



## **POLICE DEPARTMENT**

1601 SOUTH SIXTH AVENUE  
SOUTH TUCSON, ARIZONA 85713

### **Applicant Background Questionnaire with Instructions**

This questionnaire and the information gathered will be evaluated by those responsible for employment requirements with the City of South Tucson Police Department. It will be reviewed as part of an extensive background investigation into your criminal, driving, employment, financial, medical, and personal history.

#### **Complete the questionnaire in its entirety:**

The questionnaire is required to be completed and returned to the South Tucson Police Department.

Once your background investigation is completed, any questions that you may have about your background investigation will be directed to the office of the South Tucson Chief of Police, and not the background investigator. The background investigator is not authorized to speak on behalf of the South Tucson Police Department.

During the background investigation process there can be no compromise when it comes to truthfulness. Any falsification, misrepresentation, deception, or omission, no matter how slight, can be justification to remove you from further consideration.

As an Arizona full authority peace officer and/or applicant, to include civilian employment, you are expected to answer truthfully all questions asked of you verbally and/or in writing. Willfully providing false information may be cause to deny, suspend or revoke peace officer certification status, as enumerated in AZ POST Rule 13-4-109, (A) (2), or employment with the South Tucson Police Department. If you are truthful, information that you disclose on the questionnaire regarding past behavior may not automatically affect you adversely.

Honesty is the best policy. Once again, omitting or failing to provide possible negative information is just like lying. Providing false or misleading statements on this questionnaire could be cause to deny or revoke peace officer certification, or employment with the South Tucson Police Department.

DO NOT WAIT to disclose information you believe may be detrimental to obtaining peace officer certification or employment with the South Tucson Police Department. Information that applicants have failed to disclose in the past may not have eliminated them had they been truthful on this questionnaire and during subsequent interview(s).



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**Instructions:**

- A. Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the space. Do not leave blank answer spaces.
- B. If you cannot remember, or don't know, the information requested, write "I cannot remember" or "I don't know" in the blank space.
- C. Do not include awards, professional certificates, or resumes with this questionnaire.
- D. When using the "Additional Information / Explanations" area on the last three pages, please note the category and/or question number you are referring to.
- E. If you are applying to be a Certified Peace Officer, include a notarized AZ POST Authorization for Release of Information form. If you are applying for a civilian position, include a notarized civilian Authorization for Release of Information form.

Regardless of the outcome of this process, you are not entitled to any information obtained during this inquiry and no documents, reports, or other written communications obtained during the course of your background investigation will be returned to you.

**If it is determined that you deliberately give false or misleading information, or omit relevant facts, you will be disqualified.**

I have read, understand, and will abide by the statements above.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



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The documents listed below must be provided to the background investigator before your background can be completed. Make a copy of each document for the background investigator. Bring all copies and all originals to your meeting with the background investigator. At that time the background investigator will roll your fingerprints for submission to the Arizona Department of Public Safety (AZ DPS).

1. Birth certificate (if naturalized the document must show your birth number, or naturalization papers)
2. Social security card
3. Current driver's license
4. High school diploma or General Education Diploma (GED)
5. Any post high school academic degrees or certificates including police certification, and official college transcripts
6. Marriage license, if applicable (all marriages)
7. Copy of DD Form 214, Member-4 (military discharge papers) or your selective service number. If you don't know your number, or have your document, you can get it online at: [www.sss.gov/verify/](http://www.sss.gov/verify/)
8. Your last pay stub from your current or previous employer
9. Most current utility statement (select one: electric, water, phone, etc.)
10. Credit report, with or without credit score (within last 30 days - only one reporting company is required)

Link to get a free Experian Credit Report

<https://www.experian.com/consumer-products/free-credit-report.html>

Instructions to get Credit Report

When you first open up the link "<https://www.experian.com/consumer-products/free-credit-report.html>", click on "Get your free credit report and FICO Score". You will need to create an account. Verify Your Identity. Answer the Security Questions. Select Security Question. Click on Reports and Score and then on Credit Reports. Click on Print Report. Your credit report will be generated. Right click on the screen and push print. Change the "Destination" to PDF. Save it to your Desktop and print it.

