



Dear Applicant:

As Chief of the Mesa Police Department, I would like to take this opportunity to thank you for your interest in a position with our organization. Also, I would like to emphasize to you the importance of being both truthful and complete when filling out the required application forms.

Applicants are often disqualified by the Police Hiring Board because required information is not included on the background questionnaire or because investigators later determine that incorrect information has been entered on the form. Please take extra care to be factual and thorough when completing the questionnaire so that you do not find yourself in such a situation.

While one generally attempts to "put his or her best foot forward" when completing a traditional job resume, completion of the background questionnaire requires a different approach. The necessity for you to be accurate and complete when answering each of the questions asked cannot be over emphasized. I would like to encourage each of you to take the necessary time now to properly complete the forms so as to avoid any problem in the future.

Thanks again for your interest and good luck in the hiring process.

Sincerely,

Frank Milstead
Chief of Police

KB/jm
POR44.DOC (HRPROF\Questions\Police)
6/10

BACKGROUND QUESTIONNAIRE

The attached section is the Background Questionnaire. Complete this questionnaire and keep until the **written examination**.

Bring this Background Questionnaire with you to the written examination.

DO NOT RETURN THIS SECTION WITH YOUR APPLICATION PACKET.

Check the following:

- Are all the pages/questions of the Background Questionnaire complete? **Fill in every section.** If a section is not applicable to you, put N/A in the space. Incomplete sections will disqualify you from consideration.
- Is your Background Questionnaire signed, dated, and notarized?



TO: APPLICANTS FOR THE POSITION OF POLICE OFFICER-RECRUIT

Applicants are advised that a polygraph examination will be given as part of the total application/background procedure. The questions may include, but are not limited to the following areas:

1. Your work history
2. Your usage of alcohol and drugs
3. Your honesty
4. Your criminal history and/or involvement in undetected crimes

Attached is an eight page questionnaire that you are required to complete in connection with the polygraph examination and police department background check.

Take special care to comply with the following:

1. List complete mailing addresses (including zip codes) and telephone numbers regarding past and present employers, as well as references.
2. Provide detailed explanations for all "yes" answers throughout the questionnaire. Include dates and locations, where appropriate.
3. Read and sign the last page of the questionnaire and have signature notarized before submitting it.

FAILURE TO FOLLOW THE ABOVE DIRECTIONS WILL PROHIBIT YOU FROM BEING CONSIDERED FOR EMPLOYMENT.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION IS GROUNDS FOR DISQUALIFICATION. INFORMATION RECEIVED WILL BE VERIFIED.

Do not attach a resume, inservice training diplomas, classes attended, etc.



Name (Last, First, Middle)
Position Applied For
Today's Date



IMPORTANT! Indicate on the lines below how you learned about the Mesa Police Department?
(Please be very specific.)

BACKGROUND QUESTIONNAIRE

This questionnaire will be evaluated by those persons responsible for hiring at the Mesa Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

All applicants will be required to take a polygraph examination.

Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Mesa Police Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
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 TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST PAGE. HAVE YOUR SIGNATURE NOTARIZED.

1. PERSONAL DATA

LAST NAME		FIRST NAME	MIDDLE NAME	HOME PHONE	BUS. PHONE	MESSAGE PHONE		
CURRENT ADDRESS		STREET & NUMBER		CITY	STATE	EMAIL		
AGE	DOB	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NO.		TATTOOS/SCARS (DESCRIPTION & LOCATION)		LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME)				
CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED			SPOUSE'S NAME		DOB			
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED								

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES MO/YR		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

2. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE YEARS.

NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE () ()	BUSINESS PHONE () ()
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE () ()	BUSINESS PHONE () ()
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE () ()	BUSINESS PHONE () ()

3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

- HIGH SCHOOL DIPLOMA
 G.E.D. CERTIFICATE
 COLLEGE DEGREE

LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	TYPE OF DEGREE OR CREDIT HRS.

B. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING? YES NO
 IF YES, EXPLAIN ON BACK PAGE.

4. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO IF YES, EXPLAIN ON BACK PAGE.

B. IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED, CHECK THE BOX TO THE RIGHT, AND ON THE BACK PAGE EXPLAIN WHY.

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. KEEP IN PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN (10) YEAR PERIOD. **OMIT NONE!** BE SURE TO KEEP IN PROPER SEQUENCE. IF YOU NEED MORE ROOM, USE THE BACK PAGE OR A SEPARATE SHEET OF PAPER.

CURRENT EMPLOYMENT	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
FROM	CITY	PHONE ()
TO PRESENT	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

- PART TIME
 FULL TIME
 SEASONAL
 VOLUNTEER

REASON WHY YOU WANT TO LEAVE

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

- PART TIME
 FULL TIME
 SEASONAL
 VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

- PART TIME
 FULL TIME
 SEASONAL
 VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

DESCRIBE YOUR DUTIES

- PART TIME
 FULL TIME
 SEASONAL
 VOLUNTEER

REASON FOR LEAVING

FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		

C. HAVE YOU EVER APPLIED FOR **ANY** POSITION WITH **ANY** LAW ENFORCEMENT AGENCY? YES NO
 IF MORE SPACE IS NECESSARY, LIST ON THE BACK PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY? YES NO WERE YOU CERTIFIED? YES NO
 NAME OF ACADEMY _____ DATE ATTENDED _____
 NAME OF ACADEMY _____ DATE ATTENDED _____

5. ARREST HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES **AS BOTH A JUVENILE AND AN ADULT**. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. **EXPLAIN ALL "YES" ANSWERS IN DETAIL ON BACK PAGE.**

	YES	NO		YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL, TO INCLUDE AS A VICTIM, WITNESS OR REPORTING PARTY?	<input type="checkbox"/>	<input type="checkbox"/>	G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	H. HAVE YOU EVER BEEN BOOKED INTO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	J. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>			

L. IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE BACK PAGE. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

SECTION #(A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY - CITY/STATE	DISPOSITION/SENTENCE

6. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED, OR SUSPENDED? YES NO
IF YES, EXPLAIN IN DETAIL ON THE BACK PAGE THE REASON FOR THIS ACTION. LIST DATES.

B. HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES OR VEHICLE REGISTRATION SUSPENDED? YES NO **IF YES, EXPLAIN IN DETAIL ON BACK PAGE.**
 DATE OF REINSTATEMENT _____

C. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD.

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

D. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES NO WHEN? _____ WHERE? _____

E. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE BACK PAGE.

MONTH/YEAR	CHARGE	AGENCY/CITY OR STATE	DISPOSITION/RESULT

F. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES NO IF YES, EXPLAIN ON BACK PAGE.

G. HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? YES NO DATES _____
 HIT & RUN WITH INJURIES? YES NO IF YES, EXPLAIN ON BACK PAGE.

H. HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE? YES NO MANSLAUGHTER? YES NO IF YES, EXPLAIN ON BACK PAGE.

7. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE BACK PAGE.

	YES	NO		YES	NO
A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	<input type="checkbox"/>	<input type="checkbox"/>

8. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO WHAT KIND? _____ HOW MUCH? _____

B. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY OR EMPLOYMENT DUE TO DRINKING? YES NO IF YES, EXPLAIN ON BACK PAGE.

C. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? YES NO IF YES, EXPLAIN ON BACK PAGE.

D. IF YOU HAVE TRIED, USED OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. **INCLUDE THE NUMBER OF TIMES USED AND DATES.**

	YES	NO	TOTAL # TIMES USED	# TIMES USED SINCE 21st BDAY	DATE/S (MO/YR)		YES	NO	TOTAL # TIMES USED	# TIMES USED SINCE 21st BDAY	DATE/S (MO/YR)
MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	HEROIN	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
BARBITURATES	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	HALLUCINOGENIC SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS NEEDED, USE THE BACK PAGE. **YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.**

9. ORGANIZATION MEMBERSHIP

A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF ARIZONA? YES NO ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? YES NO IF SO, EXPLAIN ON THE BACK PAGE.

B. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? YES NO IF SO, EXPLAIN ON THE BACK PAGE.

10. MILITARY STATUS

A. SELECTIVE SERVICE NUMBER - (if unknown go to www.sss.gov)

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES NO IF SO, LIST EACH SERVICE PERIOD SEPARATELY.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. LIST ALL MILITARY SERVICE NUMBERS

D. CURRENT MILITARY STATUS

E. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY? YES NO IF YES, EXPLAIN ON THE BACK PAGE.

Please answer the following question concerning the scheduling of your polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a polygraph examination?

_____ Hours(s)

_____ Day(s)

IMPORTANT: NOTARIZED SIGNATURE REQUIRED

Please read statements below and sign before a notary public prior to submitting questionnaire.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I authorize the Mesa, Arizona Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Mesa, Arizona Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the Department, I expressly waive all my legal rights and causes of action to the extent that the Mesa, Arizona Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the City of Mesa, Arizona Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health in the event I am given a conditional offer of employment.

Signature of Applicant

State of _____ ,)
 :SS
County of _____ .)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF
_____, 20____.

Notary Public

My Commission Expires:
