

PEORIA POLICE DEPARTMENT

POSITION: () SWORN () RESERVE (x) CIVILIAN () VOLUNTEER

TO THE APPLICANT:

These addendums will be used in conjunction with the first background packet you completed for reference by those who will be considering you for employment, or for a commission with the Peoria 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 evaluation process for employment with the Peoria 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 test, 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.

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

Personal Data

Last Name First Middle (Full)

Home Phone

Current Address (Street & Number)

Cell/Message Phone

City

State

Zip code

E-Mail Address

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.

CRITERIA STANDARDS FOR CONSIDERATION OF DISQUALIFICATION

1. ANY MISLEADING OR UNTRUTHFUL STATEMENTS DURING ANY PORTION OF THE TESTING AND/OR SCREENING PROCESS.
2. ANY FELONY CONVICTION OR OFFENSE THAT WOULD BE A FELONY IF COMMITTED IN ARIZONA
3. PARTICIPATION IN ANY SERIOUS CRIMINAL ACT.
4. DISHONORABLE DISCHARGE FROM THE US ARMED FORCES
5. ILLEGALL SALE, PRODUCTION, CULTIVATION, OR TRANSPORTATION OF MARIJUANA FOR SALE.
6. ILLEGALL SALE, PRODUCTION, CULTIVATION, OR TRANSPORTATION OF NARCOTICS OR DANGEROUS DRUGS FOR SALE.
7. AN ESTABLISHED PATTERN OF ABUSE OF PRESCRIPTION MEDICATION.
8. VIOLATION OF 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 HIGHWAYS AND ROADWAYS WITHIN THE PAST THREE YEARS.
9. ANY SEXUAL ACT OR SEXUAL CONDUCT PROHIBITED BY LAW.
10. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY.

NOTE THAT THE FOLLOWING DRUG USE STANDARDS APPLY TO CIVILIAN EMPLOYEES

- 1) Marijuana Use: No use within the last three years;
- 2) Dangerous and Other Drugs: No use in the last five years; and
- 3) Hallucinogenic Drugs: No more than twice, and not in the past 10 years

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

Signature

Date

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.*

**PEORIA POLICE DEPARTMENT
BACKGROUND INVESTIGATION QUESTIONNAIRE
FOR CIVILIAN POSITIONS QUESTIONNAIRE "A"**

This questionnaire will be used for reference by those who will be considering you for employment with the Peoria Police Department. Any falsification, intentional omission, misrepresentation or deception on any portion of this document will result in your immediate removal from consideration for employment.

NAME: _____ DATE: _____

POSITION FOR WHICH
YOU ARE APPLYING: _____

INSTRUCTIONS

- This document must be hand printed by the applicant in **blue** or **black** ink, and must be legible.

NOTE: *All backgrounds that are illegible, typed, or submitted in pencil or any other color ink besides blue or black, will disqualify the applicant from further consideration for employment during the recruitment in which it was submitted.*

- All questions must be answered. If a question does not apply, a DNA answer must be indicated. All addresses must be complete, including zip codes.

NOTE: *An incomplete background will disqualify the applicant from further consideration for employment during the recruitment in which it was submitted.*

- Copies of the documents listed below must be attached to the background. Do not provide originals of these documents, as they will not be returned to you. If the document requested does not apply to your situation, place an "8" in the DNA column. If the document requested applies to your situation, place an "8" in the "**Attached**" column.

