



Company Name: \_\_\_\_\_ Number: \_\_\_\_\_

## ARIZONA RANGERS BACKGROUND QUESTIONNAIRE NOTICE

In order to make a proper evaluation of you for appointment to the Arizona Rangers, it is essential that all of the following questions be answered completely and truthfully. Read each question carefully. Omissions or untruthful answers will disqualify you from further consideration for appointment. Truthful answers will be considered along with all other information in deciding your appointment suitability, even if these answers appear to contain information of a negative nature.

An initial interview will be conducted by members of the Arizona Rangers to verify information in your completed Background Questionnaire. After the interview results are established, the Office of Internal Affairs will conduct a pre-appointment investigation consisting of reference checks, current and former employer contacts and other inquiries that may be appropriate to establish your suitability for appointment.

To the extent allowed by law, all aspects of your background investigation are kept confidential except under the following conditions:

When a felony criminal activity involving assaultive behavior or crimes against children is revealed, appropriate law enforcement actions will be taken.

If you are currently certified by Arizona POST as a Peace Officer, any revealed violation of Arizona POST standards may be reported to Arizona POST.

Prospective appointees may be requested to undergo drug testing, or a pre-appointment medical examination. If information developed in their background investigation warrants such drug testing and/or medical evaluation, it will be at the expense of the prospective appointee.

If you agree to the Background Procedures you must print your name and sign this page where the space appears for your signature. If you do not agree to these procedures, you will not be considered for appointment.

I have read the above and understand its contents.

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

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

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

# Arizona Rangers Background Questionnaire

## Instructions

TYPE, or PRINT your responses neatly in black ink. You must respond to each and every question. DO NOT LEAVE ANY QUESTIONS UNANSWERED OR ANY BLANK SPACES. If the question is not applicable, write N/A. If the space provided is inadequate, add another page and identify the additional information by item number. Complete addresses, with zip codes, must be provided where requested, i.e. Personal References, Employment History. Personal references must be LOCAL REFERENCES, unless you have lived in Arizona for less than (5) years in which case, you may use out-of-state or out-of-town references.

**COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS QUESTIONNAIRE AND WILL BECOME PERMANENT PROPERTY OF THE ARIZONA RANGERS: BIRTH CERTIFICATE AND/OR PROOF OF CITIZENSHIP, HIGH SCHOOL DIPLOMA, GED, OR COLLEGE DEGREE (OR TRANSCRIPT SUPPORTING A DEGREE), P.O.S.T OR OTHER PUBLIC SAFETY CERTIFICATIONS TO SUPPORT LAW ENFORCEMENT EXPERIENCE; AND FORM DD214 IF MILITARY SERVICE IS CLAIMED.**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OTHER NAMES (maiden or a.k.a's): \_\_\_\_\_

2. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

3. STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
(Number) (Street)

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: HOME : (\_\_\_\_) \_\_\_\_\_ WORK : (\_\_\_\_) \_\_\_\_\_

CELL/MOBILE: (\_\_\_\_) \_\_\_\_\_ MESSAGE: (\_\_\_\_) \_\_\_\_\_ PAGER: (\_\_\_\_) \_\_\_\_\_

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHER SOCIAL SECURITY NUMBER(S): \_\_\_\_\_

5. DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

6. PLACE OF BIRTH: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

EDUCATION:

7. HIGH SCHOOLS ATTENDED:

FROM	TO	NAME OF SCHOOL	STREET ADDRESS, CITY STATE, ZIP	LAST GRADE COMPLETED

HIGH SCHOOL GRADUATE  GENERAL EDUCATION DEGREE (GED)  YEAR: \_\_\_\_\_

**8. FORMAL TRAINING COURSES ATTENDED:**

FROM	TO	NAME OF SCHOOL	COURSE OF STUDY	HOURS OF TRAINING

**9. UNIVERSITY OR COLLEGES ATTENDED:**

FROM	TO	NAME OF SCHOOL	MAJOR	MINOR	TOTAL SEMESTER HOURS

**10. DEGREE(S) EARNED:**

YEAR	COLLEGE OR UNIVERSITY	DEGREE	MAJOR

11. U.S. CITIZEN? YES  NO  IF "YES," BY BIRTH?  NATURALIZED?

IF "NO," DO YOU POSSESS A VALID WORK PERMIT? YES  NO

12. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATIONS? YES  NO

IF YOU ARE IN NEED OF AN ACCOMMODATION, PLEASE INDICATE WHAT ACCOMMODATION YOU ARE REQUESTING: \_\_\_\_\_

13. LIST THREE (3) PERSONAL REFERENCES, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS.

NAME	ADDRESS - CITY, STATE, ZIP CODE	TELEPHONE (INCLUDING AREA CODE)

**14. LIST YOUR LAST THREE (3) EMPLOYERS BEGINNING WITH THE MOST RECENT EMPLOYER (INCLUDE COMPLETE ADDRESSES AND TELEPHONE NUMBERS).**

NAME AND ADDRESS	JOB TITLE	SUPERVISOR	FROM mm/yy	TO mm/yy
Reason for Leaving:				
Phone: (    )				
NAME AND ADDRESS	JOB TITLE	SUPERVISOR	FROM mm/yy	TO mm/yy
Reason for Leaving:				
Phone: (    )				
NAME AND ADDRESS	JOB TITLE	SUPERVISOR	FROM mm/yy	TO mm/yy
Reason for Leaving:				
Phone: (    )				

**15. INDICATE YOUR RESPONSE BY MARKING AND “X” OR “NO” BOX. EXPLAIN ALL “YES” ANSWERS IN DETAIL ON PAGE 5.**

		YES	NO
<b>A</b>	Is any member of your or your spouse’s family currently on Probation, Pardon, or Parole?		
<b>B</b>	Have you ever been dismissed from a job or forced to resign?		
<b>C</b>	Do you object to working shifts, weekends, or holidays?		
<b>D</b>	Have you ever stolen from an employer?		
<b>E</b>	Have you ever been suspended or demoted by a former employer?		
<b>F</b>	Have you ever stolen or shoplifted anything worth \$5.00 or more?		
<b>G</b>	Have you ever purchased stolen property?		
<b>H</b>	Have you ever falsified an insurance claim?		
<b>I</b>	Have you ever been a member of any organization that had as its goal the overthrow of the government or any government program?		
<b>J</b>	Have you ever had a warrant issued for your arrest?		
<b>K</b>	Have you ever been a suspect, charged with or convicted of a crime?		
<b>L</b>	Have you ever petitioned any court to seal or expunge a criminal or juvenile record?		
<b>M</b>	In the past five (5) years have you instigated any fights?		
<b>N</b>	Have you ever caused serious physical injury to any person?		
<b>O</b>	Have you ever struck anyone you were living with or committed an act of domestic violence?		

**Definition of Domestic Violence:**

Domestic violence means any act which includes endangerment, threatening, assault, aggravated assault, custodial interference, unlawful imprisonment, trespass and burglary, criminal damage, disorderly conduct, or any act which is a dangerous crime against children, if the relationship between the victim and the defendant is one of the following: spouse, former spouse, parent, child, grandparent, grandchild, brother, sister, if the relationship between the victim and the defendant is one of former marriage, if the victim and defendant are persons of the opposite sex residing or having resided in the same household, if the victim and defendant or the defendant’s spouse are related to each other by consanguinity or affinity to the second degree, if the victim and defendant have a child in common, or if the victim or the defendant is pregnant by the other party.

16. HAVE YOU EVER IN YOUR LIFETIME USED, TRIED, EXPERIMENTED, OR IN ANY WAY INGESTED INTO YOUR BODY ANY OF THE FOLLOWING? (EXPLAIN ALL "YES" ANSWERS ON PAGE 5)

LIST ANY OTHER ILLEGAL DRUGS YOU TRIED OR EXPERIMENTED WITH IN THE LAST TWO BOXES.

	DRUGS	YES	NO	DATE FIRST USED mm/yyyy	DATE LAST USED mm/yyyy	TOTAL LIFETIME USE
A	MARIJUANA					
B	COCAINE					
C	AMPHETAMINES / CRYSTAL METH/ METHAMPHETAMINES					
D	HALLUCINOGENS (LSD, MUSHROOMS)					
E	HEROIN					
F	PCP / ANGEL DUST / PSILOCYBIN					
G	STEROIDS					
H	STIMULANTS (SPEED / UPPERS)					
I	BARBITURATES (DOWNERS)					

17. HAVE YOU EVER SOLD MARIJUANA OR NARCOTIC DRUGS? YES  NO

18. LIST ALL TRAFFIC CITATIONS:

CITY / STATE	APPROX. DATE	NATURE OF VIOLATION	PENALTY/DISPOSITION

19. LIST ALL CRIMINAL CHARGES, ARRESTS, SUMMONS, OR CITE AND RELEASE INCIDENTS:

DATE	LAW ENFORCEMENT AGENCY	CHARGES	CONVICTION	
			YES	NO

**MILITARY SERVICE**

20. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?

YES  NO  IF "YES" COMPLETE THE FOLLOWING:

BRANCH OF SERVICE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DUTY OR JOB HELD: \_\_\_\_\_ HIGHEST RANK OBTAINED: \_\_\_\_\_

DISCHARGE DATE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

AS A MEMBER OF THE ARMED FORCES, DID YOU EVER RECEIVE ANY TYPE OF DISCIPLINE?

YES  NO  IF "YES", LIST AND EXPLAIN THE DISCIPLINE BELOW:


**PRIOR RESIDENCES:**

**21. LIST YOUR LAST THREE (3) RESIDENCES BEGINNING WITH THE CURRENT (INCLUDE COMPLETE ADDRESSES).**

<b>FROM</b>	<b>TO</b>	<b>ADDRESS - CITY, STATE, ZIP CODE</b>

**22. EXPLAIN IN DETAIL ALL "YES" ANSWERS FOR QUESTIONS 15 AND 16. INDICATE QUESTION NUMBERS AND ITEM NUMBER FOR EACH RESPONSE, i.e.: 15L, 16A, RTC.**


**CERTIFICATION AND RELEASE FROM LIABILITY**

THE TERMS "BACKGROUND INVESTIGATION" AND "PRE-APPOINTMENT INVESTIGATION" AS USED IN THIS DOCUMENT REFERS TO ANY AND ALL INFORMATION AND SOURCES OF INFORMATION THAT THE ARIZONA RANGERS IN ITS SOLE DISCRETION MAY DEEM NECESSARY TO OBTAIN OR CONTACT TO DETERMINE FITNESS AS A CANDIDATE FOR APPOINTMENT WITH THE ARIZONA RANGERS.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL, REGARDLESS OF WHEN THEY ARE DISCOVERED.

I HEREBY RELEASE FROM LIABILITY AND PROMISE TO HOLD HARMLESS, UNDER ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION, THE ARIZONA RANGERS, OR ANY OF ITS OFFICERS, AGENTS, OR EMPLOYEES FOR ANY STATEMENTS, ACTS, OR OMISSIONS IN THE COURSE OF MY BACKGROUND INVESTIGATION.

I HEREBY RELEASE FROM LIABILITY AND PROMISE TO HOLD HARMLESS UNDER ALL POSSIBLE CAUSES OR LEGAL ACTION, ANY OFFICER, AGENT, OR EMPLOYEE OF THE ARIZONA RANGERS WHO MAY CONDUCT MY BACKGROUND INVESTIGATION.

\_\_\_\_\_  
PRINTED NAME IN FULL

\_\_\_\_\_  
SIGNATURE IN FULL (DATE)

\_\_\_\_\_  
SIGNATURE OF COMPANY COMMANDER (DATE REVIEWED)

COMMANDERS APPROVAL OF THIS CANDIDATE YES  NO

