

ORO VALLEY POLICE DEPARTMENT INTERN APPLICATION AND BACKGROUND QUESTIONNAIRE



NAME: _____ PHONE# (____) _____ EMAIL: _____
Best phone # to reach you

FOLLOW DIRECTIONS CAREFULLY

1. Use **BLUE** ink to complete questionnaire.
2. Print legibly in your own handwriting.
3. Read each question carefully.
4. Answer each question completely and accurately.
5. If a question does not apply, write N/A in the space.
6. If you need more space, write on the supplemental page.
7. Do not reference other sections.
8. Sign the questionnaire and have it notarized.
9. Submit all documents requested. (see checklist page 2)

All answers to questions in this application will be verified through a polygraph examination.

WHEN COMPLETED, RETURN TO:

ORO VALLEY POLICE DEPARTMENT
11000 N. LA CANADA DR.
ORO VALLEY, AZ 85737

Do not submit in binders, folders or inserts

NOTE: Failure to follow instructions or incomplete information will delay the background process and may eliminate you from further processing. Please print legibly.

- ❖ Include complete addresses: street addresses, city, state and zip codes.
- ❖ Include complete telephone numbers: area code and number.

The Town of Oro Valley is an Equal Opportunity Employer. All applicants are considered for all positions for which they qualify and wish to be considered regardless of race, religion, sex, age, national origin or disability.

If you have a disability and require reasonable accommodation in the application and/or testing process, please complete a *Reasonable Accommodation Request* form. Forms are available from and should be returned to the Office of Professional Standards at the address listed above with the application packet. Once submitted, completed applications become the property of the Town of Oro Valley.

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YOU WILL BE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS AS PART OF THE BACKGROUND PROCESS:

Include all that you can with this application by the application due date. If a required document is unobtainable by the application due date, please submit an explanation along with an approximate date it can be expected in order to continue in the hiring process.

- | | | | |
|----|--|-------------------------------------|------------|
| | Attached. | <input checked="" type="checkbox"/> | check here |
| 1. | Birth Certificate (copy) | <input type="checkbox"/> | |
| 2. | High School Diploma (copy) or GED Certificate (copy) | <input type="checkbox"/> | |
| 3. | Legal Name Change Records, if applicable (copy) | <input type="checkbox"/> | |
| 4. | Current Drivers License (copy) | <input type="checkbox"/> | |
| 5. | Social Security Card (copy) | <input type="checkbox"/> | |
| 6. | Current Student ID (copy) | <input type="checkbox"/> | |

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination, a polygraph examination, a psychological examination and a blood and/or urine test to determine the presence of alcohol and/or drugs in my blood and/or urine prior to my employment. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I have read, understand and by my signing consent to these statements.

Applicant Signature _____
Date

Subscribed and sworn before me this _____ day of _____, in the year _____.

Notary Signature

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PERSONAL DATA

Last Name,	First Name	Middle	Home Phone
Email address:			Cell Phone

Current Address (Number and Street)	City	State	Zip
Number of years at this address:		Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birthplace:			

Date of Birth:	Social Security Number:	Current work hours and days off:
List any other names you have used:		

FAMILY STATUS

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

Spouse's Name:	Maiden	Date of Birth	Spouse's Occupation
Ex-Spouse's Name:	Maiden	Date of Birth	Ex-Spouse's Occupation
Child's Name	Date of Birth	Address	
Child's Name	Date of Birth	Address	
Child's Name	Date of Birth	Address	

List others who currently live with you, excluding children and spouse listed above.

Name	Date of Birth	Relationship

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List ALL persons with whom you have lived during the past five years. DO NOT include family members.