11. Motor vehicle registration and proof of insurance on all vehicles you own, or are registered to you
12. Copy of your last performance evaluation from your current or previous employer
13. Divorce decree, if applicable (all divorces)
14. Bankruptcy discharge (if applicable)
15. Civil suits where you were the plaintiff or defendant
16. Proof of any court ordered child support or spousal maintenance
17. Certified copy of your five (5) year driving record (obtain from AZ Motor Vehicle Department)
18. If a lateral applicant, AZ POST certification and all training and firearms documentation.



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**Personal Data:**

Full Printed Name			Address		
Home Phone Number			Business Phone Number		
Cellphone Number			Email Address		
Age	Height	Weight	Hair Color	Eye Color	Race
Date of Birth	Place of Birth		Social Security Number		State SSN Issued
Driver's License Number		State DL Issued In		DL Expiration Date	
1. Have you ever used or been known by any other name than the one you listed on this application (including your maiden name)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list here: _____					
2. Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. Are you a U.S. Citizen by Naturalization? Yes <input type="checkbox"/> No <input type="checkbox"/>					

**Marital Status:**

Single		Married		Separated		Divorced		Widowed	
If you are currently <u>married</u> : Spouse's maiden name				Spouse's Date of Birth		Spouse's cellphone number			
Date of Marriage				City of Marriage		County and State of Marriage			
If you are <u>separated</u> : Spouse's current address						Date of separation			
If you are <u>divorced</u> : Ex-spouse's current names						Date of divorce			
Ex-spouse's full maiden name				Ex-spouse's address & phone number					
If you are <u>widowed</u> : Date of spouse's death				Who are you currently living with (other than spouse)?					



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**Children:**

List all children born to you, as well as any person who is dependent upon you for support (excluding spouse and ex-spouses).

Name	Relationship	Date of Birth	Address (include City, State, Zip code & Cellphone No.)

4. Are you currently delinquent with any child support maintenance obligations? Yes ☐ No ☐

5. Have you ever been delinquent on any child support maintenance obligations? Yes ☐ No ☐

**Relatives:**

List all your immediate family members (**living and deceased**) to include: Father, Stepfather(s), Mother, Stepmother(s), Brother(s), Stepbrother(s), Sister(s), Stepsister(s).

Name	Relationship	Address (include City, State, Zip code & Cellphone No.)	Age



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List all your Spouse's immediate family members (**living and deceased**) to include: Father, Stepfather(s), Mother, Stepmother(s), Brother(s), Stepbrother(s), Sister(s), Stepsister(s).

Name	Relationship	Address (include City, State, Zip code & Cellphone No.)	Age

**Addresses:**

List all addresses where you have resided in the past ten (10) years, starting with your present address. Include addresses during military service. If you rented at any of the addresses listed, include name, address, and phone number of your landlord or property management.

Dates From/To	Street address (If applicable include Property Management information & Phone No.)	City	County	State/Zip



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**Education:**

Name of High School	City & State	Date of Graduation or date obtained GED	
<b>6. Are you presently enrolled in any school or academic class?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "yes", list name and address of school _____			
<b>7. Have you ever been suspended, expelled from a school, or denied admission?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "yes", list school name and reason _____			
<b>List all classes (courses) you have attended that were related to law enforcement.</b>			
Title of Course	Location (School Name, City & State)	Date(s) Attended	Number of Hours

**Personal References:**

<b>Please provide four (4) references (not relatives or former supervisors) who have known you well during at least the past five (5) years.</b>			
Name		Phone Number	Email Address
Residential Address		City, State, Zip Code	
Occupation	Business Address	Business Phone Number	Years Known
Name		Phone Number	Email Address
Residential Address		City, State, Zip Code	
Occupation	Business Address	Business Phone Number	Years Known



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Name		Phone Number	Email Address
Residential Address		City, State, Zip Code	
Occupation	Business Address	Business Phone Number	Years Known

Name		Phone Number	Email Address
Residential Address		City, State, Zip Code	
Occupation	Business Address	Business Phone Number	Years Known

Provide one (1) social acquaintance in your age group.			
Name		Phone Number	Email Address
Residential Address		City, State, Zip Code	
Occupation	Business Address	Business Phone Number	Years Known

## Employment:

8.	Have you ever been considered for any position with the South Tucson Police Department? If "yes", when and what position(s) did you apply for? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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9.	Are you acquainted with any member(s) of this department? If "yes", whom? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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List all names and addresses of companies where you have applied during the past twelve (12) months and list all Law Enforcement Agencies you applied for in the past ten (10) years.			
Firm/Company Name	Address (include City, State, Zip Code)	Business Phone No.	Date Applied





