

ARIZONA DEPARTMENT OF CORRECTIONS

Background Questionnaire

- Please PRINT legibly in BLACK INK only.
- Include complete addresses: zip codes, street addresses, city, state.
- Include complete telephone numbers; including area code.
- If a question does not apply to you, print or type "N/A" (Not Applicable).

Incomplete information or failure to follow instructions will delay the selection process and may eliminate you from consideration.

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment. 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 background information.

I understand that I will not receive a copy of my background investigation, and I am not entitled to know its contents, and I further understand that the contents will be used in the evaluation process for employment. I understand, that no documents that I submit will be returned, and no copies of any other reports or documents utilized for or during my application for employment or commission will be furnished or given to me.

Where written explanations are required in this form, it is **MANDATORY** that the information be listed **TOTALLY AND COMPLETELY**. If additional space is needed, use the area located in the back of the questionnaire. When dates are requested the month and year are usually sufficient. Please ensure that all appropriate check boxes are marked. If a yes or no checkbox, you must check one.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE DISCLOSED IS TRUE AND ACCURATE, AND I UNDERSTAND I WILL NOT BE ADVISED OF THE REASONS IF I AM NOT RECOMMENDED FOR HIRE.**

Name (Please Print Full Name: Last, First, Middle)		
Position Applied For	Unit Location	Unit Phone Number (     )
Signature of Applicant		Date Signed

*Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Department. Requests should be made as early as possible to allow time to arrange the accommodation.*

*This document available in alternate formats upon request.*

----- FOR OFFICE USE ONLY -----

Hiring Authority Name	Unit
Hiring Authority or Designee's Signature	Date Signed
Personnel Liaison's Name	Date Reviewed

(Date Stamp)

Background Questionnaire (Continued)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ do hereby authorize and release from any and all liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities, including the ARIZONA DEPARTMENT OF CORRECTIONS, to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for correctional work may be determined. This includes, but is not limited to, opinions about my character, integrity, and reputation.

**CONSENT TO SEARCH - NOTICE - WARNING**

Any person who takes any item that is not specifically authorized by the institution into or out of the facility or onto grounds adjacent to the institution is subject to prosecution under the provisions of the Arizona Revised Statutes. ALL PERSONS, including employees and visitors, are subject to routine and random searches of their person and/or property when entering or preparing to enter a prison at established checkpoints, and/or in other particular areas.

I, the undersigned, have read the above notice and understand the meaning of this notice. I realize the threat presented to the safe and secure operation of the institution when contraband and other unauthorized items are taken into or out of a prison. Therefore, I give my consent to have my person, clothing or other property thoroughly searched upon entering or leaving any institution, at any time while on the grounds of an institution, or while in a secure area approaching the grounds of an institution. I consent to be searched by a Department employee at any time in accordance with Department Order #708, Searches. I understand that this consent is required of all employees as a condition of employment.

Signature		Date	
Home Telephone (     )		Contact Telephone (     )	
Witness's Name		Title	Organization/Unit
Witness's Signature		Date	

**CODE OF CONDUCT**

- I abide by all of the laws of the United States and the State of Arizona and model the profession's highest level of ethical and moral behavior at all times, and practice the highest level of ethical and moral behavior at all time.
- I perform my work assignments in a responsible manner because the public's trust and confidence in the Department rests with me.
- I am always diligent in the performance of my duties because my every action affects the safety and security of others.
- I am proficient and strive for excellence in my work performance.
- I pursue continuous professional growth and development, seek self-improvement and accept constructive criticism.
- I am a teacher and leader.
- I am professional in all that I say and do in the workplace.
- I report misconduct.
- I celebrate others' successes.
- I communicate honesty and appropriately in word and action.
- I recognize and respect the similarities and differences in those who work with us and who we serve.
- I treat everyone with respect and fairness.

**CERTIFICATION**

I hereby certify that I have read the above Code of Conduct and agree to abide by the Code.

Signature	Date
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**1) PERSONAL DATA**

Name <i>(Last, First, Middle, Jr. or Sr.)</i>				Social Security Number			
Current Address		City		State		Zip Code	
Date From		Date To		Home Telephone (    )		Message Telephone (    )	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Hair	Eyes	Date of Birth	
Place of Birth <i>(City)</i>		State	Country		Driver's License Number <i>(State, Number)</i>		
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship _____							
If NO, are you legally authorized to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, attach copy of appropriate document)</i>							
List any names you have ever used, including maiden name and former married name. Please provide applicable dates.							
List any other social security numbers you have used.							

**2) PREVIOUS ADDRESSES**  
*(List all addresses for the past five (5) years, start with the current address and work backward in time.)*

City	County	State	Zip Code	Date From	Date To

**3) INCARCERATED FAMILY MEMBERS OR FRIENDS**

Are you acquainted with or related to any current or former inmate, parolee or probationer in the Department of Corrections or any other prison or incarceration system? If YES, complete the sections below.

Yes     No

Name <i>(Last, First, Middle)</i>	Age	Relationship	Location/State where Incarcerated



**6) EMPLOYMENT HISTORY**

List all places of employment and periods of unemployment in the past five (5) years, beginning with the present or most recent employer and going backward. List everything in proper sequence, OMIT NONE! Note unemployment periods in Box 6. All time must be accounted for by providing an explanation e.g. unemployed, volunteer work, attended school, or worked part-time.

