

UAPD
BACKGROUND INSTRUCTIONS
READ CAREFULLY

1. Neatly **PRINT** all answers in black ink. If you choose to type your responses, be sure that all pages are reattached.
2. **READ AND ANSWER EACH QUESTION COMPLETELY.** If the information requested in a particular question does not apply, simply indicate by writing “N/A” in the appropriate space.
3. In completing this Applicant Questionnaire, include phone numbers for all people named, and the ZIP CODE for all addresses; also, you must provide the Area Code for all telephone numbers outside of local calling area.
4. If additional space is required to answer a question, continue your responses on the CONTINUATION SHEET provided. (last page in this packet).
5. ALL questions in this application **MUST** be answered **IN FULL** before it will be accepted for processing. Failure to complete the application will prevent you from proceeding further in the applicant process.
6. Read and sign the Code of Ethics and Authorization for Release of Information form. Have your signature on these forms **NOTARIZED**, before returning this questionnaire.
7. Any delay in providing this information will have a negative impact on your consideration for employment.
8. When turning in this application you **MUST** submit copies of:
 1. Birth Certificate
 2. High School Diploma or GED certificate
 3. Current Driver’s License
 4. Social Security Card
 5. Military DD-214 (with reenlistment code)
 6. Proof of Selective Service registration for males over 18 but not yet 26 (you may obtain proof of registration on-line @ www.sss.gov).
 7. All marriage and divorce documents
 8. Any name change documents
 9. Diplomas or non-certified transcripts from all Colleges and Universities you attended

Authorization for Release of Information

I, _____, DO HEREBY AUTHORIZE, and release from any and all liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State and Federal entities including The University of Arizona Police Department to release, furnish and exchange any and all available information including medical records regarding me in order that my suitability for law enforcement work may be determined. This included, but is not limited, to my character, integrity and reputation.

Social Security Number

Date of Birth

Home Phone

Contact Phone

Signature

Date

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.

.....
Sworn to and subscribed before me

this _____ day of _____, _____

Notary Public Signature



1852 E. 1st Street
Tucson, AZ 85721-0100

520-621-UAPD (8273)
P.O. Box 210100

THE UNIVERSITY OF ARIZONA POLICE DEPARTMENT

APPLICANT'S NAME _____

Please check one: Police Officer/Recruit Dispatcher Police Aide Civilian Community Service Officer

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 University of Arizona Police Department.

An extensive background investigation will be conducted into your personal history. Applicants may be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of the background information. Where written explanations are required in this form, it is mandatory that the information be listed totally and completely.

I understand that I will not receive and 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 an evaluation process for employment with The University of Arizona 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. I will not be advised of the reasons for non-selection.

“I certify that I have read and understood the foregoing information, AS WELL AS THE INSTRUCTIONS and further, under penalty of A.R.S. §13-2704, that all of my statements and responses in this application are to the best of my knowledge and belief, true, complete and correct. 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 is cause to initiate action to suspend or revoke certified peace officer status.”

“I further understand that if as an employee in any position commissioned or civilian, I have omitted relevant information or provided false information to any question contained herein, I will be subject to disciplinary action, up to and including termination of employment.”

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

Signature

Date

.....
Sworn to and subscribed before me

this _____ day of _____, _____

Notary Public Signature

**Authorization for Release of Information
For participation in **CLEARs**
Consolidate Law Enforcement Applicant Reporting System**

The Arizona Peace Officer Standards and Training Board is creating a database for Law Enforcement Agencies to collect and share information related to the qualifications of applicants who have entered into an agency selection process. This will involve sharing of information such as name, social security number, date of birth and sex of applicants. Information will be confidential and will only be shared with Arizona Law Enforcement Agencies. The purpose of this system is to help agencies in conducting their background investigation.

<i>Name</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Gender</i>

Participation in this database is voluntary and failure to authorize release for this purpose will not preclude you from consideration for employment with The University of Arizona Police Department.

I, _____, DO HEREBY AUTHORIZE, information stated above to be used in the AzPOST CLEARs system.