Name	Street Address	City, State Zip	Telephone, Email	Relationship

ADDRESS HISTORY (use the supplemental page if needed)

List all your addresses (residences) since age 17 or the last 15 years (whichever is least):

Address (Number & Street)	City	State	Zip	Dates From: - To:
Address (Number & Street)	City	State	Zip	Dates From: - To:
Address (Number & Street)	City	State	Zip	Dates From: - To:
Address (Number & Street)	City	State	Zip	Dates From: - To:
Address (Number & Street)	City	State	Zip	Dates From: - To:
Address (Number & Street)	City	State	Zip	Dates From: - To:
Address (Number & Street)	City	State	Zip	Dates From: - To:

FAMILY REFERENCES: List ALL immediate relatives (parents, siblings, in-laws, ex-spouses).

Name	Relationship	Age	Street Address	City, State Zip	Telephone, Email

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REFERENCES

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

Name	Address	City, State Zip
How long known?	Occupation	Home Phone
Business Address	Work Phone	Email
Name	Address	City, State Zip
How long known?	Occupation	Home Phone
Business Address	Work Phone	Email
Name	Address	City, State Zip
How long known?	Occupation	Home Phone
Business Address	Work Phone	Email

List three (3) of your present neighbors. List your landlord if you have one. If you have recently moved, list your most recent neighbors.

Name	Address	City, State Zip	Phone
Date From:	To:		

Name	Address	City, State Zip	Phone
Date From:	To:		

Landlord (if applicable), otherwise Neighbor:

Name	Address	City, State Zip	Phone
Date From:	To:		

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EDUCATION AND TRAINING

List all schools (high schools, colleges, universities and graduate schools) you have attended in chronological order. List GED if applicable.

Dates	School Name	Address	Diploma received

ORGANIZATIONAL MEMBERSHIP

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 by any unlawful or unconstitutional means? Yes No If yes, explain:

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ARREST AND DRIVING HISTORY

Have you ever been given a ticket, arrested, convicted, charged or questioned for an offense, violation of any statute or ordinance or law regulation by any civil, criminal or military authority (even as a juvenile)?

Yes No If yes, explain:

CRIMINAL CONVICTIONS or CHARGES				
Date	Charge	Disposition	Police Agency	City/County/State
TRAFFIC CITATIONS				
Date	Charge	Disposition	Police Agency	City/County/State

List all driver's licenses you currently hold:

State	License Number	LicenseType	Expiration Date

Have you ever had your license revoked, suspended, or restricted? Yes No If yes, explain:

State	License Number	License Type	Date and Reason

Have you ever attended a driver improvement school as a result of a traffic citation or to dismiss the filing of a traffic citation? Yes No If yes, explain:

Date	Location/Jurisdiction	What was citation for?

Have you ever been involved in any motor vehicle accident as a driver? Yes No

Date	Location/Jurisdiction	Incident description	Were you cited?

List all motor vehicles which are registered or titled in your name, which you lease or you frequently drive.

Year	Make	Model	Color	License plate	License State	Expiration

Do you presently have liability and property damage automobile insurance? Yes No

Insurer	Policy #	Address	City/State/Zip	Agent Name and Phone

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DRUG USE HISTORY

Have you EVER used or experimented with any illegal drugs, either in pill form, by injection, or any other manner of ingestion? YES NO

Type of Drug	Month/Year you FIRST tried	Month/Year you LAST tried	Number of times under age 21	Number of times over age 21	Method of use Injection, smoking, etc.
Marijuana					
Hashish					
Cocaine					
Crack Cocaine					
Speed					
Heroin					
Opium					
Morphine					
LSD/Acid					
Rohypnol					
Ecstasy "X"					
Methamphetamine					
Ketamine					
Other Hallucinogens					
Steroids (any type)					
Any Synthetic Drug (K2 Spice, Bath Salts, etc.)					

Any other illegal drug or substance? Yes No If Yes, give dates, drug, and number of times used:

Have you used any prescription drugs not prescribed to you?

Yes No If Yes, give dates, drug, and number of times used:

Have you obtained any prescription drug in an illegal manner? Yes No If yes, explain:

Have you ever given or sold prescription drugs, marijuana, or any other illegal narcotic or dangerous drug?

Yes No If yes, explain:

Has anyone ever used narcotics in your family? Yes No If yes, explain:
