NAME

COCHISE COUNTY SHERIFF'S 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 COMPLETELY AND ACCURATELY
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. SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED. THE SHERIFF'S OFFICE **WILL NOT** NOTARIZE YOUR SIGNATURE.
10. WHEN COMPLETED, RETURN TO:

COCHISE COUNTY SHERIFFS OFFICE
205 NORTH JUDD DRIVE
BISBEE, ARIZONA 85603

NOTE:
Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Your **incomplete packet will be rejected.** Please print legibly.

* Include complete addresses: Zip codes, Street addresses, City, State.
* Include complete telephone numbers: Area code and number.

COCHISE COUNTY SHERIFF'S DEPARTMENT

DATE: _____

POSITION: _____

SWORN ☐ DETENTION ☐ RESERVE ☐ CIVILIAN ☐

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 COCHISE COUNIY SHERIFFS OFFICE.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information,

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 evaluation process for employment with Cochise County. 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 NON-SELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY AND COMPLETELY

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 and psychological and polygraph examinations.

CRITERIA STANDARDS FOR DISQUALIFICATIONS

1. ANY FELONY. 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.

5. ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS. (INCLUDES LSD, PCP, PEYOTE, MESCALINE, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIN, COCAINE, HASH, SPEED, BARBITURATES, ETC.)

6. ANY RECENT ILLEGAL USE OF MARIJUANA.

7. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.

8. ANY HISTORY OF DISREGARD FOR TRAFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE A DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.

9. ANY SEXUAL CONDUCT PROHIBITED BY LAW.

10. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY.

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

X _____

Signature Date

Sworn to and subscribed before me

This ____ day of _____ , 20_____.

_____

Notary Public

PUBLIC DISCLOSURE OF INFORMATION

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.*

1. PERSONAL DATA

Last Name	First Name	Middle (Full)	Home Phone	Work Phone

Current Employment work hours and days off

Are you a United States Citizen? YES ☐ NO ☐

Current Address	City	State	Zip Code	Length of Time at Address

Social Security Number:

Height	Weight	Hair	Eyes	Date of Birth	Place of Birth

List any other names, social security numbers or dates of birth you have used.

List all residences in the last ten years:

Address (Street & Number)	City	State	Zip Code	Date from - to

2. MARITAL STATUS

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

If male and married, list wife's maiden name:

Spouse's Name	Date of Birth	Spouse's Occupation

Child's Name	Date of Birth	Address

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

Name	Street Address	City, State, Zip Code	Telephone (area code)	Relationship

FAMILY REFERENCES: List all immediate relatives; parents, siblings, in-laws and ex-spouses.

Name	Relationship	Age	Street Address	City, State, Zip Code	Telephone (area code)

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 and Year From - To	
Name of Employer	
Supervisor	
Employer Address	
Employer Phone Number	
Salary Start	
Salary End	
Your Job Title	
Describe Your Duties	
Reason For Leaving (i.e.: resigned, fired, laid off	

Month and Year From - To	
Name of Employer	
Supervisor	
Employer Address	
Employer Phone Number	
Salary Start	
Salary End	
Your Job Title	
Describe Your Duties	
Reason For Leaving (i.e.: resigned, fired, laid off	

Month and Year From - To	
Name of Employer	
Supervisor	
Employer Address	
Employer Phone Number	
Salary Start	
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Employer Phone Number	
Salary Start	
Salary End	
Your Job Title	
Describe Your Duties	
Reason For Leaving (i.e.: resigned, fired, laid off	

3. **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: **INCLUDE PHONE NUMBERS WITH AREA CODES**

Name	
Street Address	
City, State & Zip Code	
Home Phone Number	
How Long Known	
Occupation	
Business Address	
Work Phone Number	

Name	
Street Address	
City, State & Zip Code	
Home Phone Number	
How Long Known	
Occupation	
Business Address	
Work Phone Number	

Name	
Street Address	
City, State & Zip Code	
Home Phone Number	
How Long Known	
Occupation	
Business Address	
Work Phone Number	

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

C) Have you ever applied to, or been employed by the Cochise County Sheriff's Office in any capacity as a paid employee or a volunteer? YES ☐ NO ☐

If YES, when/position:

D) Have you ever applied for any position with another law enforcement agency? YES ☐ NO ☐

If YES, explain:

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

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:

F) Have you ever received any law enforcement training? YES ☐ NO ☐

If YES, explain:

When	Where	Type of Training

G) Have you ever been certified as a police officer? YES ☐ NO ☐

If YES, explain:

When	Where	Type of Certification

5. EDUCATION AND TRAINING

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

Date Graduated	School Name	Address	Diploma Received

B) List any skills or abilities possessed (include foreign languages):

6. ORGANIZATIONAL MEMBERSHIP

A) 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:

