



# Tempe Police Department

## Employment & Volunteer Statement of Personal History



This form is completed because you have been invited to a background interview and polygraph examination for police department professional employment or volunteer service; you are applying for employment in another city department and will access police facilities; or you are completing only a background interview as a firefighter or other select fire department employee.

A. I am testing for a position as a Tempe:

☐ **Police Employee**

☐ **Fire Employee**

☐ **Police Volunteer (VIP) or Intern**

☐ **Custodial, Maintenance or Other Employee**

B. Read the questionnaire carefully, complete it fully and notarize the "Authorization for Release of Information" page.

C. The background questionnaire should be typed but may be handwritten in **black ink**. If the space for answering a question is insufficient, the answer should be supplemented on the "Continuation Sheet" provided at the end.

D. **Do not leave any question unanswered.** If the question does not apply, answer "**DNA**" in the first space provided. All questions must be answered before the questionnaire is submitted. Incomplete forms may not be accepted, may delay your hiring process or may result in disqualification.

E. Information provided will be verified during a background investigation. Any misstatements or omissions of material facts will cause your disqualification from this process. It is a criminal offense to falsify documents submitted during the application and testing process. Making false or misleading statements during the application and testing process will cause your disqualification.

F. In addition to completing this questionnaire, you must attach a recent photo of yourself filling but no larger than the space provided below. The photograph should be taken from the front with face exposure.

Your signature certifies you read and understand all instructions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Today's Date (mm/dd/yyyy)

\_\_\_\_\_  
Applicant's Preferred Email Address

\_\_\_\_\_  
Applicant's Preferred Telephone Number

**YOUR PHOTO  
MUST BE SECURELY  
ATTACHED HERE AND  
MUST FIT IN THIS BOX. DO  
NOT PAPERCLIP PHOTOS.**

The checklist below is for your reference. Please submit the completed background questionnaire and the items listed below as instructed by your hiring manager or the email you received with this questionnaire.

☐ Proof of Citizenship

**MUST** be one of the following:

- A **COPY** of your birth certificate showing birth in the United States.
  - Original will be accepted but not returned.
- A **COPY** of your United States passport.
  - Original **will not** be accepted.
- A **COPY** of your United States Certificate of Naturalization.
  - Original will be accepted but not returned.

☐ High School and/or College Diploma

**MUST** be one or both of the following:

- A **COPY** of your high school diploma, GED or final transcripts.
  - Original will be accepted but not returned.
- A **COPY** of your college diploma or final transcripts.
  - Original will be accepted but not returned.

☐ Completed Background Forms

Ensure **all** questions and the entire packet is complete, including but not limited to:

- Your photograph is attached as indicated.
- All questions are answered; including “DNA” in the first space if the question does not apply to you.
- Applicable pages are signed as indicated.
- “Authorization for Release of Information” form is complete.
- Member 4 copy of your DD 214 is submitted (if applicable).

Bring your US Passport, state driver license or another state or federal government-issued photo identification card to your background interview and polygraph examination.

The background interview and polygraph examination are conducted at the Tempe Police Hardy Substation, 8201 S. Hardy Dr., Tempe (Hardy Dr. between Elliot Rd. and Warner Rd.).

Mail the Tempe Police Recruiting & Hiring Unit at:

Email the Tempe Police Recruiting & Hiring Unit at:

TEMPE PD  
HARDY SUBSTATION  
ATTN: RECRUITING & HIRING UNIT  
PO BOX 5002  
TEMPE, AZ 85280-5002

[policejobs@tempe.gov](mailto:policejobs@tempe.gov)



## AUTHORIZATION FOR RELEASE OF INFORMATION

I (print your name), \_\_\_\_\_, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability for employment or volunteerism with the City of Tempe and the City of Tempe Police Department. This includes, but is not limited to, all information related to my employment or volunteerism, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the City of Tempe and the City of Tempe Police Department and the City of Tempe Human Resources Division. This release is in addition to, and not intended to curtail or diminish the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

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

By: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Stamp:

Notary Commission Expires: \_\_\_\_\_

<b>1. Name</b> (Last, First, Middle):		
<b>2. Home Address:</b>	<b>3. City:</b>	<b>4. State &amp; Zip Code:</b>
<b>5. Date of Birth</b> (mm/dd/yyyy):	<b>6. Place of Birth</b> (City, State):	<b>7. Social Security Number:</b>
<b>8. Home Phone No:</b>	<b>9. Work Phone No:</b>	<b>10. Cell Phone No:</b>
<b>11. List any other names, birthdates or Social Security Nos. you have used:</b>		<b>12. Email Address:</b>
<b>13. Current Marital Status:</b>	<b>14. Spouse's Name Before Marriage:</b>	
<b>15. Do You Have?</b> <input type="checkbox"/> High School Diploma or GED Certificate <input type="checkbox"/> College Degree Please attach a copy of your diploma or final transcripts.	<b>Date, City &amp; State Received:</b>	
<b>16. Citizenship &amp; Work Authorization:</b> Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a citizen of the United States, are you a non-citizen authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Please attach a copy of your birth certificate, Certificate of Naturalization or verification of authorization to work in the US.		
<b>17. Military Service:</b> Did you serve in the US Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO  Entry Date: _____ Separation Date: _____ If NO, skip to question #18.	Branch of Service: _____  Honorable Discharge: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ If NO, list type of discharge/separation and explain on the Continuation Sheet.	
Are you currently a member of a US Reserve or National Guard Unit? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, list current assignment: _____		
Were you ever arrested, cited or apprehended by military police? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide a full explanation on the Continuation Sheet.	Where you ever the subject of a report or investigation by military police or other investigative services (e.g. CID, NIS, OSI)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide a full explanation on the Continuation Sheet.	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide a full explanation on the Continuation Sheet.		
<b>18. Current Driver License:</b>		
State:	Expiration Date:	Driver License No:
Have you ever had your driver license suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide a full explanation on the Continuation Sheet.		
Have you possessed a driver license in another state or country? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list the states and countries on the Continuation Sheet.		

