



Maricopa County Sheriff's Office Background Questionnaire Guideline



Below are the instructions on how to complete the Personal History Supplement background questionnaire. Be sure to read all directions thoroughly and complete all questions with the required information. If a question does not apply to you, write "**DNA**" in the space.

Page D1: Write your name at top of page and **READ** directions carefully.

Page D2: At the top of page check position applying for. **INITIAL** midway down page.

Page D3: Personal Data and all previous residences in the last ten (10) years; marital status and children's names, if applicable.

Page D4: First Section: List the last known address of ALL persons whom you have lived with during the past five (5) years. DO NOT include family members. Second Section: List all immediate relatives and their last known addresses. Immediate family includes your mother, father, brothers and sisters; your spouse's mother, father, brothers and sisters; and any ex-spouses.

Pages D5-D7: List all places of employment and times you were unemployed during your lifetime, beginning with your present or most recent employer and then going backwards. OMIT NONE! If you require additional space, please print additional copies of pages D-6 and D-7.

Page D8: You must list three (3) people who have known you well for at least one (1) year in the past five (5) years (No MCSO employee's, relatives, or former employers) who are responsible adults. List their complete addresses with zip codes, complete phone numbers with area codes and **valid e-mail addresses**. List any acquaintances employed by the Maricopa County Sheriff's Office, and if you have ever applied to MCSO or any other law enforcement agencies in the past.

Page D9: List all schools (high schools, colleges, universities and graduate schools) you have attended. List any organizations you are affiliated with. If you have ever served or are currently serving in the military, state the branch of the military you served in, including – Entry Date, Branch/Organization, MOS, Rank upon Discharge, Discharge Type and Date. Indicate whether you are currently registered with the Selective Service. If "Yes", write in your Registration Number. If "No", explain why you are not registered. You may obtain information regarding your Selective Service registration at: www.sss.gov

Page D10: This page is where you can put any additional information that was requested in the questionnaire that you were unable to provide in the space allotted. You may make a photo copy of this page if needed.

Page D11: Complete all requested information and **this page must be notarized.**



Name: _____
Last name First Middle

*****FOLLOW DIRECTIONS CAREFULLY*****

1. Please print this packet one-sided, dual-sided copies will not be accepted.
2. Use **BLACK** ink to complete this questionnaire.
3. Print legibly in your own handwriting.
4. Read each question carefully before answering it.
5. Answer all questions completely and accurately. If you require additional space, use the continuation sheet provided on page D-10.
6. If a question does not apply to you, write "DNA" in the space provided.
7. Sign the Authorization for Release of Information on page D-11 and have it notarized. The Sheriff's Office will not notarize your signature.
8. When completed, return this packet and all of the required documents to Pre-Employment Services so you can be scheduled for a background interview.

Return all completed documents to:

MARICOPA COUNTY SHERIFF'S OFFICE
PRE-EMPLOYMENT SERVICES
2627 S. 35TH AVENUE
PHOENIX, ARIZONA

REMEMBER THAT ANY OMISSION, DECEPTION, OR FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR PACKET COULD DELAY OR DISQUALIFY YOU FROM FURTHER CONSIDERATION.

MARICOPA COUNTY SHERIFF'S OFFICE

Position Applying For:

Civilian Deputy Trainee Deputy Lateral Detention Officer Reserve Deputy
 Sheriff's Posse Intern

This questionnaire will be used to determine your suitability for employment with Maricopa County, or a commission with the Maricopa County Sheriff's Office. It may also be used when necessary to comply with state and local statutes. An extensive background investigation will be conducted into your personal history.

Applicants applying for compensated positions, Reserve Deputy, and select volunteer positions will be required to undergo a polygraph examination to confirm the information in this questionnaire, as well as other background information obtained during your process.

A psychological assessment is also required for Deputy Trainee, Reserve Deputy, Detention Officer, and select civilian positions.

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, and I further understand that the information collected will be used in the evaluation process for employment with Maricopa County. Further, no documents submitted by me will be returned and no copies of any reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. If I am not selected for employment, **I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.** Initial here: _____

Please ensure that all future questions and/or concerns during your process are directed solely to your assigned investigator. In the event the investigator is unavailable, the supervisor of your investigator will be able to assist you. This line of communication is essential to expedite your application and ensure a complete and accurate investigation.

APPROPRIATE BUSINESS ATTIRE is required for all steps of your processing. Please dress appropriately for all appearances, interviews, polygraph examinations, psychological evaluations and employee orientations. Failure to comply may result in your removal from the hiring process.