7. MILITARY STATUS

A) 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

B) Are you Registered with the Selective Service? YES ☐ NO ☐ N/A ☐

Local Board #	Address	Draft Class	Date Classified

8. CONVICTION HISTORY

A) Have you ever been Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law regulation by any civil or military authority, including Traffic and Parking citations since you began driving, in this country or any other country? (Includes any convictions or adjudication as a juvenile) YES ☐ NO ☐

If YES, describe them below:

CRIMINAL CONVICTIONS or CHARGES:

Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action

9. DRIVING HISTORY

TRAFFIC CITATIONS:

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

A) Have you ever operated a motor vehicle while under the influence of alcohol? YES ☐ NO ☐

B) List all drivers or chauffeurs licenses you currently hold:

State	License Number and Type	Expiration Date

C) Have you ever been licensed to drive in another state? YES ☐ NO ☐

If YES, list below:

State	License Number and Type

D) Have you ever had your license revoked or suspended? YES ☐ NO ☐

If YES, list below:

State	License Number and Type	Date and Reason Susp/Revoked

E) 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?

10. NARCOTICS AND ALCOHOL

Include number of times and dates drug was used.

1) 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 and Year you FIRST tried	Month and Year you LAST tried	MAXIMUM times tried	MAXIMUM times tried after age 21
Marijuana				
Hash				
Cocaine				
Crack				
Speed				
Heroin				
Opium				
Morphine				
LSD				
Acid				
Peyote				
Mescaline				
Steroids				

	Type of Drug	Date you FIRST tried	Date you LAST tried	MAXIMUM times tried
Any other illegal drugs?				
Any prescription drugs not prescribed for your use				
Obtained any prescription drug in an illegal matter				

2) Have you ever GIVEN or SOLD prescription drugs, marijuana or any other illegal narcotics or dangerous drugs? YES ☐ NO ☐

If YES, explain:

11. ANSWER THE FOLLOWING

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) 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 discharged or asked to resign from any position? YES ☐ NO ☐

H) Have the police ever been called to your home for any reason other than as a victim? YES ☐ NO ☐

I) Have you or your spouse ever been sued or summoned into court? YES ☐ NO ☐

J)	Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?	YES ☐ NO ☐
K)	Do you now or have you ever had any gambling debts?	YES ☐ NO ☐
L)	Have you ever used an employers money to gamble with?	YES ☐ NO ☐
M)	Have you ever worked for a gambling operation, or booked any bets?	YES ☐ NO ☐
N)	Have you ever had an F.B.I. fingerprint check done for any reason?	YES ☐ NO ☐
O)	In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?	YES ☐ NO ☐
P)	Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?	YES ☐ NO ☐
Q)	In any job that you've held, have you been involved in any physical or major verbal confrontations?	YES ☐ NO ☐
R)	Would you be able to follow direct orders, even though you may not agree with them?	YES ☐ NO ☐
S)	In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?	YES ☐ NO ☐
T)	Have you ever left a place of employment without giving two weeks notice?	YES ☐ NO ☐
U)	Have you ever committed any criminal violation that has gone undetected?	YES ☐ NO ☐
V)	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 ☐
W)	Have you ever been extensively delinquent on any of your financial obligations?	YES ☐ NO ☐
X)	Have you ever filed for bankruptcy?	YES ☐ NO ☐
Y)	Have you ever had any of your financial obligations turned over to a collection agency?	YES ☐ NO ☐
Z)	Are you now current on your financial obligations?	YES ☐ NO ☐

AA) Have your ever been placed on court supervision or probation? YES ☐ NO ☐

BB) Have you ever had any court proceedings expunged? YES ☐ NO ☐

PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS A - BB:

List the date of each occurrence

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? YES ☐ NO ☐

If "YES" provide full information below:

DEPUTY APPLICANTS ONLY

If the necessity for you to shoot a human being, in the course of your duties as a Deputy Sheriff, would you have any reluctancy to do so? YES ☐ NO ☐

If "YES" explain:

CERTIFICATION

I hereby certify under penalty of A.R.S. 13-2701 and 39-161, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willfully false statement on this form constitutes a violation of the law, and cause to initiate action to suspend or revoke certified peace officer status.

X _____

Signature Date

12. SUPPLEMENTARY BACKGROUND INFORMATION

PLEASE USE THIS PAGE TO DESCRIBE THE FOLLOWING:

1. Why do you want to be a Sheriff's Office Employee?

2. What qualities do you possess that would make you a good Sheriff's Office Employee?

COCHISE COUNTY SHERIFFS DEPARTMENT
205 NORTH JUDD DRIVE
BISBEE, ARIZONA 85603

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 COCHISE COUNTY SHERIFF'S 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 includes, but is not limited to my character, integrity, and reputation.

_____
SIGNED

_____
DATE

SOCIAL SECURITY NUMBER

HOME PHONE

CONTACT PHONE

_____
NOTARY

_____
DATE

_____
COMMISION EXPIRES