobile accidents have you been involved in as a driver? _____

Date	PD called?	Location (City, State)	Citation Yes/No

7. Have you ever been a driver or passenger in an accident where injuries or damage occurred and you left the scene of the accident (hit and run)? Yes No

If yes, explain: _____

8. Have you ever falsified information on an accident report or given police false information during a traffic stop or accident investigation? Yes No

If yes, explain: _____

9. Have you ever been involved in a “road rage” situation? Yes No

If yes, explain: _____

10. Have you ever had a warrant issued for your arrest for failure to pay a citation or failure to appear in court? Yes No

If yes, explain: _____

I. Driving History Continued

11. Do you have any outstanding warrants for your arrest right now? Yes No

If yes, what state issued? _____

If yes, explain: _____

12. Do you currently have automobile insurance as mandated by the state? Yes No

If no, explain why not: _____

13. Has your insurance ever been canceled? Yes No

If yes, explain: _____

14. Has your insurance ever been placed under a “high risk” status? Yes No

If yes, explain: _____

15. List every traffic citation and warning you have received within the last 10 years. List in chronological order beginning with the most recent.

Date	Agency	Violation	Ticket or Warning

16. Have you ever been charged with driving under the influence of alcohol or drugs?

Yes No

If yes, explain: _____

J. Alcohol and Drugs

1. Do you drink alcohol? Yes No

2. How often during the week do you drink alcohol? _____

3. Have you ever had difficulty within your family due to your alcohol consumption?

Yes No

If yes, explain: _____

J. Alcohol and Drugs Continued

4. Have you ever possessed, used, purchased, or sold **marijuana**? Yes No

If yes, explain: _____

5. What form was the marijuana? (joint, bong, edible with cannabis oil, etc.)

6. When estimating your total marijuana usage, remember that once a month for a year is 12 times, once a week for a year is about 52 times, and almost every day for a year is about 365 times.

- | | | |
|--|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 11 to 20 times | <input type="checkbox"/> 51 to 100 times |
| <input type="checkbox"/> 1 to 5 times | <input type="checkbox"/> 21 to 25 times | <input type="checkbox"/> More than 100 times |
| <input type="checkbox"/> 6 to 10 times | <input type="checkbox"/> 26 to 50 times | |

7. When was the last time you used marijuana? Date last used: _____
Age at time of use: _____

8. Since the age of 21, how many times have you used marijuana? _____

9. Are you currently using marijuana for any reason? Yes No If yes, explain:

10. Have you ever possessed, used, purchased or sold **cocaine** in any form? Yes No

If yes, explain: _____

11. How many times?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 6 to 10 times | <input type="checkbox"/> 16 to 20 times |
| <input type="checkbox"/> 1 to 5 times | <input type="checkbox"/> 11 to 15 times | <input type="checkbox"/> More than 21 times. |

12. When was the last time you used cocaine in any form?

Date last used: _____ Age at time of use: _____

13. Since the age of 21, how many times have you used cocaine in any form? _____

14. Are you currently using cocaine in any form? Yes No

15. Have you ever **illegally** possessed, used, purchased or sold **prescription drugs** (i.e., OxyContin[®], Fentanyl, Soma, morphine, etc.)? Yes No

If yes, explain: _____

16. How many times?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 6 to 10 times | <input type="checkbox"/> 16 to 20 times |
| <input type="checkbox"/> 1 to 5 times | <input type="checkbox"/> 11 to 15 times | <input type="checkbox"/> More than 21 times. |

J. Alcohol and Drugs Continued

17. When was the last time you used illegal prescription drugs in any form?

Date last used: _____ Age at time of use: _____

18. Since the age of 21, how many times have you used illegal prescription drugs in any form? _____

19. Are you currently using illegal prescription drugs in any form? Yes No

20. Have you ever possessed, used, purchased or sold any **hallucinogens** (i.e., LSD, mescaline, peyote, acid, mushrooms, angel dust, PCP, etc.)? Yes No

If yes, explain: _____

21. How many times?

Never

6 to 10 times

16 to 20 times

1 to 5 times

11 to 15 times

More than 21 times.

22. When was the last time you used hallucinogens in any form?

Date last used: _____ Age at time of use: _____

23. Since the age of 21, how many times have you used hallucinogens in any form? _____

24. Are you currently using hallucinogens in any form? Yes No

25. Have you ever illegally possessed, used, purchased or sold **opiates or dangerous drugs** (i.e. opium, morphine, heroin Ecstasy, GHB, etc.)? Yes No

If yes, explain: _____

26. How many times?

Never

6 to 10 times

16 to 20 times

1 to 5 times

11 to 15 times

More than 21 times.

