

ORO VALLEY POLICE DEPARTMENT 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.

05/2015

ORO VALLEY POLICE DEPARTMENT

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. | |
|--|-------------------------------------|----------------------|
| 1. Birth Certificate (copy) | <input checked="" type="checkbox"/> | check here |
| 2. High School Diploma (copy) or GED Certificate (copy) | <input type="checkbox"/> | |
| 3. Marriage Certificate, if applicable (copy) | <input type="checkbox"/> | |
| 4. Divorce Decree, if applicable (copy) | <input type="checkbox"/> | |
| 5. Legal Name Change Records, if applicable (copy) | <input type="checkbox"/> | |
| 6. Current Drivers License (copy) | <input type="checkbox"/> | |
| 7. Military DD214 Long Form, if applicable (copy) | <input type="checkbox"/> | |
| 8. Official Transcripts from ALL colleges attended, if applicable | <input type="checkbox"/> | Due after oral board |
| 9. Credit Report, (free annually at www.annualcreditreport.com) | <input type="checkbox"/> | Due after oral board |
| 10. Social Security Card (copy) | <input type="checkbox"/> | |
| 11. Auto Insurance Card (copy) | <input type="checkbox"/> | |
| 12. AZ Peace Officer Standards & Training Certificate, if applicable | <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 SignatureDate

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

Notary Signature

ORO VALLEY POLICE DEPARTMENT

POSITION

Please check one:

- DISPATCHER RECORDS SPECIALIST / RECEPTIONIST / OFFICE ASSISTANT
 OFFICE SPECIALIST PROPERTY / ID

Confidential Information Agreement

TO THE APPLICANT:

A thorough investigation will be conducted to determine your qualifications for employment with the Oro Valley Police Department. This questionnaire will be used for reference by those who will be considering you for employment and by those who will be conducting the investigation into your personal history. This information shall remain confidential and the Oro Valley Police Department will not reveal the reasons for non-selection for those applicants who are not accepted. If the reason for your non-selection is of a temporary nature whereby you could be accepted at a later date, you will be so notified.

Statement: I, _____ authorize the Oro Valley Police Department to obtain and review my employment history with the Social Security Department. This is required to conduct a thorough background investigation for the employment position I am seeking. This portion of my background investigation may reveal information about my past and present employment history.

I, the undersigned, hereby waive any and all claims of confidentiality against anyone who may have knowledge of my fitness for employment with the Oro Valley Police Department.

For and in consideration of the Oro Valley Police Department's acceptance and processing of my application for employment, I agree to hold the Town of Oro Valley, 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 Oro Valley Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand that this waiver shall be active for the term of my employment or five (5) years.

Applicant Signature

Date

Notarized on the _____ day of _____, in the year _____.

Notary Signature: _____

ORO VALLEY POLICE DEPARTMENT
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

ORO VALLEY POLICE DEPARTMENT

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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EMPLOYMENT HISTORY

List all places of employment in the past fifteen (15) years, beginning with the present or most recent employer and going backwards. DO NOT OMIT.
(Use a supplemental page if needed.)

May we contact your current employer? Yes No If No, why? _____

Month & Year	Name of Employer:	Supervisor:
From:		
To: PRESENT	Employer Address:	City, State, Zip Email / Phone:
Salary	Job Title and Job Duties:	
Starting:		
Ending:	Reason for leaving or considering leaving:	

Month & Year	Name of Employer:	Supervisor:
From:		
To:	Employer Address:	City, State, Zip Email / Phone:
Salary	Job Title and Job Duties:	
Starting:		
Ending:	Reason for leaving (i.e., resigned, fired, laid-off) and explain:	

Month & Year	Name of Employer:	Supervisor:
From:		
To:	Employer Address:	City, State, Zip Email / Phone:
Salary	Job Title and Job Duties:	
Starting:		
Ending:	Reason for leaving (i.e., resigned, fired, laid-off) and explain:	

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EMPLOYMENT HISTORY (continued) You may copy this page if more space is needed.