1) Name of Employer	Your Position Title	Work Telephone (     )	
Supervisor's Name	From	To	
Employer's Address	City	State	ZIP
Reason for leaving	<i>Investigator Use Only</i>		
2) Name of Employer	Your Position Title	Work Telephone (     )	
Supervisor's Name	From	To	
Employer's Address	City	State	ZIP
Reason for leaving	<i>Investigator Use Only</i>		
3) Name of Employer	Your Position Title	Work Telephone (     )	
Supervisor's Name	From	To	
Employer's Address	City	State	ZIP
Reason for leaving	<i>Investigator Use Only</i>		
4) Name of Employer	Your Position Title	Work Telephone (     )	
Supervisor's Name	From	To	
Employer's Address	City	State	ZIP
Reason for leaving	<i>Investigator Use Only</i>		
5) Name of Employer	Your Position Title	Work Telephone (     )	
Supervisor's Name	From	To	
Employer's Address	City	State	ZIP
Reason for leaving	<i>Investigator Use Only</i>		
6) Unemployment Periods	From	To	
	From	To	
	From	To	
	From	To	
	From		

**Employment History** (Continued)

Have you ever applied to, or been employed by the Arizona Department of Corrections as a paid employee, contractor or volunteer? If YES, when and in what position:  YES  NO

Have you ever applied or had any involvement or association with another law enforcement agency or correctional facility either as a paid employee, contractor or volunteer? Note: If you have listed a law enforcement position under Employment History - it is not necessary to repeat the information in this space. If YES, explain below.  YES  NO

Date	Agency Name	City	State	Status of Application

**8) MILITARY STATUS**  
 Have you ever served in any of the Armed Forces; Army, Navy, Air Force, Marines, Coast Guard, National Guard or any reserves. If YES, explain below:  YES  NO

Date From	Date To	Military Branch	Rank	Discharge Type

Are you Registered with the Selective Service? If YES, explain:  YES  NO

Where (City & State)	Date Registered

**9) EDUCATION AND TRAINING**  
 List high school you have attended including GED if applicable: (colleges, universities, and graduate schools, number of college credits.)

Date From	Date To	School Name	Address (include city, state and zip)	Diploma Received (type)

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

Have you ever received any law enforcement, corrections or detention officer training? If YES, when/where and type of training?  YES  NO

**10) ORGANIZATIONAL MEMBERSHIP**  
 Are you now, or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  YES  NO  
 Do you have, or have ever had, a tattoo, any scars or other identifying marks?  YES  NO

**11) CRIMINAL HISTORY**

Have you ever been *Detained, Arrested, Cited, Accused, Convicted, Charged* or placed in *pre-trial diversion* for any offense, or violation of any statute, ordinance, law or regulation by any civil or military authority, in this country or any other country? *(Include any arrests or convictions as a juvenile)* If YES, explain below: *(Use additional sheet if necessary)*  YES  NO

Date	Charges	Misdemeanor or Felony	Disposition	Law Enforcement Agency/Court	City	County	State

Are you currently on Probation or Parole? If YES, where and for what?  YES  NO

Are you currently under a court order for an injunction against harassment? If YES, please provide date of order, court, judge's name and circumstances:  YES  NO

Have you ever been arrested for a domestic violence incident? If YES, please provide date of order, court, judge's name and circumstances:  YES  NO

**12) DRIVING HISTORY**

Have you ever been given a ticket for any traffic or parking violations since you began driving, including citations that were dismissed after attending traffic school? If YES, explain below: *(Use an additional sheet if necessary)*  YES  NO

Date	Violation	Disposition	Law Enforcement Agency/Court	City	County	State

Have you ever had your license revoked or suspended? If YES, explain:  YES  NO

**13) ILLEGAL SUBSTANCES**

*NOTE: Experimental use of marijuana or other drugs or controlled substances may not necessarily disqualify an applicant.*

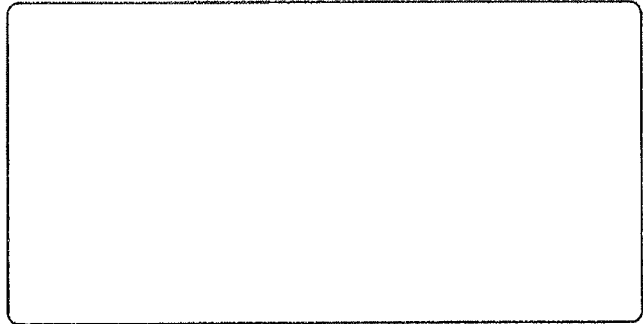
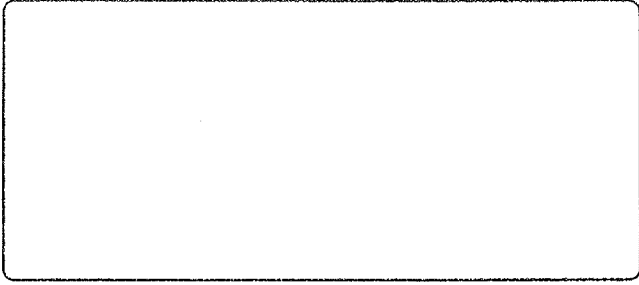
<i>(Please answer EACH question)</i>	YES	NO	If yes, how many times?	Dates Used	Age Used
Have you ever used marijuana?					
Have you ever used a controlled substance? <i>(Dangerous drugs or narcotics)</i>					
Have you ever used steroids?					
Have you ever used any prescription drugs not prescribed to you?					

Comments



Additional Comments

ARIZONA DEPARTMENT OF CORRECTIONS



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