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List all places of employment you have ever worked for. Begin with your present or most recent employer and work backwards. List all periods of unemployment, schooling, military service, etc. **DO NOT OMIT ANY and keep them in proper sequence.**

Firm/Company Name	Address	City, State, Zip Code
Position or Title	Type of Work or Job	Dates of Employment
Reason for Leaving	Ending Hourly Wage	Business Phone Number
Name of Supervisor	Supervisor's Phone Number	Supervisor's Email Address

  

Firm/Company Name	Address	City, State, Zip Code
Position or Title	Type of Work or Job	Dates of Employment
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**Financial Obligations:**

10. Is your spouse employed? If "yes", provide the name, address, and phone number of their employer? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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11. Do you or your spouse have any other source of income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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List all present debts, including alimony and/or child support, excluding living expenses. List Rent or Mortgage(s), Vehicle loans, Personal loans, Credit card(s), any other type of debt not listed.

Company Name	Address & Phone Number	City/State	Payment	Balance	Open/Closed

12. Are you currently delinquent on any of your financial obligations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Account Names	Balance(s)	Amount of Payment(s)	Months/Years Past Due?



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13. Are you currently responsible for any court ordered civil payments of any kind? (Spousal maintenance, child support, accident settlement, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever filed Bankruptcy? (Chapter 13 - Voluntary, Chapter 11 - Involuntary, Creditors): Amount: _____ Date Discharged: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you ever had your property repossessed? Explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you ever knowingly written a bad check, a check on a closed account, or altered a check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Has a landlord ever served you with an eviction notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Have you ever been the subject of a lawsuit by a former landlord or property manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Have you ever failed to file your Federal or State income tax or do you have any unresolved issues with the IRS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Has gambling ever created a problem with your employment, financial stability, or family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Have you ever used your employer's money to gamble with?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Driving History:**

22. What states have you been licensed to drive? _____	
23. Have you ever been refused a driver's license by any State or Country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Have you ever been a driver, or passenger, in an accident where injuries or damage occurred, and you left the scene of the accident (hit and run)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Have you been involved in an accident, where you were at fault? If yes, how many _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Has your license or driving privileges ever been suspended, revoked, cancelled, or been restricted in any State or Country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Have you ever operated your motor vehicle with expired registration? Dates: _____ Number of Times: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Have you ever operated your vehicle without insurance? Dates: _____ Number of Times: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>



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29. Have you ever been involved in a Road Rage situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
30. Have you ever falsified information on an accident report or given police false information during a traffic stop or accident investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
31. Have you ever had a warrant issued for your arrest for failure to pay a citation or failure to appear in court?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
32. When and where is the last time you operated a motor vehicle while impaired by alcohol or drugs? <div style="display: flex; justify-content: space-between;"> <span>_____ How many times in your lifetime? _____</span> </div> Explain: _____			
33. Have you ever been given a field sobriety test/HGN?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
34. Have you ever been given a breath test?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
35. Have you ever received a citation (ticket) for a traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all of them, you have ever received in your lifetime, below:			
Date	Location and Issuing Agency	Violation (not code)	Court Disposition

**General Questions:**

36. Have you ever been fingerprinted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Because of an Arrest? Explain. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
For employment? Explain. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
For some other reason? Explain. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. Have you ever been suspended or served an intent to terminate by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	