**19. List All States and Countries You Have Lived During Your Entire Life:** Include states where you have attended school. If necessary, use the Continuation Sheet.


**20. Personal References:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character.

Name	Phone Number	Email Address	Years Known

**21. Excluding Family Members, List All Persons You Have Lived with During the Past Five Years:** If necessary, use the Continuation Sheet.

Name & Relationship:		Phone No:		Email Address:	
Address:		City:		State & Zip Code:	
Name & Relationship:		Phone No:		Email Address:	
Address:		City:		State & Zip Code:	
Name & Relationship:		Phone No:		Email Address:	
Address:		City:		State & Zip Code:	
Name & Relationship:		Phone No:		Email Address:	
Address:		City:		State & Zip Code:	
Name & Relationship:		Phone No:		Email Address:	
Address:		City:		State & Zip Code:	

<b>22. Family References:</b> List all immediate relatives (e.g. parent, sibling, spouse, former spouse, all children). If necessary, use the Continuation Sheet.				
Name & Relationship		Age	Phone Number	Email Address
<b>23. Employment History:</b> Show all employment beginning with your most recent employer. If necessary, use the Continuation Sheet.				
From:	To:	Name of Business:	Business City & State:	Job Title / Duties:
Supervisor's Name:		Supervisor's Phone No:	Supervisor's Email Address:	Reason for Leaving:
From:	To:	Name of Business:	Business City & State:	Job Title / Duties:
Supervisor's Name:		Supervisor's Phone No:	Supervisor's Email Address:	Reason for Leaving:
From:	To:	Name of Business:	Business City & State:	Job Title / Duties:
Supervisor's Name:		Supervisor's Phone No:	Supervisor's Email Address:	Reason for Leaving:
From:	To:	Name of Business:	Business City & State:	Job Title / Duties:
Supervisor's Name:		Supervisor's Phone No:	Supervisor's Email Address:	Reason for Leaving:
From:	To:	Name of Business:	Business City & State:	Job Title / Duties:
Supervisor's Name:		Supervisor's Phone No:	Supervisor's Email Address:	Reason for Leaving:
From:	To:	Name of Business:	Business City & State:	Job Title / Duties:
Supervisor's Name:		Supervisor's Phone No:	Supervisor's Email Address:	Reason for Leaving:

24. Residences: List all residences during the past five years. If necessary, use the Continuation Sheet.				
From	To	Address	City	County & State

25. List All Colleges or Universities You Have Attended: Begin with the most recent. If necessary, use the Continuation Sheet.				
From	To	School	Course of Study	Degree or Total Credit Hours

26. Police Contacts: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents as a juvenile, any expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.			
Date	Location & Issuing Agency	Original Charge	Court Disposition

27. Civil Actions: List all civil actions in which you were a party (e.g. divorce, bankruptcy, small claims court, lawsuit). If necessary, use the Continuation Sheet.			
Date	Location	Action or Proceeding	Court Disposition

<b>28. Motor Vehicle Operation:</b> List all motor vehicle violations for which you were cited or ticketed. If necessary, use the Continuation Sheet.						
Date	Location & Issuing Agency	Violation Charged	Collision	Court Disposition		
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>29. Illegal/Non-Medical Use of or Criminal Involvement with Drugs/Controlled Substances:</b> In this section, disclose all illegal drug use (or criminal involvement) <i>not</i> for alleviating the symptoms of a medical condition. Drug use for medical purposes will be disclosed on a different portion of the application process.						
Type of Drug:	Have you ever sold, smuggled or transported for sale or personal gain?	Have you ever used, tried or experimented with?	If YES, how many times?	How many times after age 21?	Date First Used:	Date Last Used:
Marijuana	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Cocaine/Crack	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Methamphetamine/Speed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Heroin	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Opium	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Morphine	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
LSD/Acid	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Peyote	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Mescaline	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Hashish	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Any other illegal drug or narcotic	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Illegal use of prescription drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>30. If You Answered YES on Any of the Areas in Question #30, Provide a Full Explanation on the Continuation Sheet. Include, if Applicable, the Following:</b>						
<div> <div>a. How the drug was ingested or consumed.</div> <div>b. The duration of usage.</div> <div>c. The motivation for use.</div> <div>d. How the drug was obtained.</div> <div>e. Why you stopped using the drug.</div> <div>f. Any other factors you believe are relevant.</div> </div>						



**31. Criminal Conduct:**

- a. Have you ever committed a felony or an offense which would be a felony if committed in this state? ☐ YES ☐ NO
- b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?  
☐ YES ☐ NO

If YES, provide a full explanation on the Continuation Sheet.

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? ☐ YES ☐ NO

If YES, provide a full explanation on the Continuation Sheet.

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations?

☐ YES ☐ NO

If YES, provide a full explanation of the Continuation Sheet.

**32. Law Enforcement Applications:**

Have you applied with any other law enforcement agencies in the past three years? ☐ YES ☐ NO

If YES, complete the section below. If NO, skip to question #33.

Name of Agency	Date of Application	Was a Polygraph Examination Completed?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**33. Certification:**

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke employment or volunteerism.

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

Date: \_\_\_\_\_



## CONTINUATION SHEET

Please state the applicable question number for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

**Example: 31 - Explanation, clarification, etc.**

