

EAGAR POLICE DEPARTMENT

BACKGROUND QUESTIONNAIRE

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE IN YOUR OWN HANDWRITING OR PRINTING
3. WRITE OR PRINT LEGIBLY
4. READ EACH QUESTION CAREFULLY
5. ANSWER EACH QUESTION CAREFULLY
6. ANSWER ALL QUESTIONS
7. IF A QUESTION DOES NOT APPLY, WRITE "N/A" IN THE SPACE.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON BACK OF PAGE
9. WHEN COMPLETED, RETURN TO:

EAGAR POLICE DEPARTMENT
174 SOUTH MAIN STREET
P.O. BOX 1300
EAGAR, ARIZONA 85925

NOTE

Failure to follow instructions or to fully complete the application will delay the background process or eliminate you from further processing. **AN INCOMPLETE PACKET WILL BE REJECTED.**

Print legibly and include complete addresses, zip codes, street addresses & P.O. boxes, city, state. Include complete telephone numbers, area code and number.

ATTACH A COPY OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION: High School Diploma or GED, Birth Certificate, Military DD214 Discharge (if applicable).

DATE _____

POSITION: _____

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the Eagar Police Department.

An extensive background investigation will be conducted into your personal history. Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY AND COMPLETELY.

Read the following statement and standards carefully. Sign where indicated if you agree with the statements.

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 the evaluation process for employment with the Eagar 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 NONSELECTION.

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, psychological examination, drug screen, and polygraph examination.

CRITERIA STANDARDS FOR DISQUALIFICATION

1. ANY FELONY CONVICTIONS. NO TIME LIMIT.
2. PARTICIPATION IN ANY SERIOUS CRIME.
3. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS, OR MARIJUANA.
4. ANY SELLING OF NARCOTICS, DRUGS, OR MARIJUANA FOR PROFIT.
5. ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS.
6. ANY RECENT ILLEGAL USE OF MARIJUANA
7. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.

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

Signature

Date

Where necessary, use the reverse side of page to complete answers throughout this questionnaire.

1. PERSONAL DATA

Last Name	First	Middle (Full)
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Current Address (Street and P. O. Box) Phone	City	State	Zip	Home
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Length of time at address: _____

Blood Type:

Date of Birth: _____

**List any other names you have ever used.
Number**

Social Security

LIST ALL PREVIOUS ADDRESSES FOR THE PAST FIVE YEARS:

Address	City	State	Zip	Length of time
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Address	City	State	Zip	Length of time
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Address	City	State	Zip	Length of time
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2. MARITAL STATUS

Status: Married () Single () Separated () Divorced () Widowed ()

If male and married, list wife maiden name: _____

Spouse's name	Date of Birth	Spouse's Occupation
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Child's name	Date of Birth	Address
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Child's name	Date of Birth	Address
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Child's name	Date of Birth	Address
Child's name	Date of Birth	Address
Child's name	Date of Birth	Address

3. EMPLOYMENT HISTORY

List all places of employment and unemployment in the past ten (10) years, beginning with the present or most recent employer and going backwards. List everything in proper sequence. **OMIT NONE!**

Month & Year:

From: _____
 To: _____

 Name of Employer Supervisor

 Full Address of Employer Phone

Salary:

From: _____
 To: _____

 Your Job Title – Describe your duties

 Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year:

From: _____
 To: _____

 Name of Employer Supervisor

 Full Address of Employer Phone

Salary:

From: _____
 To: _____

 Your Job Title – Describe your duties

 Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year:

From: _____
 To: _____

 Name of Employer Supervisor

 Full Address of Employer Phone

Salary:

 Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

Month & Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Full Address of Employer

Phone

Salary: _____

Your Job Title – Describe your duties

From: _____

To: _____

Reason for leaving (i.e., resigned, fired, laid-off, etc.)

4. REFERENCES

A) List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five(5) years:

Name	Residence Address	Home Phone
How long known?	Occupation & Business Address	Work Phone

Name	Residence Address	Home Phone
How long known?	Occupation & Business Address	Work Phone

Name	Residence Address	Home Phone
How long known?	Occupation & Business Address	Work Phone

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

C) Have you ever applied to, or been employed by the Eagar Police Department in any capacity as a paid employee or volunteer?