You are **required** to provide the following documents **at the time you turn in this packet** and prior to being scheduled for an interview:

- Government issued Birth Certificate, Passport, Naturalization Certificate or Resident Alien card
- Social Security Card (**Front and Back**), must be legible and contain discernable security features
- Arizona Driver's License (**Front and Back**) Note: If you are an out of state applicant, you must obtain an Arizona driver's license prior to employment if a license is required for the position.
- High School Transcripts or Diploma, or GED
- DD214: Prior to 1979, Member 1 copy; after 1979, Member 4 copy (For prior U.S. Military service)
- Marriage License (Government issued)
- Police Reports
- Court Documents (Civil and/or Criminal)
- Other degrees, licenses or certifications required for the position, or other information requested from your investigator

You must provide **both** an original or certified copy of each required document **and** a photocopy for your file. Please photocopy the **front and back** of any two-sided documents. If you are unable to obtain documents prior to returning this packet, note what you have done to obtain the missing documentation on page D-10 of this packet. You will need to obtain the required documents before being continued in processing.

List ALL persons with whom you have lived during the last five (5) years. DO NOT include family members.

Full name	Street Address (Last known)	City, State & Zip code	Telephone (with area code)	Relationship

FAMILY REFERENCES: List all immediate relatives; Parents, Siblings, In-Laws and Ex-Spouses living or deceased.

Full name	Relationship	Age	Street Address	City, State & Zip code	Telephone (with area code)

III. EMPLOYMENT HISTORY

List all **places of employment** and **times you were unemployed** during **your lifetime**, beginning with the present or most recent employer and going backwards. List all employers in proper sequence. **OMIT NONE!**

Month and Year: _____
Name of employer

From: ____/____

To: **Current**

Complete street address City State Zip Code Phone

Salary: _____
Job title - Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title - Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title - Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

III. EMPLOYMENT HISTORY (continued)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title – Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title – Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title – Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

III. EMPLOYMENT HISTORY (continued)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title - Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title - Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

Month and Year: _____
Name of employer

From: ____/____

To: ____/____

Complete street address City State Zip Code Phone

Salary: _____
Job title - Describe you duties

Start: _____

End: _____

Describe reason for leaving (resigned, terminated, relocated, went back to school, etc.)

IV. REFERENCES

List three (3) personal references (**No MCSO employees, former employers, or relatives**) who are responsible adults, and have known you **well** for a minimum of one year within the past five (5) years: **include phone numbers with area codes** and **email addresses (mandatory)**.

(1) _____
Full name Street address City State Zip code Occupation

Email address @ () ()
Home phone Work/cell phone (optional) How long known?

(2) _____
Full name Street address City State Zip code Occupation

Email address @ () ()
Home phone Work/cell phone (optional) How long known?

(3) _____
Full name Street address City State Zip code Occupation

Email address @ () ()
Home phone Work/cell phone (optional) How long known?

List the names of any acquaintances you have who are employed by the Maricopa County Sheriff's Office:

Have you ever applied to, been employed by, or volunteered for the Maricopa County Sheriff's Office in any capacity?
Yes _____ No _____ If Yes, date and position: _____

Have you ever applied for any position with another law enforcement agency, including the Department of Corrections and similar agencies?
Yes _____ No _____ If Yes, explain (use continuation area of page D-10 if necessary):

Month/Year Agency name and state Position Status of application

Month/Year Agency name and state Position Status of application

Have you ever had any involvement or association with another law enforcement agency, including the Department of Corrections and similar agencies, either as a volunteer or paid employee?
Yes _____ No _____ If Yes, when and where: _____

Have you ever received any law enforcement training? Yes _____ No _____ If Yes, explain below:

When Where Type of training

Have you ever been certified as a police officer? Yes _____ No _____ If Yes, explain below:

When Where Type of certification Current status of certification

V. EDUCATION AND TRAINING

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

Date Graduated School Name City, State Type of diploma/degree earned

List any skills or abilities you possess (PC skills, foreign languages you speak, read and write fluently, CDL, etc.):

VI. MILITARY STATUS

Have you ever served in the Army, Navy, Air Force, Marine Corps, Coast Guard, R.O.T.C., or any Military Reserve unit?

Yes _____ No _____ If Yes, explain:

Entry date Branch/Organization MOS Rank upon discharge Discharge type Discharge date

Mandatory question for male applicants:

If you are/were required to do so, are/were you registered with the Selective Service? Yes _____ No _____

Registration# _____ If No, explain: _____



**MARICOPA COUNTY SHERIFF'S OFFICE
PRE-EMPLOYMENT SERVICES
2627 SOUTH 35TH AVENUE
PHOENIX, AZ 85009**



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HERBY 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 MARICOPA COUNTY SHERIFF'S OFFICE to release, furnish and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement work and/or employment with Maricopa County may be determined. This includes, but is not limited to my character, integrity and reputation.

_____/_____
Signed / Date

_____/_____
Last four digits of Social Security number / Date of birth

Home phone number

Contact phone number

State of Arizona

County of _____)

On this _____ day of _____, 20____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(SEAL)

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 disclosure under Arizona's Public Records Law, A.R.S. 39-121 *et seq.*