	<u>Attached</u>	<u>DNA</u>
Birth Certificate	π	π
Social Security Card	π	π
High School Diploma/GED	π	π
Drivers License	π	π
Vehicle Insurance	π	π
College Transcripts	π	π
College Degrees	π	π
Marriage License/Certificate	π	π
Divorce Decrees	π	π
Military DD214	π	π
Certificate of Naturalization	π	π
Passport/Visa	π	π
Bankruptcy Order of Discharge	π	π

List all persons, except relatives, who have lived with you, for a period of at least thirty (30) days, during the past five (5) years:

NAME	AGE	RELATIONSHIP
COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		() HOME TELEPHONE NUMBER

NAME	AGE	RELATIONSHIP
COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		() HOME TELEPHONE NUMBER

NAME	AGE	RELATIONSHIP
COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		() HOME TELEPHONE NUMBER

NAME	AGE	RELATIONSHIP
COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		() HOME TELEPHONE NUMBER

NAME	AGE	RELATIONSHIP
COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		() HOME TELEPHONE NUMBER

NAME	AGE	RELATIONSHIP
COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		() HOME TELEPHONE NUMBER

List any other law enforcement agencies where you have ever applied for a position: OMIT NONE

Date	Agency	Disposition
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List any acquaintances who currently are, or have been, employed by the Peoria Police Department:

SECTION II – MARITAL STATUS

Check the appropriate box:

SINGLE MARRIED DIVORCED SEPARATED

Provide the following information regarding spouse or significant other:

<hr/> FULL NAME	<hr/> MAIDEN NAME	
<hr/> ADDRESS (IF DIFFERENT FROM YOURS)	<hr/> DATE OF BIRTH	
<hr/> SOCIAL SECURITY #	<hr/> OCCUPATION	
<hr/> EMPLOYER NAME	<hr/> ADDRESS	<hr/> TELEPHONE #

List all immediate relatives, i.e., parents, siblings, spouse, in-laws, and all children who have EVER resided with you for a period of at least thirty (30) days:

<hr/> NAME	<hr/> AGE	<hr/> RELATIONSHIP
<hr/> COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		<hr/> () HOME TELEPHONE NUMBER
<hr/> NAME	<hr/> AGE	<hr/> RELATIONSHIP
<hr/> COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		<hr/> () HOME TELEPHONE NUMBER
<hr/> NAME	<hr/> AGE	<hr/> RELATIONSHIP
<hr/> COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		<hr/> () HOME TELEPHONE NUMBER
<hr/> NAME	<hr/> AGE	<hr/> RELATIONSHIP
<hr/> COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		<hr/> () HOME TELEPHONE NUMBER
<hr/> NAME	<hr/> AGE	<hr/> RELATIONSHIP
<hr/> COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		<hr/> () HOME TELEPHONE NUMBER

SECTION 3 – EDUCATION

Which of the following do you possess: HIGH SCHOOL DIPLOMA GENERAL EDUCATION CERTIFICATE

When and where did you receive it: _____

List all schools, colleges and universities attended, dates enrolled/graduated and degrees earned:

SCHOOL/ INSTITUTION	ADDRESS CITY, STATE	MONTH/YEAR ENROLLED	GRADUATION DATE	DEGREE/ CERTIFICATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all prior law enforcement training, including date, type and location:

DATE	TYPE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any skills or abilities you possess (Including foreign languages)

SECTION 4 – MILITARY STATUS

Have you ever served in the U.S. Armed Forces? YES NO

If yes, please provide the following:

BRANCH	ENTRY DATE	SEPARATION DATE	TYPE OF DISCHARGE
_____	_____	_____	_____

Are you a member of a U.S. Reserve Unit or National Guard?

YES NO

SECTION 5 – EMPLOYMENT HISTORY

Please list prior peace officer certification/employment (dates, agency, city, state):

List ALL employers and ALL periods of employment, beginning with current employer. Employer addresses must include complete street address, city, state and zip code: (Omit no Employers)

_____ DATES (FROM - TO)	_____ EMPLOYER NAME	_____ (SUPERVISOR NAME)
_____ SALARY (BEGINNING - ENDING)	_____ EMPLOYER ADDRESS	
_____ PHONE NUMBER	_____ REASON FOR LEAVING	
_____ JOB TITLE AND DESCRIPTION OF DUTIES:		

_____ DATES (FROM - TO)	_____ EMPLOYER NAME	_____ (SUPERVISOR NAME)
_____ SALARY (BEGINNING - ENDING)	_____ EMPLOYER ADDRESS	
_____ PHONE NUMBER	_____ REASON FOR LEAVING	
_____ JOB TITLE AND DESCRIPTION OF DUTIES:		

_____ DATES (FROM - TO)	_____ EMPLOYER NAME	_____ (SUPERVISOR NAME)
_____ SALARY (BEGINNING - ENDING)	_____ EMPLOYER ADDRESS	
_____ PHONE NUMBER	_____ REASON FOR LEAVING	
_____ JOB TITLE AND DESCRIPTION OF DUTIES:		

_____ DATES (FROM - TO)	_____ EMPLOYER NAME	_____ (SUPERVISOR NAME)
_____ SALARY (BEGINNING - ENDING)	_____ EMPLOYER ADDRESS	
_____ PHONE NUMBER	_____ REASON FOR LEAVING	
_____ JOB TITLE AND DESCRIPTION OF DUTIES:		

DATES (FROM - TO) _____ EMPLOYER NAME _____ (SUPERVISOR NAME) _____

SALARY (BEGINNING - ENDING) _____ EMPLOYER ADDRESS _____

PHONE NUMBER _____ REASON FOR LEAVING _____

JOB TITLE AND DESCRIPTION OF DUTIES: _____

DATES (FROM - TO) _____ EMPLOYER NAME _____ (SUPERVISOR NAME) _____

SALARY (BEGINNING - ENDING) _____ EMPLOYER ADDRESS _____

PHONE NUMBER _____ REASON FOR LEAVING _____

JOB TITLE AND DESCRIPTION OF DUTIES: _____

DATES (FROM - TO) _____ EMPLOYER NAME _____ (SUPERVISOR NAME) _____

SALARY (BEGINNING - ENDING) _____ EMPLOYER ADDRESS _____

PHONE NUMBER _____ REASON FOR LEAVING _____

JOB TITLE AND DESCRIPTION OF DUTIES: _____

DATES (FROM - TO) _____ EMPLOYER NAME _____ (SUPERVISOR NAME) _____

SALARY (BEGINNING - ENDING) _____ EMPLOYER ADDRESS _____

PHONE NUMBER _____ REASON FOR LEAVING _____

JOB TITLE AND DESCRIPTION OF DUTIES: _____

DATES (FROM - TO) _____ EMPLOYER NAME _____ (SUPERVISOR NAME) _____

SALARY (BEGINNING - ENDING) _____ EMPLOYER ADDRESS _____

PHONE NUMBER _____ REASON FOR LEAVING _____

JOB TITLE AND DESCRIPTION OF DUTIES: _____

SECTION VII – ARREST HISTORY

Have you ever been Arrested, Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.

YES ____ NO ____ If YES, describe them below:

Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action

SECTION VIII– CIVIL ACTION

List all civil actions in which you were a party to or charged of a crime other than a traffic violation (includes bankruptcy and divorces):

DATE

ACTION / PROCEEDING

LOCATION

COURT DISPOSITION

DATE

ACTION / PROCEEDING

LOCATION

COURT DISPOSITION

DATE

ACTION / PROCEEDING

LOCATION

COURT DISPOSITION

SECTION IX – MISCELLANEOUS

ANSWER THE FOLLOWING

(Use page 17 for detailed explanations of all “Yes” answers)

- A) Have you ever been fired, discharged or asked to resign from any position? YES () NO ()
- B) Have the police ever been called to your home? YES () NO ()
- C) Have you ever committed any criminal violation that has gone undetected? YES () NO ()
- D) Have you ever been placed on court supervision of probation? YES () NO ()
- E) In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? YES () NO ()
- F) Have you ever left a place of employment without giving two weeks notice? YES () NO ()
- G) 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 ()
- H) Do you pay child support or spousal maintenance? YES () NO ()
- I) Are your support payments current? N/A () YES () NO ()
- J) Have you ever filed for bankruptcy? YES () NO ()

SECTION X – PERSONAL REFERENCES

List at least three (3) people who have known you for more than one (1) year, other than relatives, significant others, or former employers:

_____ NAME	_____ YEARS KNOWN	_____ EMAIL ADDRESS
_____ COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		_____ HOME PHONE NUMBER
_____ NAME	_____ YEARS KNOWN	_____ EMAIL ADDRESS
_____ COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		_____ HOME PHONE NUMBER
_____ NAME	_____ YEARS KNOWN	_____ EMAIL ADDRESS
_____ COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE		_____ HOME PHONE NUMBER

SECTION XIII - ILLEGAL DRUG USE

1) Have you ever tried or used any **ILLEGAL** narcotic or dangerous drug, either in pill form or by injection, or by any other manner of ingestion? YES _____ NO _____
 IF YES, PLEASE INDICATE IN THE BELOW TABLE THE TYPE OF DRUG, AND CHECK THE APPROPRIATE BOX.

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											
OTHER TYPE											

ILLEGAL USE OF PRESCRIPTION DRUGS (EITHER NOT PRESCRIBED FOR YOUR USE OR OBTAINED IN AN ILLEGAL MANNER)

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 +

2) Have you ever **GIVEN** or **SOLD** prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?
 YES _____ NO _____, explain:

COMPLIANCE WITH MINIMUM DRUG STANDARDS

In order to be eligible for employment as a civilian employee with the Peoria Police Department, applicants must meet the following drug standards:

- 1) **Marijuana Use: No use within the last three years;**
- 2) **Narcotics/Dangerous Drugs or other controlled substances: No use within the last five years, and; Pattern of usage will not be such that it is deemed, in the sole determination of the Peoria Department, to be conflict with law enforcement agency employment.**
- 3) **No pattern of abuse of prescription medication.**

CODE OF CONDUCT

The employees of the Peoria Police Department are committed to a code of conduct that guides behavior and performance to ensure our professionalism is reflected in the activities and operation of the agency. As such, the Peoria Police Department employees pledge to:

- o Always remember we exist to serve the public
- o Treat the public with dignity, respect and understanding, and assist them in a prompt, courteous manner
- o Maintain the highest standards of integrity, honesty and impartiality in the performance of daily duties
- o Abide by all Federal and State laws, rules and regulations, local ordinances, and Department policies
- o Conduct ourselves in a manner that shall never bring discredit or harassment to the City of Peoria or the Police Department
- o Ensure open lines of communication with all members of the Department
- o Extend professional courtesy and respect to every Police Department and City employee, and every citizen with whom we come in contact
- o Maintain confidentiality of information and never compromise our positions with the Police Department
- o Practice and promote teamwork and cooperation in all dealings with Police Department and City personnel.

SIGNATURE OF APPLICANT: _____

DATE: _____



**City of Peoria Police Department
Authorization for Release of Information**

State of _____)
County of _____) §

I, _____ do hereby authorize any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, and private, municipal, State and Federal entities, to furnish the City of Peoria (Arizona) Police Department with any and all available information, to include medical information, regarding me in order that my suitability for law enforcement/criminal justice administration work may be determined. I further authorize the Peoria Police Department to make inquiry of my past and present employers, associates, and acquaintances regarding my character, integrity and reputation, and waive any and all claims of confidentiality against anyone who may have knowledge of my fitness for employment with the Peoria Police Department.

Additionally, I agree to hold the City of Peoria, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Peoria Police Department. I understand that the background information obtained will be shared with the City of Peoria Human Resources Director and further, if information of a serious criminal nature surface of the background investigation, that such information may be turned over to the appropriate authorities.

Signature

SUBSCRIBED AND SWORN to before me

This _____ day of _____, 200_____.

Notary Public