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38. Have you ever resigned from a job because you believed you might be disciplined, demoted, terminated, or forced to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. Have you ever been dismissed, terminated, or forced to resign from any employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40. Have you ever been barred from taking a Civil Service Examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41. Are you now on an eligibility list for employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42. Were you ever placed on eligibility list and not hired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
43. Have you ever been rejected from a Civil Service position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
44. Have you ever been sued in court for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
45. Did you ever work without reporting it (even on the side) while collecting unemployment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
46. Have you ever taken merchandise or goods (that you were not authorized to take) from a company where you worked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
47. Have you ever borrowed company money without permission or given away employer's merchandise that you should have been paid for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Value \$ _____ Types of Goods _____		
48. Have you ever stolen, or been accused of stealing, anything from a co-worker, detainee, or other person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
49. While employed, have you ever been involved with another employee or an outside person, in a scheme to defraud your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
50. Have you ever been accused or suspected of theft from any employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
51. Have you ever intentionally damaged or misused the property of an employer or other employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
52. In your employment history, have you ever been involved in any incident involving sexual harassment or an incident that could have been perceived as sexual harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
53. In your employment history, have you ever been involved in a physical or verbal workplace confrontation with a co-worker, supervisor, or customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
54. Have you ever cheated on an expense account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
55. Have you ever deliberately cheated/shortchanged a customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
56. Have you ever falsified or exaggerated an on-the-job injury report for yourself or anyone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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57. Have you ever consumed alcohol while on the job or during work hours? If yes, how many times? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
58. Have you ever used illegal drugs while on duty or at a job site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
59. In any employment setting, including military service, have you ever been disciplined, received any verbal reprimands, written reprimands, or suspensions for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>
60. Would you have any difficulty working or dealing with members of the opposite sex, a different race, nationality, religious belief, or sexual orientation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
61. During the past five years, have you falsified sick time by calling in sick when you were not ill? If yes, how many times? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
62. Indicate whether you have been rejected as a job applicant for any of the following reasons:	
a. Issues raised by a background investigator?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Issues raised by a polygraph?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Issues raised by an oral board?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Issues raised by a physical agility test?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Other: _____	
63. Did you ever cover up a violation for a fellow employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
64. Have you ever accessed, downloaded, viewed, and redistributed any files, photos, jpegs, mpegs, and clips, etc. of sexual acts while at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
65. Have you ever been involved, in any manner, with an internal investigation at your place of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
66. Have you ever been involved in any sexual conduct while on duty or on a job site (including during breaks or rest periods)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
67. Have you ever failed to report damage or falsified information regarding damage to an employer's equipment or vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
68. How many citizen complaints have been filed against you? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
69. How many of these complaints were sustained or found to be true? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
70. How many "at work" accidents have you been involved in? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
71. How many of those accidents were you at fault? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
72. Have you ever used your authority or work ability to gain access, in order to obtain information, you should not have (i.e., financial records, criminal records, addresses, salary information, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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**Law Enforcement/Corrections Experience:**

73. Have you ever been a police officer in any state? If yes, list agency and location. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
74. Have you ever worked as a civilian with a law enforcement agency? If yes, list agencies and location. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
75. Have you ever failed a probationary period with a law enforcement agency? If yes, list reason. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
76. Have you ever been accused of, or have you ever used "excessive force" or more force than necessary to effect an arrest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
77. While a sworn officer, have you ever violated any controlled substance (illegal narcotics) laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
78. Have you ever consumed, inhaled, ingested, or injected any illegal drug while certified as a peace officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
79. Have you ever been the Subject (Suspect) of an Internal Affairs investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
80. Have you ever witnessed, accepted, or been accused of accepting gratuities, a bribe, or pay-off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
81. Have you ever witnessed, committed, participated in, or been accused of illegal search and seizure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
82. Have you ever violated or been accused of violating a person's civil rights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
83. Have you ever taken, been accused of taking, or converted property for your own use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
84. Have you accidentally discharged your service weapon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
85. Have you ever used a criminal justice computer to access information you should not have received, or that you had no official purpose to obtain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
86. Have you ever kept or improperly disposed of any items, evidence, or found property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
87. Did you ever lie or commit perjury in court testimony or any other official proceeding, including an Internal Affairs investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Military Experience:**

88. Are you in compliance with registration requirements of the Selective Service Act? (Note: If you are female, you are automatically in compliance)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
89. Have you ever served in the Air Force, Army, Coast Guard, Navy, Marines, National Guard, Reserve, ROTC, or any other military or semi-military organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Month & Year Entered	Branch of Service	Date of Discharge	Type of Discharge	Rank (E-4/O-4, etc.)

90. How long were you on Active Duty? \_\_\_\_\_ Years \_\_\_\_\_ Months

91. What type of discharge did you receive?

a. Honorable	<input type="checkbox"/>
b. Honorable with hardship reasons	<input type="checkbox"/>
c. General	<input type="checkbox"/>
d. Less than honorable	<input type="checkbox"/>
e. Retirement - Length of service _____	<input type="checkbox"/>
f. Still on full time active duty	<input type="checkbox"/>
g. Still on reserve status	<input type="checkbox"/>
h. Other: _____	<input type="checkbox"/>
i. Other: If the discharge was NOT Honorable - what were the specific circumstances leading to your military discharge? _____	

92. Did you ever fail to complete any term of enlistment for any reason? Yes ☐ No ☐

93. Were you discharged under any condition prohibiting re-enlistment? Yes ☐ No ☐

94. Were there any special circumstances that led to your military discharge? (i.e., poor evaluations, job performance, intentional acts to get out early, etc.) Yes ☐ No ☐

95. Have you ever been the subject of, or witness to, a military court martial? Yes ☐ No ☐

96. Did you receive disciplinary actions, (official or unofficial) in the military (such as: Court Martial, Article 15, Captain's Mast, Company punishment, written or verbal reprimands, letters of counseling, etc.). If yes, number of times. \_\_\_\_\_ Yes ☐ No ☐

97. Were you ever reduced in rank, pay, restricted from, or had privileges suspended? Yes ☐ No ☐

98. Were you ever absent without leave (AWOL), had an unexcused absence (UA), missed formation, missed a ship movement, etc.? Yes ☐ No ☐

99. Have you ever faked an illness or circumstance to avoid deployment, exercises, or any duties? Yes ☐ No ☐

100. While in the military, were you ever incarcerated (i.e., brig, guardhouse, house arrest etc.)? Yes ☐ No ☐

101. Have you ever participated in any activity while assigned anywhere in the world that would be illegal if conducted within the United States? Yes ☐ No ☐





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102. Do you still possess any military equipment that you are not authorized to have?

Yes ☐ No ☐

**Weapons/Explosives:**

103. Have you ever possessed or manufactured illegal weapons?

Yes ☐ No ☐

104. Have you ever threatened or injured anyone with a weapon?

Yes ☐ No ☐

105. Have you ever illegally carried a concealed weapon?

Yes ☐ No ☐

106. Have you ever made a bomb or explosive device?

Yes ☐ No ☐

107. Have you ever detonated an explosive device?

Yes ☐ No ☐

108. Have you ever possessed, stored, or manufactured illegal explosives?

Yes ☐ No ☐

109. Have you ever made a bomb threat?

Yes ☐ No ☐

**Criminal History:**

110. As an adult or juvenile, have you ever been convicted of any offense (including military) in the United States or another country? Do not include minor traffic violations.

Yes ☐ No ☐

111. Have you ever been arrested, charged, questioned, accused, warned, or detained for any violation of the law other than minor traffic violations, as an adult or juvenile?

Yes ☐ No ☐

112. As an adult or juvenile, have you ever been involved with, in any manner (witnessed, participated, have knowledge of) any of the following?

a. Arson - intentionally setting a fire to destroy something or cause damage.

Yes ☐ No ☐

b. Assault, Homicide

Yes ☐ No ☐

c. Bad check writing

Yes ☐ No ☐

d. Bribery

Yes ☐ No ☐

e. Burglary, Theft, Robbery, Breaking and Entering

Yes ☐ No ☐

f. Criminal Damage (Vandalism/Graffiti)

Yes ☐ No ☐

g. Criminal Trespass

Yes ☐ No ☐

h. Disorderly Conduct

Yes ☐ No ☐

If so, was a weapon involved?

Yes ☐ No ☐

i. Embezzlement - Theft of money or valuables entrusted to you

Yes ☐ No ☐

j. Fraud (schemes, insurance claims)

Yes ☐ No ☐

# SOUTH TUCSON POLICE DEPARTMENT

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k. Illegal Racketeering in Prostitution, Drugs or Stolen Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Indecent Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m. Kidnapping      Yes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n. Perjury      Yes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o. Prostitution	Yes <input type="checkbox"/>	No <input type="checkbox"/>
p. Providing Alcohol to Person(s) underage 21	Yes <input type="checkbox"/>	No <input type="checkbox"/>
q. Reckless Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
r. Resisting Arrest	Yes <input type="checkbox"/>	No <input type="checkbox"/>
s. Sexual assault/Rape/Date Rape	Yes <input type="checkbox"/>	No <input type="checkbox"/>
t. Shoplifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
u. Vehicular Assault or Vehicular Manslaughter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