Signature

Date



Sworn to and subscribed before me

this _____ day of _____, _____

Notary Public Signature

PERSONAL DATA

Last Name _____ First _____ Middle _____

Home Phone _____ Contact Phone _____

Current Employment work hours _____ Days off _____ Work Phone _____

Are you a United States Citizen? Yes No

Current Address _____ City _____ State _____ Zip Code _____

Length of time at this address: _____ years _____ months _____ days

Social Security Number _____ Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____

List any other names, social security number or dates of birth you have used: _____

List all residences in the last ten years from most current to latest:

Address (street and number) _____ City _____ State _____ Zip Code _____ Date from - to _____

Address (street and number) _____ City _____ State _____ Zip Code _____ Date from - to _____

Address (street and number) _____ City _____ State _____ Zip Code _____ Date from - to _____

Address (street and number) _____ City _____ State _____ Zip Code _____ Date from - to _____

List all social media sites you subscribe to and your user name(s):

Social Media Site _____ User Name _____

Social Media Site _____ User Name _____

Social Media Site _____ User Name _____

Month and Year

To: _____

From: _____

Name of Employer

Supervisor

Employer Address City State Zip Phone (Work & Cellular)

Salary:

Start: _____

End: _____

Your Job Title – Describe your duties

Reason for leaving (ie: resigned, fired, laid-off)

Month and Year

To: _____

From: _____

Name of Employer

Supervisor

Employer Address City State Zip Phone (Work & Cellular)

Salary:

Start: _____

End: _____

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Month and Year

To: _____

From: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip

Phone (Work & Cellular)

Salary:

Start: _____

End: _____

Your Job Title – Describe your duties

Reason for leaving (ie: resigned, fired, laid-off)

REFERENCES

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. **INCLUDE AREA CODES WITH PHONE NUMBERS**

Name

Address

City

State

Zip

Home phone

How long known

Occupation & Business Address

Work & Cellular Phone

Name

Address

City

State

Zip

Home phone

How long known

Occupation & Business Address

Work & Cellular Phone

 Name Address City State Zip Home phone

 How long known Occupation & Business Address Work & Cellular Phone

List the names of any acquaintances employed by this department (The University of Arizona Police Department):

Have you ever applied to, or been employed by The University of Arizona Police Department in any capacity as a paid employee or a volunteer?

Yes No If Yes, Date and Position _____

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? _____

Have you ever applied for any position with another law enforcement agency?

Yes No If Yes, explain (Use continuation sheet of necessary)

 Date Agency Name and State Status of application

 Date Agency Name and State Status of application

 Date Agency Name and State Status of application

Have you ever received any law enforcement training? Yes No If Yes, explain: _____

 When? Where? Type of Training

Have you ever been certified as a police officer: Yes No If Yes, explain: _____

 When? Where? Type of Certification

EDUCATION AND TRAINING

List all schools (high schools, colleges, universities and graduate schools) you have attended. List GED of applicable.

Date Graduated	School Name	Address	Diploma Received

List any skills or abilities possessed (include foreign languages).

ORGANIZATIONAL MEMBERSHIP

Are you now or have you ever been a member of any foreign or domestic organization, association, movement group or combination or persons which is totalitarian, fascist, communist or subversive or which had 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 unconstitutional means?

Yes No If Yes, explain: _____

MILITARY STATUS

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C. or any Military Reserve Unit? Yes No If Yes, explain:

Entry Date	Rank/Branch/Organization	Discharge Type	Date
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Are you registered with the Selective Service? Yes No N/A

Local Board	Address	Draft Class	Date Classified
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POLICE CONTACT

Have you ever received a ticket for something other than a traffic offense? Yes No If Yes, list the agency, date, type of offense, disposition and an explanation:

Have you ever been arrested, convicted or charged for any criminal, petty or military offense (include juvenile offenses)? Yes No If Yes, list the agency, date, type of offense, disposition and an explanation:

Have you ever been detained or questioned by law enforcement as part of a criminal investigation (victim/suspect/witness/diversion/arrestee)? Yes No If Yes, List the agency, date, type of offense, disposition and an explanation:

List any other police contacts (not listed above) to include reporting a crime by name or anonymously, the date, and an explanation of the circumstances:

DRIVING HISTORY

List below any Traffic and/or Parking citations since you began driving, in this Country or any other Country.

