

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 COUNTY 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.



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 the past five years. DO NOT include family members.



### 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!

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

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

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<b>Supervisor</b>	
<b>Employer Address</b>	
<b>Employer Phone Number</b>	
<b>Salary Start</b>	
<b>Salary End</b>	
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<b>Name of Employer</b>	
<b>Supervisor</b>	
<b>Employer Address</b>	
<b>Employer Phone Number</b>	
<b>Salary Start</b>	
<b>Salary End</b>	
<b>Your Job Title</b>	
<b>Describe Your Duties</b>	
<b>Reason For Leaving (i.e.: resigned, fired, laid off)</b>	

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**

<b>Name</b>	
<b>Street Address</b>	
<b>City, State &amp; Zip Code</b>	
<b>Home Phone Number</b>	
<b>How Long Known</b>	
<b>Occupation</b>	
<b>Business Address</b>	
<b>Work Phone Number</b>	



<b>Name</b>	
<b>Street Address</b>	
<b>City, State &amp; Zip Code</b>	
<b>Home Phone Number</b>	
<b>How Long Known</b>	
<b>Occupation</b>	
<b>Business Address</b>	
<b>Work Phone Number</b>	

<b>Name</b>	
<b>Street Address</b>	
<b>City, State &amp; Zip Code</b>	
<b>Home Phone Number</b>	
<b>How Long Known</b>	
<b>Occupation</b>	
<b>Business Address</b>	
<b>Work Phone Number</b>	

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:

<b>Date</b>	<b>Agency Name and State</b>	<b>Status of Application</b>

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:

<b>Date</b>	<b>Location/Jurisdiction</b>	<b>What was the citation for?</b>

**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

<b>Type of Drug</b>	<b>Month and Year you FIRST tried</b>	<b>Month and Year you LAST tried</b>	<b>MAXIMUM times tried</b>	<b>MAXIMUM times tried after age 21</b>
<b>Marijuana</b>				
<b>Hash</b>				
<b>Cocaine</b>				
<b>Crack</b>				
<b>Speed</b>				
<b>Heroin</b>				
<b>Opium</b>				
<b>Morphine</b>				
<b>LSD</b>				
<b>Acid</b>				
<b>Peyote</b>				
<b>Mescaline</b>				
<b>Steroids</b>				



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 reluctance 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





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

EMAIL

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMISSION EXPIRES