113. In the past ten (10) years how many physical fights have you been in (other than your job as a police officer)? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
114. Have you ever had a physical confrontation (i.e., pushed, slapped, punched, etc.) with a romantic / intimate partner (i.e., spouse, girlfriend/boyfriend, date)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
115. Have you ever caused neglect or injury to a child, family member, or friend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
116. Have you ever been connected to a criminal investigation of any kind, in any manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
117. Have you ever had a warrant issued for your arrest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
118. Have you ever lied or distorted the facts in a police report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
119. Have you ever been on court ordered probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
120. Have you ever lied under Oath or on a sworn document?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
121. Do you have any knowledge of any unreported or unsolved crimes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
122. Have you ever violated any Fish & Game laws in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
123. Have you ever stolen or taken without permission any property from a business or other person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
124. Have you ever altered or switched price tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
125. Have you ever used a fake/altered ID, another person's identification, or have you ever furnished a fake Identification to another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
126. Have you ever purchased, sold, or obtained any property thought to be stolen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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127. Have you ever paid, been paid, or participated in the payment for any sexual act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
128. Have you ever viewed any pornography at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
129. Have you ever sought out or viewed pornography of anyone under the age of 18? (Internet, video, paper, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
130. Have you ever been involved in surreptitious viewing or recording (audio or video) type activity of another?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
131. Have you ever participated in any sexual behavior with a person under the age of 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
132. Have you ever shown pornographic material to a person under the age of 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
133. Have you ever contributed to the delinquency of a minor? (i.e., alcohol, cigarettes, pornographic Material).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
134. Have you ever exposed yourself in an indecent manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
135. Have you ever had any sexual contact with a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
136. Have you engaged in, or witnessed, any type of sex act or sexual conduct with a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
137. Have you ever been involved in any sexual behavior while in an adult bookstore, shop, park, public restroom, sex club, or any public place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
138. Have you ever engaged in any sex act with any person without that person's permission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
139. Have you ever used or attempted to use force to persuade another to have sex?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
140. Have you ever used your position of authority or power to engage another in sex acts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
141. Have you engaged in, or witnessed, any type of sex act or sexual contact with an animal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
142. Have you ever been arrested, charged, questioned, accused, warned, detained, or deferred to a First Offender Program as a juvenile or as an adult for any violation of the law other minor traffic violations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
143. Have you ever observed or been present during the commission of any crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
144. Have you ever been the subject of a court order of protection or injunction prohibiting harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
145. Have you ever been the subject of any investigation by a child protective services (child welfare) agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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146. Have your actions ever resulted in any injury to another person or animal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
147. Are you now, or have you ever been a member, or associated with members, of any gang?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
148. Do you have any tattoos on your person that you know, or have reason to believe, are gang related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
149. Have you ever committed a crime that was undetected or for which you were not caught?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
150. Have any of your relatives (including your spouse), or your spouse's relatives ever been convicted of a crime (misdemeanor or felony)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name/Relationship: _____		
Crime Committed: _____		

**Domestic Violence:**

Domestic Violence is defined in the law as certain criminal acts committed between persons who have been involved in a relationship who live together in the same household (or who have lived together in the past); or persons who have a child in common or are expecting a child (regardless of whether they have resided in the same household); or persons related to one another in the following ways:

Spouse	Child	Grandchild	Former Spouse
Brother	Sister	Parent	Grandparent

Crimes defined in the Domestic Violence law are:

Assault	Criminal Damage	Disorderly Conduct	Endangerment
Imprisonment	Intimidation	Kidnapping	Trespass

151. Have you ever been convicted of misdemeanor crime of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
152. Have the police ever been called to your home for any domestic dispute situations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
153. Have you ever been involved in any domestic dispute when the police did not respond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
154. Have you ever been verbally or physically abusive toward your spouse, children, boyfriends, girlfriends, parents, or anyone else? (i.e., pushing, shoving, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
155. Have you ever been convicted of any domestic violence offense, whether misdemeanor or felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
156. Have you ever had an Order of Protection or Injunction Prohibiting Harassment placed against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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**Drug/Substance Abuse:**

157.	Are you now or have you ever resided with anyone who was using, cultivating, manufacturing, selling, or transporting marijuana or any other illegal substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/> <hr/>			
158.	Have you ever tried a substance without knowing what it was?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/> <hr/>			
159.	Have you ever administered a drug to another person with or without that person's knowledge? (Inhalant, solid form, liquid form, powder form, injection, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/> <hr/>			
160.	Have you ever illegally possessed, tried, used, tasted, and/or experimented with any of the following drugs or substances?		
<b>Amphetamines, such as:</b>			
a.	Beanies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Black Beauties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Christmas Trees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Crystal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Diet Pills (other than directed usage)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f.	Glass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g.	Ice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h.	Pink Hearts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i.	Speed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j.	White Crosses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k.	Any other amphetamine not mentioned above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	List <hr/>		
<b>Downers, such as:</b>			
l.	Barbiturates/Reds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m.	Librium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n.	Quaaludes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o.	Valium	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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p. Yellow Jackets Yes ☐ No ☐

**Inhalants, such as:**

q. Any type of gas Yes ☐ No ☐

r. Glue Yes ☐ No ☐

s. Paint/Spray Paint Yes ☐ No ☐

t. Thinners Yes ☐ No ☐

**Hallucinogens, such as:**

u. Blotter Yes ☐ No ☐

v. Ecstasy Yes ☐ No ☐

w. Hashish (i.e., Apple, hash oil, etc.) Yes ☐ No ☐

x. LSD/Acid Yes ☐ No ☐

y. Magic Yes ☐ No ☐

z. Mushrooms Yes ☐ No ☐

aa. PCP/Angel Dust Yes ☐ No ☐

bb. Blotter Yes ☐ No ☐

cc. Ecstasy Yes ☐ No ☐

dd. Hashish (i.e., Apple, hash oil, etc.) Yes ☐ No ☐

ee. Peyote Yes ☐ No ☐

(As required by AZ POST, Proof of membership in the Native American Church is needed for any use of Peyote)

ff. Thai Sticks Yes ☐ No ☐

**Marijuana:** - If so, when was the last time use? \_\_\_\_\_

**Narcotics, such as:**

gg. Cocaine Yes ☐ No ☐

hh. Crack Yes ☐ No ☐

ii. Heroin Yes ☐ No ☐

jj. Opium Yes ☐ No ☐

**Over the Counter or Prescription Drugs (not taken per doctor's direction), such as:**

kk. Anti-depressants Yes ☐ No ☐

ll. Benzedrine Yes ☐ No ☐

mm. Cough Syrup Yes ☐ No ☐

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nn. Darvon	Yes <input type="checkbox"/>	No <input type="checkbox"/>
oo. Demerol/Talwin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
pp. Dexedrine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
qq. Oxycontin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
rr. Pain Pills	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ss. Ritalin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
tt. Soma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
uu. Steroids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
vv. Whippets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Any other illegal drug or illegal substance not already listed above?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List _____		

**Computer Related Information:**

160. Do you own, manage, or operate a website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, website name(s) _____		
Is there any content on this site that is illegal, discriminatory, in poor taste or would discredit the South Tucson Police Department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
162. Do you have any knowledge of activities involving: computer hacking, computer fraud, stealing personal information, stealing credit card information, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
163. List your public access information: (Facebook, Myspace, Twitter, Instagram, etc.) _____ _____		
164. List all email addresses you use or have used. _____ _____		

**Summary Questions:**

165. Could you inflict serious injury, even to the point of taking a person's life, in the course of your lawful duties as a law enforcement officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
166. Have you ever applied for a permit to carry a concealed weapon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, was a permit ever denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
167. Have the police been called to your home for any reason? (i.e., loud parties, alarms, barking dogs, dispute with neighbor, etc.). Explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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170. Have you omitted, or altered any information in this questionnaire based on advice from an attorney, judge, or anyone else? Yes ☐ No ☐

This area is for any information you feel needs to be added, clarified, or explained. Use this space to explain any questionable/negative areas you marked on this document. Cite the corresponding number with explanation.

[illegible]



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 A circular logo with the text "UNION LABEL" inside, flanked by the numbers "1" and "2".

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Your answers to these questions will be verified by checks of records kept by police agencies, courts, social service agencies, social media, private data bases, schools, and by interviews with persons you have listed on your application(s), or who have been developed by this investigation. Current and prior employers, family members, landlords, neighbors, and references will be contacted. These answers may be verified during a polygraph examination.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Sworn and Subscribed to Before Me This: \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

BY:

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