Date	Location	Issuing Agency	Charge	Charged Reduced	Disposition	Accident Related Y/N

Have you ever operated a motor vehicle while under the influence of alcohol? Yes No If Yes, explain:

List all drivers or chauffeurs licenses you currently hold:

State	License Number and Type	Expiration Date

Have you ever been licensed in another state? YesNo If Yes, list below:

State	License Number and Type

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

State	License Number and Type	Date and Reason Suspended/Revoked

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, list below:

Date	Location/Jurisdiction	What was the citation for?

NARCOTICS

Use continuation sheet if more space is needed to explain Yes answers. Include number of times and dates of drug used.

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

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 (to include Oil or Wax)											
HASH											
COCAINE											
CRACK											
SPEED											
HEROIN											
OPIUM											
MORPHINE											
LSD											
ACID											
PEYOTE											
MESCALINE											
STEROIDS											
BATH SALTS											

	Type of Drug	Date you FIRST tried	Date you LAST tried	MAXIMUM times tried
Any other illegal drugs to include SPICE or any designer drug?				
Any prescription drugs not prescribed for your use?				
Obtained any prescription drug in an illegal manner?				

Have you ever GIVEN or SOLD prescription drugs? Yes No If Yes, explain: _____

Have you ever GIVEN or SOLD marijuana or any other illegal narcotics or dangerous drugs? Yes No
 If Yes, explain: _____

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

ANSWER THE FOLLOWING

Use the **CONTINUATION SHEET** (Page 15) to give any explanations on **ALL** your “**YES**” answers.

- A. Have you ever had your wages garnished? Yes No
- B. Have you ever been a party to a small claims or other court action? Yes No
- C. Have you ever been involved with any civil court action? Yes No
- D. Have you ever had judgment rendered against you? Yes No
- E. Have you ever been refused credit? Yes No
- F. Have you ever had any property repossessed? Yes No
- G. Have you ever been fired, discharged or asked to resign from any position? Yes No
- H. Have the police ever been called to your home? Yes No
- I. Have you ever committed any criminal violation that has gone undetected? Yes No
- J. Have you or your spouse ever been sued? Yes No
- K. Have you or your spouse ever been summoned into court? Yes No
- L. Have any relatives of you or your spouse ever been convicted of any crime or imprisoned? Yes No
- M. Do you now or have ever had any gambling debts? Yes No
- N. Have you ever used any employer’s money to gamble with? Yes No
- O. Have you ever worked for a gambling operation, or booked any bets? Yes No
- P. Have you ever had an F.B.I. fingerprint check done for any reasons? Yes No
- Q. In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? Yes No
- R. Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion or nationality? Yes No
- S. In any job that you’ve held, have you been involved in any physical or major verbal confrontation? Yes No
- T. Would you be able to follow direct orders, even though you may not agree with them? Yes No
- T. In any previous employment setting, were you ever exposed to any high stress or an

- extreme emergency condition? Yes No
- V. Have you ever left a place of employment without giving a two-week notice? Yes No
- W. 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
- X. Have you ever been extensively delinquent on any of your financial obligations? Yes No
- Y. Have you ever filed for bankruptcy? Yes No
- Z. Have you ever had any of your financial obligations turned over to a collection agency? Yes No
- AA. Are you now current on your financial obligations? Yes No
- BB. Have you ever been placed on court supervision or probation? Yes No
- CC. Have you ever been unemployed during the last 10 years?
If yes, explain below how you supported yourself. Yes No
- DD. Do you pay child support or spousal maintenance? Yes No
- EE. Are your support payments current? Yes No
- FF. Are you or have you been addicted to or abused any prescription medication? Yes No
- GG. Are you or have you been affiliated with any university/college club, organization, fraternity or sorority? Yes No