Yes ___ No ___ If Yes, when/where: _____

D) Have you ever applies for any position with another law enforcement agency?

Yes ___ No ___ If Yes, explain (use back of page if necessary):

Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
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E) **Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?**

Yes ____ No ____ **If Yes, when/where:**

5. EDUCATION AND TRAINING

A) **List all schools (elementary, secondary, colleges, universities, and graduate schools) you have attended. List GED if applicable:**

<u>DATES</u>	<u>SCHOOL NAME</u>	<u>ADDRESS</u>	<u>DIPLOMA RECEIVED</u>
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B) **List any skills or abilities possessed (include foreign languages):**

6. MILITARY STATUS

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

Entry Date	Rank/Branch/Organization	Discharge Type	Date
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B) **Are you registered with the Selective Service? Yes ____ No ____**

Local Board# Address Draft Class Date Classified

7. CONVICTION HISTORY

A) Have you ever been convicted for any offense, or violation of any statute, ordinance, law regulation by any civil or military in this country or any other country?

Yes ____ No ____ If Yes, describe on below (use back of page if necessary):

CRIMINAL CONVICTIONS:

DATE CHARGE DISPOSITION/POLICE AGENCY CITY/STATE

8. NARCOTICS AND DRUG USAGE

Use reverse side if additional space is needed to explain YES answers. Include number of times drug was used and when.

A) Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or nay manner of ingestion? Yes ____ No ____

1. Heroin, Opium, Morphine Yes ____ No ____

2. LSD, Acid Yes ____ No ____

3. Cocaine Yes ____ No ____

4. Methedrine, Speed Yes ____ No ____

5. Peyote, Mescaline, or any other hallucinogen Yes ____ No ____

6. Marijuana Yes ____ No ____

7. Any other narcotics or dangerous drugs Yes ____ No ____

9. ANSWER THE FOLLOWING

(Use the reverse side for explanations when answering Yes)

- A) Have you ever had your wages attached? Yes () No ()
- B) Have you ever been a party to a small claims or other court action? Yes () No ()
- C) Do you have any immediate civil actions pending against you? Yes () No ()
- D) Have you ever been a party in any other civil actions? Yes () No ()
- E) Have you ever had a judgment rendered against you? Yes () No ()
- F) Have you ever been discharged or asked to resign from any position? Yes () No ()
- G) Have the police ever been called to your home for any reason other than as a victim? Yes () No ()
- H) Have you or your spouse ever been sued or summoned into court? Yes () No ()
- I) Have you ever had an F. B. I. fingerprint check done for any reason? Yes () No ()
- J) In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? Yes () No ()
- K) Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality? Yes () No ()
- L) In any job that you've held, have you been involved in any physical or major verbal confrontations? Yes () No ()
- M) Would you be able to follow direct orders, even though you may not agree with them? Yes () No ()

- N) In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? Yes () No ()
- O) Have you ever left a place of employment without giving two weeks notice? Yes () No ()
- P) Have you ever committed any criminal violation that has gone undetected? Yes () No ()
- Q) Have you ever been extensively delinquent on any of your financial obligations? Yes () No ()
- R) Are you now current on your financial obligations? Yes () No ()

10. SUPPLEMENTARY BACKGROUND INFORMATION
USE THIS SPACE TO DESCRIBE THE FOLLOWING:

- A) Why do you want to be an employee for the Eagar Police Department?

- B) What qualities do you possess that would make you a good employee for the Department?

**EAGAR POLICE DEPARTMENT
WAIVER OF LIABILITY AND RELEASE FORM**

In consideration of the Eagar Police Department, hereinafter referred to as the Agency, processing of my application for employment, I _____ hereby irrevocably agree to the following terms and conditions.

1. The term “background investigation” as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action any officer, agent or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency’s Officers, agent or employees during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of it’s officers, agents or employees for any statements, acts or omissions in the course of my background investigation.
6. I expressly waive all of my legal rights and causes of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

This release from liability given by me to the political division, the Agency, it’s officers, agent, and employees, and all others as mentioned above, shall apply to any rights of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

READ CAREFULLY BEFORE SIGNING.

DATE

APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE