



TO: Mesa Police Department Applicants

Applicants are advised that a polygraph examination will be given as part of the total application/background procedure. The questions may include, but are not limited to the following areas:

1. Your work history
2. Your usage of alcohol and drugs
3. Your honesty
4. Your criminal history and/or involvement in undetected crimes

Attached is an eight page questionnaire that you are required to complete in connection with the polygraph examination and police department background check.

Take special care to comply with the following:

1. List complete mailing addresses (including zip codes) and telephone numbers regarding past and present employers, as well as references.
2. Provide detailed explanations for all "yes" answers throughout the questionnaire. Include dates and locations, where appropriate.
3. Read and sign the last page of the questionnaire and have signature notarized before submitting it.

FAILURE TO FOLLOW THE ABOVE DIRECTIONS WILL PROHIBIT YOU FROM BEING CONSIDERED FOR EMPLOYMENT.

ANY INACCURATE, FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION. INFORMATION RECEIVED WILL BE VERIFIED.

Do not attach a resume, in-service training diplomas, classes attended, etc.



Name (Last, First, Middle)
Position Applied For
Today's Date



BACKGROUND QUESTIONNAIRE

This questionnaire will be evaluated by those persons responsible for hiring at the Mesa Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

All applicants will be required to take a polygraph examination.

Any inaccurate, false, incomplete or misleading information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Mesa Police Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING.
DO NOT TYPE.
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 TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST PAGE.
HAVE YOUR SIGNATURE NOTARIZED.

1. PERSONAL DATA

LAST NAME		FIRST NAME	MIDDLE NAME	HOME PHONE	BUS. PHONE	MESSAGE PHONE		
CURRENT ADDRESS		STREET & NUMBER	CITY	STATE		EMAIL		
AGE	DOB	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NO.		TATTOOS/SCARS (DESCRIPTION & LOCATION)		LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME)				
CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED			SPOUSE'S NAME		DOB			
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED								

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES MO/YR		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

2. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE YEARS.

NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
					()	()
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
					()	()
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS		
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
					()	()

3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:
 HIGH SCHOOL DIPLOMA G.E.D. CERTIFICATE COLLEGE DEGREE

LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	TYPE OF DEGREE OR CREDIT HRS.

B. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING? YES NO
 IF YES, EXPLAIN ON BACK PAGE.

4. EMPLOYMENT

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO IF YES, EXPLAIN ON BACK PAGE.

B. IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED, CHECK THE BOX TO THE RIGHT, AND ON THE BACK PAGE EXPLAIN WHY:
 BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. KEEP IN PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN (10) YEAR PERIOD. **OMIT NONE!** BE SURE TO KEEP IN PROPER SEQUENCE. IF YOU NEED MORE ROOM, USE THE BACK PAGE OR A SEPARATE SHEET OF PAPER.

CURRENT EMPLOYMENT	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
FROM	CITY	PHONE () -	STARTING SALARY
TO PRESENT	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON WHY YOU WANT TO LEAVE			

FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			

FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			

FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			

FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM MO/YR	NAME STREET ADDRESS	JOB TITLE SUPERVISOR
TO MO/YR	CITY STATE	PHONE () ZIP CODE
		STARTING SALARY ENDING SALARY
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		

C. HAVE YOU EVER APPLIED FOR **ANY** POSITION WITH **ANY** LAW ENFORCEMENT AGENCY? YES NO
IF MORE SPACE IS NECESSARY, LIST ON THE BACK PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY? YES NO
NAME OF ACADEMY _____
NAME OF ACADEMY _____

WERE YOU CERTIFIED? YES NO
DATE ATTENDED _____
DATE ATTENDED _____

5. ARREST HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES **AS BOTH A JUVENILE AND AN ADULT**. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. **EXPLAIN ALL "YES" ANSWERS IN DETAIL ON BACK PAGE.**

	YES	NO		YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL, TO INCLUDE AS A VICTIM, WITNESS OR REPORTING PARTY?	<input type="checkbox"/>	<input type="checkbox"/>	G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	H. HAVE YOU EVER BEEN BOOKED INTO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	J. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>			

L. IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE BACK PAGE. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

SECTION # (A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY - CITY/STATE	DISPOSITION/SENTENCE

6. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED, OR SUSPENDED? YES NO
IF YES, EXPLAIN IN DETAIL ON THE BACK PAGE THE REASON FOR THIS ACTION. LIST DATES.

B. HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES OR VEHICLE REGISTRATION SUSPENDED? YES NO **IF YES, EXPLAIN IN DETAIL ON BACK PAGE.**
DATE OF REINSTATEMENT _____

C. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD.

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

D. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES NO

	WHEN?	WHERE?
--	-------	--------

E. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE BACK PAGE.

MONTH/YEAR	CHARGE	AGENCY/CITY OR STATE	DISPOSITION/RESULT

F. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES NO IF YES, EXPLAIN ON BACK PAGE.

G. HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? YES NO DATES _____
 HIT & RUN WITH INJURIES? YES NO IF YES, EXPLAIN ON BACK PAGE.

H. HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE? YES NO MANSLAUGHTER? YES NO IF YES, EXPLAIN ON BACK PAGE.

7. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE BACK PAGE.

	YES	NO		YES	NO
A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	<input type="checkbox"/>	<input type="checkbox"/>

8. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO WHAT KIND? _____ HOW MUCH? _____

B. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY OR EMPLOYMENT DUE TO DRINKING? YES NO IF YES, EXPLAIN ON BACK PAGE.

C. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? YES NO IF YES, EXPLAIN ON BACK PAGE.

D. IF YOU HAVE TRIED, USED OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. **INCLUDE THE NUMBER OF TIMES USED AND DATES.**

			TOTAL #	#TIMES	DATE/S			TOTAL #	#TIMES	DATE/S	
	YES	NO	TIMES USED	USED SINCE 21 st BDAY		(MO/YR)	YES	NO	TIMES USED		USED SINCE 21 st BDAY
MARIJUANA – Other than prescribed by a physician as defined in ARS 36-2801	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
						HERION	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
						OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
						INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	HALLUCINOGENIC	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
BARBITUATES	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, etc.)					_____
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____						_____
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____						_____

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUGS WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS NEEDED, USE THE BACK PAGE. **YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.**

9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF ARIZONA? YES NO

ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? YES NO

IF SO, EXPLAIN ON THE BACK PAGE.

A. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? YES NO IF SO, EXPLAIN ON THE BACK PAGE.

10. MILITARY STATUS

A. **SELECTIVE SERVICE NUMBER** - (if unknown go to www.sss.gov)

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES NO IF SO, LIST EACH SERVICE PERIOD SEPARATELY.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. LIST ALL MILITARY SERVICE NUMBERS

D. CURRENT MILITARY STATUS

E. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY? YES NO IF YES, EXPLAIN ON THE BACK PAGE.

Please answer the following question concerning the scheduling of your polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a polygraph examination?

_____ Hours(s)

_____ Days

Use additional pages if needed.