

PEORIA POLICE DEPARTMENT

POSITION: (x) SWORN () RESERVE () 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 DISQUALIFICATIONS

1. ANY MISLEADING OR UNTRUTHFUL STATEMENTS DURING ANY PORTION OF YOUR PROCESSING.
2. ANY FELONY. NO TIME LIMIT.
3. PARTICIPATION IN ANY SERIOUS CRIME.
4. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS, OR MARIJUANA.
5. ANY SELLING OF NARCOTICS, DRUGS, OR MARIJUANA.
6. ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS. (INCLUDES LSD, PCP, PEYOTE, Mescaline, CODENINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIN, COCAINE, HASH, SPEED, BARBITURATES, ETC.)
7. ANY RECENT ILLEGAL USE OF MARIJUANA.
8. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.
9. 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.
10. ANY SEXUAL CONDUCT PROHIBITED BY LAW.
11. 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

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 POLICE OFFICER 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	Mandatory
Social Security Card	π	Mandatory
High School Diploma/GED	π	Mandatory
Drivers License	π	Mandatory
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
Passport Quality Photo	π	Mandatory
Credit History Check	π	Mandatory

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 police officer position:

Date	Agency	Disposition

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:

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

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

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

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

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 6 – DRIVING HISTORY

Has your driver’s license, or privilege to operate a motor vehicle, ever been suspended or revoked, or have you ever been refused a driver’s license? π YES π NO

If yes, explain _____.

List all traffic violations for which you were ever cited to include parking citations:

DATE	VIOLATION / CHARGE
AGENCY	COLLISION RELATED
LOCATION	COURT DISPOSITION
DATE	VIOLATION / CHARGE
AGENCY	COLLISION RELATED
LOCATION	COURT DISPOSITION
DATE	VIOLATION / CHARGE
AGENCY	COLLISION RELATED
LOCATION	COURT DISPOSITION
DATE	VIOLATION / CHARGE
AGENCY	COLLISION RELATED
LOCATION	COURT DISPOSITION
DATE	VIOLATION / CHARGE
AGENCY	COLLISION RELATED
LOCATION	COURT DISPOSITION

Current Driver’s License: _____
NUMBER
STATE
EXPIRATION DATE

Previous Driver’s License (list all previous states/countries where you were licensed):

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 16 for detailed explanations)

- 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:

CERTIFICATION:

I hereby certify under penalty of A.R.S. 13-2704 and 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 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 OF APPLICANT

DATE:

SECTION XIV – PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the State of Arizona, my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, without favor, malice or ill will, and without compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATON: I hereby certify that I have read the above Code of Ethics and agree to abide by the code.

SIGNATURE OF APPLICANT

DATE:

COMPLIANCE WITH THE STANDARDS MINIMUM QUALIFICATIONS

The minimum qualifications for appointment as a peace officer in the State of Arizona, as established by Arizona Administrative Code R-13-4-105(A), include:

1. The person shall be a United States Citizen.
2. The person shall be at least twenty-one years of age, except that a person may attend an academy if they will be twenty-one prior to graduating.
3. The person shall be a high school graduate or have successfully completed a General Education Development (G.E.D.) examination.
4. The person shall have undergone a complete background investigation which meets the standards of Section R13-4-106, except that an applicant may begin an academy prior to the return of the results of the fingerprint check. However, the applicant may not graduate from the academy nor the agency receive reimbursement for an applicant for which a qualifying return result has not been obtained. The background shall attest to the fact that the person meets minimum qualifications, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession and is of good moral character.
5. The person shall have undergone a medical examination which meets the standards of Section R13-4-107, within one year prior to appointment. An examination preceding an employment by more than one hundred eighty days shall require the submission of a written statement for the applicant that his condition has not changed since the examination.
6. The person shall not have been convicted of a felony or any offense that would be a felony if committed in Arizona.
7. The person shall not have been dishonorably discharged from the United States Armed Forces.
8. The person shall not have been previously denied certified status, revoked or have their current certified status under suspension pursuant to Section R13-4-109.
9. The person shall not have illegally sold, produced, cultivated or transported marijuana for sale.
10. The person shall never have illegally used marijuana for any purpose within the past three years.
11. The person shall never have illegally used marijuana other than for experimentation.
12. The person shall never have illegally used marijuana while employed or appointed as a peace officer.
13. The person shall not have illegally sold, produced, cultivated, or transported for sale, any dangerous drugs or narcotics, other than marijuana.
14. The person shall not have illegally used dangerous drugs or narcotics other than marijuana, for any purpose within the past seven years.
15. The person shall not have illegally used dangerous drugs or narcotics other than for experimentation.
16. The person shall never have illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.
17. The person shall not have a pattern of abuse of prescription medication.

18. The person shall have undergone and passed a Board-approved drug screening test or polygraph examination, which polygraph examination relates to the provision of subsection (A)(9-17).
19. The person shall not have been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such frequency so as to indicate a disrespect for traffic laws and a disregard for the safety of other persons on the highway within the past three years.
20. The person shall have read the Code of Ethics and affirmed by signature their understanding and agreement to abide by the code.

I certify that I have read the above standards and that I understand my appointment as a peace officer requires that the above standards are met.

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