27. When was the last time you used opiates or dangerous drugs in any form?

Date last used: _____ Age at time of use: _____

28. Since the age of 21, how many times have you used opiates or dangerous drugs in any form? _____

29. Are you currently using opiates or dangerous drugs in any form? Yes No

J. Alcohol and Drugs Continued

30. Have you ever illegally possessed, used, purchased or sold **amphetamines** (i.e., meth, Dexedrine, speed, crank, crystal meth, ice, glass, cross tops, etc.)? Yes No

If yes, explain: _____

31. How many times?

- Never 6 to 10 times 16 to 20 times
 1 to 5 times 11 to 15 times More than 21 times.

32. When was the last time you used amphetamines in any form?

Date last used: _____ Age at time of use: _____

33. Since the age of 21, how many times have you used amphetamines in any form? _____

34. Have you ever illegally possessed, used, purchased or sold **illegal steroids**? Yes No

If yes, what kind: _____

Explain the type of cycle followed:

35. How many times?

- Never 6 to 10 times 16 to 20 times
 1 to 5 times 11 to 15 times More than 21 times.

36. When was the last time you used illegal steroids in any form?

Date last used: _____ Age at time of use: _____

37. Since the age of 21, how many times have you used illegal steroids in any form? _____

38. Prior to 1994, how many times did you use illegal steroids in any form? _____

39. Since 1994, how many times have you used illegal steroids in any form? _____

40. Are you currently using illegal steroids in any form? Yes No

41. Have you ever used any other substance (**legal or not**), for the purpose of getting high? (salvia, spice, whip its, paint, bath salts, etc) Yes No

If yes, explain: _____

42. Have you ever **illegally** possessed, used, purchased or sold **depressants or tranquilizers** such as barbiturates, Valium, Quaaludes, etc.? Yes No

If yes, explain: _____

J. Alcohol and Drugs Continued

43. How many times? (Use the same timetable as the above as guideline)

- Never 6 to 10 times 16 to 20 times
 1 to 5 times 11 to 15 times More than 21 times

44. When was the last time you illegally used depressants or tranquilizers in any form?

Date last used: _____ Age at time of use: _____

45. Since the age of 21, how many times have you illegally used depressants or tranquilizers? _____

46. Have you ever used another person's prescription, or given your prescription to another?

Yes No

If yes, explain: _____

47. Have you ever illegally possessed or used any other controlled drug besides those already described?

Yes No

If yes, explain: _____

How often? _____ Last time: _____

48. How many times in your life have you driven a vehicle after using any illegal or controlled drug?

- Never 3 to 4 times
 1 to 2 times 5 times or more

49. When was the last time you provided any illegal or controlled drug to friends or others in exchange for money or in trade for goods?

- Never.
 Most recent time: _____

50. Have you ever grown, manufactured, or processed any controlled substance? Yes No

If yes, explain: _____

51. With the exception of marijuana, how many times have you used any illegal substance since the age of 21? _____

52. Do you know of any relatives or close friends that are currently using illegal drugs?

Yes No

If yes, explain: _____

53. Are you aware that the employment environment within this agency is a **DRUG-FREE ENVIRONMENT**, and **any** violation of that policy can lead to termination? Yes No

K. Organizational Membership

1. 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 or which seeks to alter the form of Government of the United States or the State or Arizona by any unlawful or unconstitutional means? Yes No

If yes, explain: _____

2. Have you ever been a member of any crime group or gang? Yes No

If yes, explain: _____

L. Military Experience

1. Have you ever registered with the Selective Service (the draft)?

- No, although I was legally required to do so.
 No, I was not required to do so (females).
 Yes, in _____ (State)

IF YOU HAVE NO MILITARY EXPERIENCE, MARK THE “N/A” BOX AND GO TO THE NEXT SECTION

N/A

2. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any other military or para-military organization? Yes No

Branch of Service	Serial #	Date Entered	Date Separated

3. If yes, give type of separation: _____

4. How long were you in the military, on active duty: _____ years _____ months

5. What type of discharge did you receive (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Retirement length of service _____ |
| <input type="checkbox"/> Honorable with hardship reasons | <input type="checkbox"/> Still on full-time active duty |
| <input type="checkbox"/> General | <input type="checkbox"/> Still on reserve status |
| <input type="checkbox"/> Less than honorable | <input type="checkbox"/> Other: _____ |

L. Military Experience Continued

6. Did you ever fail to complete any term of enlistment for any reason? Yes No

If yes, explain: _____

7. How many times did you receive any disciplinary action in the military such as Court Martial, Article 15, Captain's Mast, Company Mast, Company punishment, reduction in rank, etc.?

Never

2

1

3 or more

8. If you were ever subject to any disciplinary action, explain whether it was a General, Special, or Summary Court Martial, Captain's Mast, Article 15, or other **and** the reason for the separation type:

9. While in the military, were you ever incarcerated (brig or guardhouse)? Yes No

If yes, explain: _____

10. Were you ever UA, AWOL, missing from formation or ship movement? Yes No

If yes, explain: _____

11. Do you still possess any military equipment that you are not authorized to have? Yes No

If yes, explain in detail: _____

12. Are you currently a member of a U.S. Reserve or National Guard? Yes No

If yes, what unit? _____

Commander's Name: _____

Contact Number: _____

M. Financial Status

1. Are you currently able to pay all of your bills on time? Yes No

2. Have you ever been referred to a collection agency? Yes No

If yes, explain: _____

3. Do you presently have any debts in collections? Yes No

If yes, explain: _____

4. Have you ever had anything repossessed? Yes No

If yes, explain: _____

5. Are you purposely avoiding any creditors?

Yes No

If yes, explain: _____

6. Have you ever had your wages garnished regarding any of your financial obligations? Yes No

If yes, explain: _____

7. Have you had any issues, or do you currently have any unresolved issues with the Internal Revenue Service or any revenue department in any state? Yes No

If yes, explain: _____

8. Have you ever made false or exaggerated claims on insurance policies? Yes No

If yes, explain: _____

9. Have you ever had a bad credit rating? No

If yes, explain: _____

10. Have you ever filed for bankruptcy? Yes No

If yes, when? _____ Court: _____ Chapter 7 11 13 (circle one)

Explain: _____

M. Financial Status Continued

11. Did you ever write a check with the intentions of cheating someone, or cash a check you knew was bad? Yes No

If yes, explain: _____

12. How many times in the past year have you had a check returned for insufficient funds? _____

13. Has a landlord ever served you with an eviction notice? Yes No

If yes, explain: _____

14. Have you ever been sued in court for anything? Yes No

If yes, give date, court, and disposition: _____

15. List ALL present outstanding loans, mortgages, credit card debt, etc. (including bills in collections)

Company	Type of loan/debt	Monthly Payment	Debt balance

17. Are you a co-signer of someone's outstanding loan? Yes No

If yes, explain: _____

18. If employed, do you anticipate income other than salary? Yes No

If yes, explain: _____

19. Can you keep up with your present financial obligations on what you will earn here?

Yes No

If no, explain: _____

20. Do you gamble? Yes No

21. Do you owe any gambling debts? Yes No

If yes, explain: _____

N. Social Networking

1. Have you ever been a member of a social networking site of any kind? This includes hosting, posting, or visiting any network under your real name, assumed name or moniker used in connection with the site. Yes No

2. List the social network and your user name(s) for each

Name of social network:

User name:

3. List all email addresses you have ever used.

4. Have you ever posted any comments or pictures on a social networking site, whether yours or another person's, that may contain material considered inappropriate based on race, color, sex, religion, national origin, age or disability? Yes No

If yes, explain:

5. Have you ever posted any comments, sexually explicit pictures, or pictures of conduct that may be considered publicly embarrassing on a social networking site, whether yours or another person's?

Yes No If yes, explain:

6. Have you ever posted or viewed pictures or images of juveniles engaged in any activity that is unlawful? Yes No

If yes, explain:

7. Did you clean your site in preparation for this interview or job search, and if so, what material was removed and why? Yes No

If yes, explain:

O. Law Enforcement Experience

IF YOU HAVE NEVER SERVED IN ANY CAPACITY WITHIN A LAW ENFORCEMENT ENTITY, MARK THE "N/A" BOX AND GO TO THE NEXT SECTION.

N/A

1. Indicate whether you have any of the following law enforcement experience: (answer each question)

- a. Sworn/commissioned weapon carrying officer Yes No
- b. Police reserve Yes No
- c. Military police officer Yes No
- d. Corrections/detention Yes No
- e. Civilian job title: _____

2. Number of years experience as a sworn police officer: _____

3. How many law enforcement agencies have you worked for as a sworn police officer? _____

4. How many law enforcement agencies have you worked for as a civilian? _____

5. How many citizen complaints have been filed against you? _____

If any, explain: _____

6. How many of these complaints were sustained or found to be true? _____

If any, explain: _____

7. How many reprimands (written or oral) have you received? _____

Explain and list dates: _____

8. How many times have you been suspended, demoted, or dismissed? _____

Explain and list dates: _____

9. Were you ever the subject of a civil or criminal prosecution (lawsuit)? Yes No

If yes, explain: _____

10. Other than while on training status, have you ever had any unsatisfactory personnel ratings?

Yes No

If yes, explain: _____

O. Law Enforcement Experience Continued

11. As a sworn officer, have you ever violated any controlled substance (illegal narcotic) laws?

Yes No

If yes, explain: _____

12. Have you ever used illegal drugs while on duty? Yes No

If yes, explain: _____

13. Have you ever used illegal drugs while employed with a law enforcement agency?

Yes No

If yes, explain: _____

14. Have you ever consumed alcohol while on duty? Yes No

If yes, explain: _____

15. Have you ever lied or distorted the facts in a police report? Yes No

If yes, explain: _____

16. Did you ever cover up a violation for a fellow officer or fellow employee? Yes No

If yes, explain: _____

17. Did you ever lie or commit perjury in court testimony or any official proceeding, including an internal affairs investigation? Yes No

If yes, explain: _____

18. Have you ever been terminated or forced to resign from a law enforcement position **during** the probation period? Yes No

If yes, explain: _____

19. Have you ever been terminated or forced to resign from a law enforcement position **after** the probation period? Yes No

If yes, explain: _____

20. Have you ever been involved, in any manner, with an Internal Affairs investigation?

Yes No

If yes, explain: _____

O. Law Enforcement Experience Continued

21. Have you ever falsified information regarding damage to departmental equipment/vehicles?

Yes No

If yes, explain: _____

22. Have you ever failed to report damage to departmental equipment/vehicles you were responsible for?

Yes No

If yes, explain: _____

23. Have you ever used “excessive force” or more force than was necessary to affect an arrest?

Yes No

If yes, explain: _____

24. How many on-duty traffic collisions have you been involved in? _____

In how many of those were you either cited and/or deemed out of policy? _____

25. While on duty or on work premises, have you engaged in **any** type of sexual activity? Yes No

If yes, explain: _____

26. Did you ever accept a gratuity in violation of your department’s policy? Yes No

If yes, explain: _____

27. Have you ever converted items of evidence or property to your personal use in violation of your department’s policy? Yes No

If yes, explain: _____

28. Do you know of any crimes committed by other officers that have not been discovered?

Yes No

If yes, explain: _____

P. Prior Applications

Please list the names of any law enforcement agencies where you have applied for any position within the last five (5) years.

Name of Agency: _____

City/State: _____ Position: _____

MM/YY applied: _____ Status: _____

Name of Agency: _____

City/State: _____ Position: _____

MM/YY applied: _____ Status: _____

Name of Agency: _____

City/State: _____ Position: _____

MM/YY applied: _____ Status: _____

Name of Agency: _____

City/State: _____ Position: _____

MM/YY applied: _____ Status: _____

Name of Agency: _____

City/State: _____ Position: _____

MM/YY applied: _____ Status: _____

Q. General Questions

1. Do you enjoy inflicting pain on humans or animals? Yes No

If yes, explain: _____

2. Did you ever offer anyone a bribe? Yes No

If yes, explain: _____

3. Did you give any answers on this background questionnaire that you know are false?

Yes No

If yes, explain: _____

4. Are you concealing any information, which would prevent you from being employed by this department? Yes No

If yes, explain: _____

5. Have you made application to this department at the request of any subversive organizations?

Yes No

If yes, explain: _____

6. Have you had any other involvement in illegal activities or committed any crimes that have yet to be disclosed? Yes No

If yes, explain: _____

**POLICE OFFICER AND DETENTION OFFICER
APPLICANTS ONLY**

If, during the course of your duties as a police officer (detention officer), a situation arose whereby you were faced with the lawful and necessary taking of a human life, would you be able to do so?

Yes _____ No _____ If No, explain: _____

CERTIFICATION

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

Signature _____ Date _____

DISCLOSURE OF INTENTION TO OBTAIN A CREDIT REPORT

In accordance with the Fair Credit Reporting Act, § 604(b)(2)(A), the Chandler Police Department may obtain a credit report on all individuals who apply for new employment or promotions.

Signature of Applicant: _____ Date: _____

S. Required documents

Initial each Box

Make **copies** of all the documents listed below and **attach them to the back of this packet**

You will later need to bring **originals** of all documents if you are invited to a background interview

1. Birth certificate
2. Driver license
3. Social security card
4. High school diploma or GED
5. Proof of citizenship if a naturalized citizen
6. Marriage certificate(s) or divorce decree(s), if applicable
7. Military Service Record Form DD214 (Must be Copy 4), if applicable
8. College diploma(s), if applicable
9. Bankruptcy papers, if applicable

- IF you cannot locate a required document, list on the further explanations page what first step you have taken to reacquire that document.

I certify that the above entries are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly and willfully making a false statement on this form constitutes cause to revoke, refuse, or suspend employment with the City of Chandler.

Signature of Applicant: _____ Date: _____

Revised 1/29/2019

