

**PIMA COUNTY SHERIFF'S DEPARTMENT  
DEPUTY SHERIFF APPLICANT  
BACKGROUND QUESTIONNAIRE NOTICE**

**READ THIS CAREFULLY BEFORE FILLING OUT THE  
BACKGROUND QUESTIONNAIRE!**

In order to make a proper evaluation of you for employment with the Pima County Sheriff's Department, 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 employment.** Truthful answers will be considered along with all other information in deciding your employment suitability, even if these answers appear to contain information of a negative sort.

A polygraph will be conducted to verify information in the Background Questionnaire. After the polygraph results are established, there may be follow-up investigation consisting of reference checks, current and former employer contacts, or other inquiries as may be appropriate.

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

Where felony criminal activity involving assaultive behavior or crimes against children is revealed, appropriate law enforcement action 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 employees will be drug tested during their pre-employment medical examination. Probationary employees are also tested at least once during their initial probationary period. All employees are subject to mandatory random drug testing in compliance with the Pima County Sheriff's Department's Drug Testing Program.

If you agree to the Background Procedure, you must type 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 employment.

I have read the above and understand its contents.

\_\_\_\_\_  
*Type Name*

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

\_\_\_\_\_  
*Date*

## INSTRUCTIONS

**TYPE** your responses. **No hand written questionnaires will be accepted.** You must respond to each and every question. **DO NOT LEAVE ANY QUESTION UNANSWERED OR ANY BLANK SPACES.** If the question is not applicable, enter “DNA.” 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 the Tucson area for less than five (5) years, in which case, you may use out-of-state or out-of-town references who have known you for at least five (5) years.

Have the “**AUTHORIZATION**” and “**REQUEST FOR MILITARY RECORDS**” forms notarized prior to submitting your background questionnaire to the Personnel Unit.

### **SPECIAL INSTRUCTIONS:**

Your BACKGROUND QUESTIONNAIRE must be submitted at the time of your physical agility test. **At that time, you must also submit copies of your Birth Certificate, High School Diploma or GED, and if applicable, a copy of your DD214 (member #4 copy).**

**COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS QUESTIONNAIRE AND WILL BECOME THE PERMANENT PROPERTY OF THE PIMA COUNTY SHERIFF'S DEPARTMENT.**

*BIRTH CERTIFICATE AND/OR PROOF OF CITIZENSHIP  
HIGH SCHOOL DIPLOMA OR G.E.D.  
IF APPLICABLE:  
COLLEGE DEGREE OR TRANSCRIPT  
FORM DD214 (member #4 copy)*

# PIMA COUNTY SHERIFF'S DEPARTMENT

## Deputy Sheriff Supplemental Background Questionnaire

PERSONAL DATA				
1. <b>NAME:</b> Last	First	Middle		
2. <b>HEIGHT:</b> feet                      inches	3. <b>WEIGHT:</b> pounds	4. <b>EYE COLOR:</b>	5. <b>HAIR COLOR:</b>	

6. <b>EMAIL ADDRESSES:</b> (list all email addresses you currently use)

7. LIST ANY RELATIVES, SPOUSE, OR DOMESTIC PARTNER CURRENTLY EMPLOYED WITH THE PIMA COUNTY SHERIFF'S DEPARTMENT	
RELATIVE'S NAME	RELATIONSHIP

8. A. LIST ANY LANGUAGE SKILLS (other than English):			
	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK
	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK
B. WHAT ARE YOUR HOBBIES, SPECIAL SKILLS, AND ABILITIES?			
C. LIST ALL CLUBS, ORGANIZATIONS, OR ASSOCIATIONS OF WHICH YOU ARE OR HAVE EVER BEEN A MEMBER:			

9. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITHOUT ACCOMMODATIONS?
<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE IN NEED OF AN ACCOMMODATION, WHAT ACCOMMODATION(S) WILL YOU NEED?

10. PERSONAL REFERENCES: List at least three (3) people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.					
NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	YEARS KNOWN	EMAIL ADDRESS

**11. FAMILY MEMBERS:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s), children, step children, in-laws). Use the Continuation Sheet if necessary.

NAME	RELATIONSHIP	AGE	STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER	EMAIL ADDRESS

**12. DRUG HISTORY:** INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE “YES” OR “NO” BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL “YES” ANSWERS STARTING ON PAGE 11.

A. HAVE YOU EVER TAKEN DRUGS TO KEEP YOU AWAKE WHILE STUDYING OR WORKING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER FORGED OR ALTERED ANY PRESCRIPTION FOR DRUGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. HAVE YOU EVER SOLD, PRODUCED, CULTIVATED, OR TRANSPORTED MARIJUANA, DANGEROUS DRUGS, OR NARCOTICS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER USED MARIJUANA, DANGEROUS DRUGS, OR NARCOTICS WHILE EMPLOYED OR APPOINTED AS A PEACE OFFICER, CORRECTIONS OFFICER, OR DETENTION OFFICER?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**13. INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE “YES” OR “NO” BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL “YES” ANSWERS STARTING ON PAGE 11.**

A. HAVE YOU EVER ACCESSED THE ACJIS, NCIC, OR OTHER LAW ENFORCEMENT COMPUTER SYSTEMS FOR AN UNAUTHORIZED PURPOSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER FALLEN ASLEEP WHILE ON DUTY AS A LAW ENFORCEMENT OFFICER, CORRECTIONS OFFICER, OR DETENTION OFFICER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. IF IT BECAME NECESSARY IN THE COURSE OF DUTIES TO TAKE A HUMAN LIFE, WOULD YOU BE RELUCTANT TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER APPLIED FOR A SIMILAR POSITION WITH ANOTHER AGENCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

14. DRIVING HISTORY: INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE "YES" OR "NO" BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" ANSWERS STARTING ON PAGE 11.		
A. HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
B. HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF DRUGS OTHER THAN ALCOHOL?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
C. HAVE YOU EVER TAKEN DRUGS OR MEDICATIONS TO KEEP AWAKE WHILE DRIVING?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
D. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT? <b>IF "YES" INCLUDE CITY AND STATE, DATE, CAUSE OF THE ACCIDENT, WHO WAS AT FAULT, INJURY OR NON-INJURY, AND IF IT WAS REPORTED TO LAW ENFORCEMENT IN YOUR EXPLANATION.</b>	<input type="checkbox"/>	YES <input type="checkbox"/> NO
E. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, OR REFUSED?	<input type="checkbox"/>	YES <input type="checkbox"/> NO

15. GENERAL INFORMATION: INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE "YES" OR "NO" BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" ANSWERS STARTING ON PAGE 11.		
A. WILL YOU ACCEPT AN ASSIGNMENT ANY PLACE IN PIMA COUNTY, INCLUDING AJO, ARIZONA? SOME POSITIONS REQUIRE RELOCATION WITHIN PIMA COUNTY. <b>IF "NO," EXPLAIN IN DETAIL STARTING ON PAGE 11.</b>	<input type="checkbox"/>	YES <input type="checkbox"/> NO
B. HAVE YOU OR ANY MEMBER OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY EVER BEEN CONVICTED, IMPRISONED, OR INCARCERATED IN ANY CORRECTIONAL FACILITY, PRISON, OR JAIL?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
C. ARE YOU OR IS ANY MEMBER OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY CURRENTLY OR EVER HAVE BEEN ON PRE-TRIAL RELEASE, PROBATION, PAROLE, OR BEEN PARDONED?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
D. DO YOU NOW HAVE OR ANYTIME IN THE PAST HAD A PERSONAL RELATIONSHIP WITH ANY PERSON WHO IS ON PROBATION, PAROLE, RELEASED ON PRE-TRIAL STATUS, PRE-TRIAL RELEASE, CONVICTED OF A FELONY, IMPRISONED, OR PARDONED?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
E. ARE YOU CURRENTLY DELINQUENT OR FAILING TO FINANCIALLY SUPPORT ALL CHILDREN BORN TO YOU, STEPCHILDREN, AND/OR ADOPTED BY YOU? <input type="checkbox"/> NO CHILDREN	<input type="checkbox"/>	YES <input type="checkbox"/> NO
F. HAVE YOU EVER BEEN SUED FOR ANY REASON?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
G. HAVE YOU EVER FILED FOR BANKRUPTCY? <b>IF "YES," DATE FILED:</b>	<input type="checkbox"/>	YES <input type="checkbox"/> NO
H. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
I. HAVE YOU EVER HAD A GARNISHMENT OR WAGE ASSIGNMENT PLACED AGAINST YOU?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
J. ARE YOU DELINQUENT ON TAXES (STATE AND/OR FEDERAL)?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
K. ARE YOU NOW IN ARREARS ON ANY FINANCIAL OBLIGATION, TO INCLUDE CHILD SUPPORT, TAXES, CREDIT CARDS, LOANS, ETC? <b>IF "YES," HOW FAR? (DAYS)</b>	<input type="checkbox"/>	YES <input type="checkbox"/> NO
L. WERE YOU EVER DISMISSED FROM A JOB OR ASKED TO RESIGN IN LIEU OF TERMINATION?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
M. DO YOUR TOTAL MONTHLY EXPENSES EXCEED YOUR TOTAL MONTHLY INCOME?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
N. DO YOU OBJECT TO WEARING A UNIFORM?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
O. DO YOU OBJECT TO WORKING SHIFTS – DAY, EVENING, AND NIGHT?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
P. DO YOU OBJECT TO WORKING ROTATING SHIFTS?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Q. DO YOU OBJECT TO WORKING WEEKENDS AND HOLIDAYS?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
R. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL?	<input type="checkbox"/>	YES <input type="checkbox"/> NO

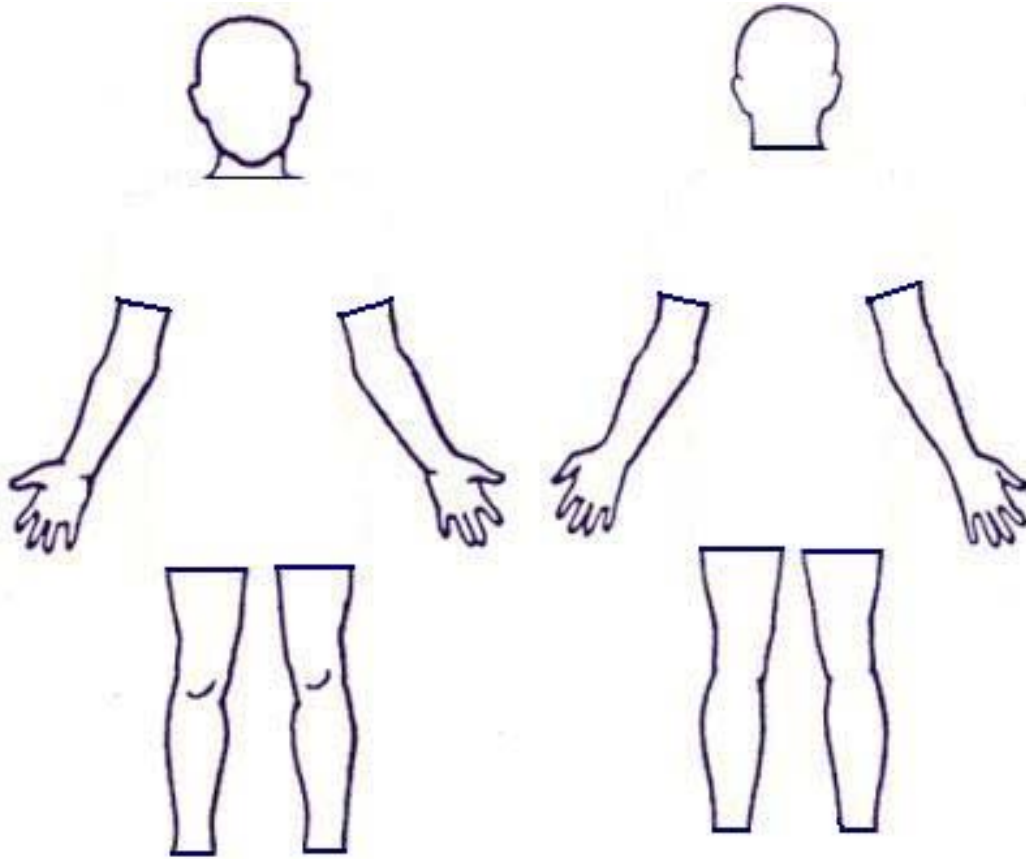
<b>16. GENERAL INFORMATION: INDICATE YOUR RESPONSE BY CHECKING THE APPROPRIATE "YES" OR "NO" BOX. UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" ANSWERS STARTING ON PAGE 11.</b>		
A. HAVE YOU EVER STOLEN MONEY FROM AN EMPLOYER?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
B. HAVE YOU EVER BEEN SUSPENDED OR DEMOTED BY ANY PREVIOUS EMPLOYER?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
C. HAVE YOU EVER STOLEN ANYTHING WORTH \$5.00 OR MORE?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
D. HAVE YOU EVER SHOPLIFTED ANYTHING WORTH \$5.00 OR MORE?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
E. HAVE YOU EVER PURCHASED STOLEN PROPERTY?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
F. HAVE YOU EVER FALSIFIED AN INSURANCE CLAIM?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
G. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION THAT HAD AS ITS GOAL TO OVERTHROW THE GOVERNMENT OR ANY GOVERNMENT PROGRAM?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
H. HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARREST?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
I. HAVE YOU EVER BEEN QUESTIONED OR DETAINED REFERENCE ANY CRIMINAL ACTIVITY TO INCLUDE BUT NOT LIMITED TO DOMESTIC VIOLENCE, FELONY OFFENSES, MISDEMEANOR OFFENSES, AND JUVENILE OFFENSES?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
J. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OR BEEN AFFILIATED WITH ANY GANG(S)?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
K. HAVE YOU EVER BEEN A SUSPECT OF A CRIME?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
L. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
M. HAVE YOU EVER BEEN CONVICTED OF A CRIME? (MISDEMEANOR OR FELONY)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
N. HAVE YOU EVER PETITIONED ANY COURT TO SEAL OR EXPUNGE A CRIMINAL OR JUVENILE RECORD?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
O. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
P. HAVE YOU ENGAGED IN OR BEEN ACCUSED OF SEXUAL ABUSE IN AN INSTITUTIONAL SETTING OR IN THE COMMUNITY?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Q. IN THE PAST FIVE (5) YEARS HAVE YOU INSTIGATED ANY FIGHTS?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
R. HAVE YOU EVER CAUSED A SERIOUS PHYSICAL INJURY TO ANY PERSON?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
S. HAVE YOU EVER STRUCK ANYONE WITH WHOM YOU WERE LIVING?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
T. HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE? See definition of Domestic Violence below	<input type="checkbox"/>	YES <input type="checkbox"/> NO

**Definition of Domestic Violence:**

Domestic violence means any act which includes: endangerment, threatening or intimidating, aggravated assault, assault, custodial interference, interfering with judicial proceedings, unlawful imprisonment/kidnapping, trespassing, criminal damage, disorderly conduct, harassment or harassment by telephone, aggravated harassment, stalking, aggravated domestic violence, child/vulnerable adult abuse and surreptitious videotaping or any act which is a dangerous crime against children, and if the relationship between the victim and the defendant is one of the following: spouse, former spouse, parent, child including step-child, grandparent, grandchild including step-grandchild, brother, sister, parent or parent-in-law, child-in-law, brother or sister-in-law, or if the victim and defendant are persons having resided in the same household (roommates), if the victim and defendant have a child in common, or if the victim or the defendant is pregnant by the other party, or if the relationship was previously romantic or was a sexual relationship.

17. LIST ALL VISIBLE TATTOOS, BODY ART, AND PIERCINGS BELOW.

IDENTIFY ONLY THOSE TATTOOS, BODY ART, AND PIERCINGS VISIBLE ON THE DEPICTED AREAS OF THE BODY. PLACE THE CORRESPONDING ITEM LETTER (A, B, C, D, E, etc.) IN THE CORRECT POSITION ON THE DIAGRAM BELOW.



Front

Back

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_

18. DO YOU HAVE ANY TATTOOS OR MARKING THAT MAY BE CONSIDERED "GANG AFFILIATED?"

YES  NO

**19. EMPLOYMENT HISTORY:** List all jobs you have had in the past ten (10) years. List your current most recent employer first.  
 Account for all periods of time to include periods of unemployment.

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

If present employer, may we contact?  YES  NO  
 (Present employer will be contacted prior to employment.)

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:



**EMPLOYMENT HISTORY: (continued)**

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

MONTH / YEAR		EMPLOYER NAME, ADDRESS, CITY, STATE, AND ZIP CODE	SUPERVISOR	SALARY	
FROM	TO			FROM	TO
		Email: Phone: Fax:			

Reason for leaving:

**20. 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, or terminate employment.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CERTIFICATION AND RELEASE FROM LIABILITY**

The term "background investigation" as used in this document refers to any and all information and sources of information that the Pima County Sheriff's Department, in its sole discretion, may deem necessary to obtain or contact, to determine fitness as a candidate for employment with the Department.

I hereby certify that all statements made in this questionnaire are true and complete, and 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 Pima County Sheriff's Department 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 any and all possible causes of legal action any officer, agent, or employee of the Pima County Sheriff's Department who may conduct my background investigation.

**TYPE NAME IN FULL:** \_\_\_\_\_

**SIGNATURE IN FULL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EXPLAIN IN DETAIL ALL ANSWERS FROM QUESTIONS 12, 13, 14, 15, AND 16, IF YOUR RESPONSE REQUIRES AN EXPLANATION. INDICATE ITEM NUMBER AND LETTER FOR EACH QUESTION.**

**EXPLANATION** (continued)



# PIMA COUNTY SHERIFF'S DEPARTMENT

*Mark D. Napier, Sheriff*

1750 East Benson Highway, Tucson, Arizona 85714-1758

Phone: (520) 351-4600 • Fax: (520) 351-4622 • www.pimasheriff.org

## AUTHORIZATION

I, \_\_\_\_\_, an applicant for the position of \_\_\_\_\_ with the Pima County Sheriff's Department, do hereby authorize the release of information concerning my employment, medical, financial, and adult and juvenile criminal history as it relates to my application for employment.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the Department who conduct my background investigation.

I understand the results of my background investigation are confidential and not available for my examination or release to any authority, except to authorized Department employees and, if applicable, Arizona POST staff to ensure compliance with Arizona POST Standards.

Printed Name of Applicant	Signature of Applicant	Date
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Seal:



# PIMA COUNTY SHERIFF'S DEPARTMENT

*Mark D. Napier, Sheriff*

1750 East Benson Highway, Tucson, Arizona 85714-1758

Phone: (520) 351-4600 • Fax: (520) 351-4622 • www.pimasheriff.org

## REQUEST FOR MILITARY RECORDS

I, \_\_\_\_\_, applicant for \_\_\_\_\_, authorize the custodian of my military records to release to the Pima County Sheriff's Department any and all information from my military personnel records. Also furnish an undeleted copy of DD Form 214, Member 4 – Certificate of Release of Discharge from Active Duty – and any drug and alcohol information.

We sincerely appreciate your cooperation in fulfilling this request. If we can be of similar service to you, please contact us.

Sincerely,

MARK D. NAPIER  
Sheriff of Pima County

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

I served with the _____			From: _____	To: _____
Serial Number: _____				
Social Security Number: _____			Date of Birth: _____	
Place of Birth: _____	City: _____		State: _____	
I ask that any and all requested information be furnished to the Pima County Sheriff's Department.				
_____			_____	
Signature of Applicant			Date	
Subscribed and sworn to before me this _____ day of _____, 20 _____				
My commission expires: _____				
Notary Public: _____			Seal: _____	



**PIMA COUNTY  
EQUAL EMPLOYMENT OPPORTUNITY (EEO)  
CONFIDENTIAL INFORMATION SELF-IDENTIFICATION SHEET**

**Employee Name:** \_\_\_\_\_ **Department:** Sheriff **EIN:** \_\_\_\_\_  
(Print Name)

**Sex Identification:** 1.  Male 2.  Female

**Race / Ethnicity Identification:**

Please select one of the following categories:

- Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.
- White (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
- Black or African American (not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not of Hispanic Origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not of Hispanic Origin) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- American Indian or Alaska Native (not of Hispanic Origin) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two (2) or More Races (not of Hispanic Origin) – All persons who identify with more than one (1) of the above five (5) races.

**Handicapped (Disabled) Individual:**

A person who (a) has a physical or mental impairment which substantially limits one (1) or more major life activities; (b) has a record of such impairment; or, (c) is regarded as having such an impairment.

1.  Yes 2.  No

**Veteran Status:**

Served for 180 consecutive calendar days and received other than dishonorable discharge. Please check one.

- 0; Not a Veteran       1; Veteran, Vietnam Era       2; Disabled Veteran, Vietnam Era  
 3; Disabled Veteran, Non-Vietnam       4; Veteran, Non-Vietnam

Date of military discharge: \_\_\_\_\_

**Recipient of the Armed Forces Expeditionary Medal:**

As part of the annual VETS-100 Reporting, the Federal government has requested that in addition to our normal reporting requirements we report on any veterans who are working for us who have received the Armed Forces Expeditionary Medal.

- No, I am not a recipient of the Armed Forces Expeditionary Medal  
 Yes, I am a recipient of the Armed Forces Expeditionary Medal.      The award date was:

Please self identify any other awards received if you are a veteran who served on active duty in the U.S. Military, Ground, Naval, or Air service during a war or in a campaign or expedition for which campaign badge has been authorized, under the laws administered by the U.S. Department of Defense.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

This information will be kept confidential and will be used for statistical purposes only. This data will help ensure that Pima County is in compliance with Federal Affirmative Action mandates and reporting requirements. Information from this form may be transferred to other official documents. Your failure to complete this form may result in Pima County inaccurately reporting your ethnicity.