Maricopa County Sheriff's Office
Paul Penzone, Sheriff

The following information is required so the Sheriff's Office can conduct a criminal history records check and a Motor Vehicle Department records check.
(Please print legibly and fill out completely)

Full Name (Last, First, Middle)

Other Names Used (including maiden name)	**Place of Birth (city & state)**

Full Street Address   City   State   Zip   Phone #

E-MAIL ADDRESS (required)

_____**@**_____

Date of Birth: _____   **Age:** _____   **Race:** _____   **Sex:** _____

Social Security Number: _____

Current Driver's License Number: _____

State: _____   **Expiration Date:** _____

List all states/countries you have been licensed to drive a motor vehicle in the past: _____

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

Check all PREVIOUS positions applied for with the Maricopa County Sheriff's Office.   Date (s) Applied

☐   Detention Officer   _____ _____

☐   Civilian Position   _____ _____

☐   Deputy Sheriff   _____ _____

☐   Reserve Deputy   _____ _____

☐   Posse   _____ _____

FOR OFFICE USE ONLY		
Coplink		
RMS		
CLEARS		

_____
Signature   **Date**

Maricopa County Sheriff's Office
Background Questionnaire Guidelines and Instructions

Below are the instructions on how to complete the *Statement of Personal History* 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 C1: Write your name at top of page and **READ** the directions carefully; **INITIAL** in the bottom right corner.

Page C2: Check the position for which you are applying, read the page in its entirety, **INITIAL** midway down the page, and sign and date at the bottom.

Page C3: Provide your personal information; age, citizenship and education. Indicate if you were ever in the military; if yes, state type of discharge and dates of service. Provide your current driver's license information; if you have ever had your license suspended, you need to provide month/year of suspension <u>and</u> month/year of reinstatement.

Page C4: List all traffic citations received in the past 10 years, in this country or any other country. Provide detailed explanations of any traffic citation in the space provided: month & year you received the citation, city and state where it occurred, the police agency that issued you the citation, what you were cited for, and how you satisfied the citation (paid the fine, went to driver improvement school or a judge dismissed the citation). In the Employment History section, if you answer yes to any questions, provide the month and year, the Employer and a detailed explanation in the space provided.

Page C5: Please note if you have ever had any contact with any type of civil or military official, including as a witness, victim, suspect, responder, etc. Also, indicate if you have ever been arrested, convicted, charged, questioned or detained for ANY offense or violation of ANY statute by ANY civil or military authority. Provide detailed explanations in the space provided: month & year of the offense, city and state where it occurred, the police agency that you had contact with, what you were charged with, what the charge was reduced to (if applicable), and the disposition of the charge (found guilty, not guilty, booked into jail, paid fine, charge dismissed, etc.) If a charge was dismissed explain what had to be satisfied prior to the dismissal (attended classes, probation, interlock device, etc.)

Page C6: Complete the questions on drug usage; if you answer yes to any question provide a detailed explanation in the space provided (to include month/year of last use and type). In the listed marijuana chart, indicate your marijuana usage by checking the boxes that most accurately reflect your history with marijuana to the best of your knowledge. Indicate the date of last use and your age at the time of last use (NOTE: The chart is broken down into two sections; one being your use BEFORE the age of 21 the other being your use AFTER the age of 21) If you have never tried marijuana this would count as (O) uses and you are required to mark the appropriate boxes.

Page C7:In the listed charts, indicate your drug usage by checking the boxes that most accurately reflect your history with each drug. In the last chart you will add all usages listed in the charts on this page (EXCLUDING marijuana) and indicate the month/year of the last use and your age at the last use(NOTE: The charts are broken down into two sections; one being your use BEFORE the age of 21 the other being your use AFTER the age of 21). If you have never tried any of the drugs in any of the charts this would count as (O) uses and you are required to check the appropriate boxes in each chart.

***USES DEFINITION – A use is defined as an "occurrence". For instance, if you used marijuana on one occasion, but took multiple puffs, it would count as one (1) use. However, if you left the area where you were using marijuana, and later returned and used more marijuana, that counts as two (2) uses. Different drug use, other than marijuana, each count as one (1) use. For example, if you took a complete cycle of steroids, that is not one (1) use, it is the total number of times you put the substance in your body (pill or shot form). Similarly, if you were around cocaine, and throughout the course of time ingested two "lines," that counts for two (2) uses, even if you ingested them one right after the other. So, if you used marijuana and cocaine during the same "occurrence", this would count as one (1) "use" of marijuana and one (1) "use" of cocaine.

Page C8: State what qualities you possess that would make you a good Sheriff's Office employee; this is the area to "sell yourself" and tell us why you should be considered for employment with MCSO. The continuation area is provided if you need more space to clarify answers from pages C-3 to C-7. Sign and date at the bottom of the page.

MARICOPA COUNTY SHERIFF'S OFFICE
Paul Penzone, Sheriff

STATEMENT OF PERSONAL HISTORY

Name: _____

               Last name   First   Middle

<u>FOLLOW</u> <u>DIRECTIONS</u> <u>CAREFULLY</u>

1. Please print this packet one-sided, dual-sided copies will not be accepted.
2. Use <u>BLACK</u> 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.
6. If a question does not apply to you, write "DNA" in the space provided.
7. If you require additional space, use the continuation area of page C-8.
8. When you have completely answered all questions, sign your name at the bottom of pages C-2 and C-8.

<u>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.</u>

The Maricopa County Sheriff's Office is committed to providing the finest service possible to the citizens of this County. It is essential that all employees exhibit the highest degree of honesty and integrity as representatives of this Office to our community.

You are about to begin our Pre-Employment processing. The Pre-Employment process is designed to obtain and evaluate your complete personal and employment history. Prior to the start of your initial interview, it is essential that you look over your background questionnaire to ensure it is complete and accurate. Also, take time during the Orientation process to ask any questions for which you may need clarification. Please be advised that any information that is intentionally omitted or minimized shall result in the immediate termination of your Pre-Employment process.

Initial:_____

MARICOPA COUNTY SHERIFF'S OFFICE

Position Applying For: (   ) Civilian (Please Specify Position: _____)
                                            (   ) Deputy Sheriff Trainee
                                            (   ) Deputy Sheriff Lateral
                                            (   ) Detention Officer
                                            (   ) Reserve Deputy Trainee
                                            (   ) Reserve Deputy Lateral
                                            (   ) Volunteer (Please Specify Posse or Intern: _____)

To the Applicant:

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.

Psychological assessments are also required for Deputy Trainee, Reserve Deputy, Detention Officer and select civilian and volunteer 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: _____**

Your Statement of Personal History will be submitted for review prior to scheduling an interview. 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 EXCEPT for the physical readiness assessment and orientation. Please dress appropriately for all interviews, polygraph examinations, psychological evaluations, and employee orientations. Failure to comply may result in your removal from the hiring process.

Sign: _____ **Date:** _____

Instructions:

Read every question carefully. **Use black ink only**. Answer **every** question. If a question does not apply to you, write "**DNA**" in the space. If additional space is required, use the continuation area on page C-8.

_____
Last name   First name   Middle name

_____
Address   City   State   Zip Code

_____
List any other names, social security numbers, or dates of birth you have used.

(   )_____ - _____   (   )_____ - _____   (   )_____ -_____
Home telephone number   Work telephone number   Other contact telephone number

Email address:
_____@_____

Age: Are you currently at least 18 years of age (20 years and 6 months if applying for Deputy)? Yes ____ No ____

Citizenship Status: Unites States Citizen ____   Permanent Resident Alien ____   Other (specify) _____

Education: Do you have a high school diploma _____ or GED_____?

Military History

Have you ever been in the Military? Yes ____ No ____   Type of discharge _____

Dates of service: From _____ to _____ Branch:_____

List any disciplinary action that you have ever received in the military (include type, date and reason):
_____
_____
_____

Driving History

_____   _____   _____
 Current driver's license number & state   Expiration date   Previous driver's license state (s)

Have you ever had your license suspended? Yes _____ No _____   If yes, please explain: _____

_____

Date of suspension: Month _____ / Year _____   Date reinstated: Month _____ / Year _____

Date of suspension: Month _____ / Year _____   Date reinstated: Month _____ / Year _____

C-3

List below all **traffic citations** you have received **in the last 10 years (sworn/reserve please list all citations received in your lifetime)**, in this country or any other country.

Date (Month/Year)	Location (City, State)	Issuing Agency (DPS, Phoenix PD, MCSO, etc.)	Charge (Speeding, Failure to yield, etc.)	Disposition (Paid fine, driving school, etc.)	Accident related Y / N

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

_____

_____

_____

_____

_____

Employment History

Have you been terminated, or left employment in lieu of termination within the past 3 years? Yes _____ No _____

Have you ever been accused of misconduct by an employer? Examples: theft, harassment, misconduct, etc.

      Yes _____ No _____

Have you ever been terminated while working for a law enforcement agency? Yes ___ No ___

Have you ever received discipline while working for a law enforcement agency? Yes ___ No ___

If you answered yes to <u>any</u> of the questions above, please provide <u>Month/Year, Employer</u> and a <u>detailed explanation in the space below</u>:

_____

_____

_____

_____

C-4

Police Contact / Offense History

Please list ANY contact you have had with a civil or military official of any kind, including as a witness, victim, suspect, responder, etc. Also list if you have **EVER** been **arrested, convicted, charged, questioned or detained** (including cited and released) for <u>ANY</u> offense, violation of <u>ANY</u> statute or ordinance by any civil or military authority? (Please include <u>ANY</u> convictions or adjudications as a juvenile also)

Yes _____ No _____

If yes, please list in the following chart (Do not use criminal codes):

Date (Month/Year)	Location (City/State)	Issuing Agency (DPS, Phoenix PD, MCSO, etc.)	Original Charge (Aggravated assault, Burglary, Grand Theft, etc.)	Reduced to (Assault, Theft, Theft of means, etc.)	Disposition/ Court Action (Guilty, not guilty, paid fine)

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

C-5

Drug Use

Have you ever used a prescription drug that was **not** prescribed to you? (Pain killers, muscle relaxers, antibiotics, sleep aids, etc.)   Yes _____ No _____

If yes, please explain: _____

_____

Type: _____ Date of last use: _____ / _____   Type: _____ Date of last use: _____ / _____

_____

Have you ever used a prescription drug for **other** than the prescribed purpose? Yes _____ No _____

If yes, please explain: _____

_____

Type: _____ Date of last use: _____ / _____   Type: _____ Date of last use: _____ / _____

_____

Have you ever **GIVEN** or **SOLD** prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?

           Yes _____ No _____

If yes, please explain what drug, the quantity, given or sold, when including month and year and the amount you profited, if any:

_____

_____

_____

How to determine number of uses: A use is defined as an "occurrence". Please refer to the *Background Questionnaire Guidelines and Instructions* for usage and occurrence definitions for both the "marijuana" and "other drugs" charts.

In the chart below, please indicate your marijuana usage by checking the boxes that most accurately reflect your history. **Do not guess!**

Marijuana

Marijuana	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 <u>and older</u>						
0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

Date of last use (Month/Year): _____   **Age at last use: _____**

C-6

In the charts below, please indicate your usage for all other drugs **(excluding marijuana)** by checking the boxes that most accurately reflect your history with that drug. **Do not guess!**

OTHER DRUGS

(A) Cocaine and/or Crack

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(B) Hallucinogens LSD, PCP, Acid, Mushrooms, Mescaline, Peyote

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(C) Dangerous Drugs Opium, Morphine, Ecstasy, Heroin, GHB

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(D) Amphetamines Crystal Meth, Speed, Ice, Glass

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(E) Steroids Pills and/or Injections

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(F) Inhalants Spray Paint, Glue, Gasoline, Lighter Fluid

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(G) Designer Drugs Incense/Spice, Bath Salts, K2, Salvia

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

(H) Any other drug not listed in tables A-G:

TOTAL times tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL times tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTALS OF ALL OTHER DRUGS (Add all results of tables A-H only)

TOTAL of all drugs tried before Age 21.

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

TOTAL of all drugs tried Age 21 and older

0	1	2-5	6-10	11-20	21-50	51+
☐	☐	☐	☐	☐	☐	☐

Date of last use (Month/Year): _____   **Age at last use: _____**

C-7

Statement of Character:

What qualities do you possess that would make you a good Sheriff's Office employee?

_____

_____

_____

_____

_____

_____

_____

_____

CONTINUATION

This space is provided to allow you the opportunity to provide additional information and / or clarification for questions asked on pages C-3 to C-7

Page	Additional Information/Explanation

Signature: _____ Date: _____

C-8

Date:_____

We are interested in finding out how you heard about the Sheriff's Office. Please answer the question below to the best of your ability, and check all that apply. (This question is informational only, and has no bearing on the outcome of the pre-employment process).

- ☐ Event (career/job fair, community outreach, etc.), please specify: _____
  _____
- ☐ Facebook (MCSO Recruiting page)
- ☐ Facebook (MCSO regular page)
- ☐ Internet Search
- ☐ Website (www.jobs.maricopa.gov)
- ☐ Website (www.mcso.org)
- ☐ Family/Friend (if they are employed by MCSO, please list name(s): _____
  _____)
- ☐ You are a current Maricopa County employee (not MCSO)
- ☐ You are a current MCSO employee
- ☐ Word of mouth
- ☐ Other, please specify: _____

Thank you for your input and interest in the Maricopa County Sheriff's Office.