Month & Year	Name of Employer:	Supervisor:
From:		
To:	Employer Address:	City, State, Zip Email / Phone:
	Job Title and Job Duties:	
Salary		
Starting:		
	Reason for leaving (i.e., resigned, fired, laid-off) and explain:	
Ending:		

Month & Year	Name of Employer:	Supervisor:
From:		
To:	Employer Address:	City, State, Zip Email / Phone:
	Job Title and Job Duties:	
Salary		
Starting:		
	Reason for leaving (i.e., resigned, fired, laid-off) and explain:	
Ending:		

Month & Year	Name of Employer:	Supervisor:
From:		
To:	Employer Address:	City, State, Zip Email / Phone:
	Job Title and Job Duties:	
Salary		
Starting:		
	Reason for leaving (i.e., resigned, fired, laid-off) and explain:	
Ending:		

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Have you ever failed to complete a probationary period of employment? Yes No If yes, explain.

Date	Employer	Reason

List any disciplinary action taken against you by an employer. (suspension, demotion, formal reprimands, etc.)

Date	Employer	Discipline	Reason –be specific

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

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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	Email / Phone
Date From:		To:	

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

Landlord (if applicable), otherwise Neighbor:

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

Are you acquainted with any members or previous members of the Oro Valley Police Department?
With whom, and how long have you known them?

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

Yes No If yes, when/position: _____

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

ORO VALLEY POLICE DEPARTMENT

How many college credits do you have? _____

What was your declared major/minor if any?

List any skills or abilities you possess that are relevant to the job (include foreign languages).

Have you ever received any type of law enforcement training? Yes No If yes, explain.
 (lateral officers – provide a training printout rather than list all here)

Date	Agency Name	County/City/State	Description of training
Date	Agency Name	County/City/State	Description of training
Date	Agency Name	County/City/State	Description of training

Have you applied for a position with a law enforcement agency in the last 5 years? Yes No
 If yes, (use the supplemental page if needed)

Date	Agency Name and State	Current Status of Application
Date	Agency Name and State	Current Status of Application
Date	Agency Name and State	Current Status of Application
Date	Agency Name and State	Current Status of Application
Date	Agency Name and State	Current Status of Application

Have you ever had any involvement or association with a law enforcement agency, either as a volunteer or a paid employee? Yes No

Date	Agency Name	City/State	Position
Date	Agency Name	City/State	Position

ORO VALLEY POLICE DEPARTMENT
MILITARY STATUS

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any other military unit?

Yes No If yes, explain: _____ If no, skip to Organizational Membership section

Entry Date	Rank	Branch/Organization	Discharge type	Discharge Date

Were you ever the subject of any military discipline? Yes No If yes, explain:

Date	Charge	Disposition

Were you ever questioned as part of a military criminal investigation? Yes No If yes, explain:

Have you ever held any type of military/federal government security clearance? Yes No

Date	Type	Current Status	Was it ever cancelled/revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:			

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:

ORO VALLEY POLICE DEPARTMENT

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

ORO VALLEY POLICE DEPARTMENT

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 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:

ORO VALLEY POLICE DEPARTMENT
ANSWER THE FOLLOWING

(Use next page to explain any YES answers.)

- | | | | |
|-----|---|------------------------------|-----------------------------|
| A) | Have you ever had your wages attached? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B) | Have you ever been a party to a small claims or other court action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C) | Have you ever been involved with any civil court action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D) | Have you had a judgment rendered against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E) | Have you ever let personal problems interfere with your job? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F) | Have you ever had any property repossessed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G) | Have you ever been fired, discharged or asked to resign from any position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H) | Have the police ever been called to your home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I) | Have you ever committed any criminal violation that has gone undetected? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J) | Have you or your spouse ever been sued or summoned into court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K) | Have any relatives of you or your spouse ever been convicted of a crime or imprisoned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| L) | Do you now have, or have you ever had, any gambling debts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| M) | Have you ever used an employer's money to gamble with? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| N) | Have you ever worked for a gambling operation or booked any bets? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| O) | Have you ever had a FBI fingerprint check done for any reason? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| P) | In any employment setting, including military service, have you received any verbal or written reprimands for violations of company policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q) | Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| R) | In any job that you have held, have you been involved in any physical or major verbal confrontations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| S) | Have you ever left a place of employment without giving two weeks notice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| T) | Have you ever been extensively delinquent on any of your financial obligations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| U) | Have you ever filed bankruptcy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| V) | Are you now behind on any of your financial obligations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| W) | Have you ever been placed on court supervision or probation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| X) | Have you ever had any court proceedings expunged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Y) | Have you been unemployed during the last 10 years? (How did you support yourself?) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Z) | Do you pay child support or spousal maintenance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AA) | Are you behind on any support payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(Use next page to explain any YES answers.)

