

Preliminary Applicant Questionnaire

Instructions for filling out Questionnaire

1. Download and **SAVE** the blank questionnaire to your computer.
2. Fill out all fields. Use **Adobe Acrobat 8** or newer.
(free download from <https://get.adobe.com/reader/>)

MAC users: DO NOT use Preview mode when filling out the form. You must use Adobe Acrobat

3. **Save the completed questionnaire to your computer.**
4. **Upload the completed questionnaire to your Tucson Police Department application on the City of Tucson Online Employment Center website when prompted to do so.**
5. **Help for the Preliminary Questionnaire can be reached at 520-837-7758 or email Recruit1@tucsonaz.gov**



Tucson Police Department Preliminary Applicant Questionnaire

APPLICANTS – YOU MUST READ AND SIGN

I understand and acknowledge the following information:

- This application package and all supporting documents become the property of the City of Tucson Police Department and **will not** be returned to me.
- If disqualified, or otherwise not selected for employment, I am **not** entitled to disclosure of the reason for the hiring decision.
- **I understand any omission, misrepresentation or falsification on this document, or in any subsequent interview or hiring document, will permanently disqualify me from any employment with the Tucson Police Department.**
- **I hereby affirm that the information and answers provided by me to all items in this applicant questionnaire are, to the best of my knowledge, true, complete and accurate. I understand that any false statements, including written, can be prosecuted under ARS §13-2704, *Unsworn Falsification*, a Class-2 Misdemeanor.”**

By typing/signing my name below, I have read and agree to the statements listed above.

Type/Sign your name

Date

Position Applied For:				
<input type="checkbox"/> Police Officer Recruit		<input type="checkbox"/> Professional Staff _____		
Name (Last, First, Middle)				
Please list any other names you have used or are known by (i.e. maiden name, nickname, alias)				
Date of Birth (MM/DD/YYYY)		Place of Birth		Social Security Number (Optional)
Address		City	State	Zip Code
Home Telephone		Work Telephone		Cellular Number
()		()		()
Driver's License Number		State	Military Service?	Discharge Type
			YES NO	
E-Mail Address (include all e-mail addresses that you use)				
For criminal history record check purposes only		HAIR COLOR	EYE COLOR	GENDER Select one
HEIGHT	WEIGHT			
Are you a US Citizen?		High School Diploma/GED? Type?		College/University Degree?
YES NO	YES NO			YES NO

1. Have you **EVER** been employed with a law enforcement agency, including corrections, as an officer or civilian? This includes military service.

YES

NO

If YES, complete the following:

City/State: _____ Dates: _____

Position held: _____ Agency: _____

Reason for leaving: _____

Criminal History

2. Have you **EVER** been physically arrested or issued a citation for **ANY** criminal offense, including as a juvenile? This would include serious traffic violations such as DUI's, Reckless Driving, Suspended License, or Fictitious Plates. It would also include Shoplifting and any Domestic Violence situations. This includes any offenses that were expunged or sealed upon becoming an adult. Include **ANY** charges, which might have been later dismissed, reduced or expunged by the courts, prosecutor or pursuant to any plea agreement.

YES

NO

If YES, please provide details on each incident. Include the date of the incident, location (city/state), police agency involved, the offense alleged, and the disposition and punishment. ***(Remember to include offenses alleged while you were a juvenile)***

3. List below **ALL** traffic citations, drivers' license suspensions and/or revocations that you have received as an adult OR juvenile. Include the reason for the citation/suspension/revocation, the city and state in which it occurred, the date and the disposition of the offense. Include any that were dismissed. *(Do not include parking tickets)*

4. Have you **EVER** been questioned by law enforcement for **ANY** reason including as a victim, witness, complainant or suspect? **(Include any incident as a juvenile or as an adult)**

YES

NO

If **YES**, please provide details on each incident. **Include** the date of the incident, location (city/state), police agency involved, the offense alleged, and the disposition and punishment.

5. Have you **EVER** been involved in **ANY** act of domestic violence involving a spouse, significant other, family member, or roommate whether as an **adult OR juvenile**, reported or not? Domestic violence includes but is not limited to the following: **endangerment, threats and intimidation, assault, custodial interference, unlawful imprisonment, criminal trespass, criminal damage, interfering with judicial proceedings, disorderly conduct.**

YES

NO

If **YES**, please provide details:

6. As an adult or juvenile have you **EVER** viewed, downloaded, shared, or distributed **ANY** images in **ANY** form depicting individuals under the age of 18 in a sexual manner?

YES

NO

If **YES**, please describe the circumstances in full, including websites, chat rooms, other electronic devices. Include the date of each incident, how you got it, how many times, etc.

7. As an adult or juvenile have you **EVER** had any sexual contact with someone under the age of 18?

YES **NO**

If YES, please provide details. Include the date of each incident, location (city/state), ages, and the circumstances involved.

8. As an adult or a juvenile, have you **EVER** been involved in any other illegal sexual activity?

YES **NO**

If YES, please provide details. Include the date of each incident, location (city/state) and the circumstances involved.

9. Have you **EVER** had a warrant issued for your arrest for any criminal, civil or traffic violations, whether as an **adult** OR a **juvenile**?

YES **NO** **If YES**, please provide details:

10. Have you **EVER** stolen, illegally acquired, taken for your own personal use, or shoplifted **ANYTHING** as an **adult** OR as a **juvenile**? (**Whether detected or not**)

YES

NO

If **YES**, please provide details. Include what was taken, the approximate value, if you were an adult or juvenile, and the circumstances that led to you taking the item(s).

11. Have you **EVER** been involved in the **illegal production, growing, sale, transportation, possession, distribution or purchase** of marijuana, narcotics, and/or hallucinogenic drugs or any related controlled substances? This **includes** drugs purchased for personal use, sharing with friends or joint purchases with others. This includes conduct whether as an **adult** OR a **juvenile**.

YES

NO

If **YES**, please provide details: Include dates of **ALL** transactions.

12. Have you **EVER** used or experimented with **ANY** illegal drugs, whether **as an adult OR juvenile**?

YES

NO

If YES, complete the following. This includes **JUVENILE** use as well as **ADULT** use.

Name of Drug	List Drug Month/Year last used	Number of times drug used		Method of drug use, i.e. injection, smoking, etc. Amount used, i.e., one joint, two injections, four pills, etc.
		BEFORE age 21	AT age 21 and AFTER	
Marijuana				
Hashish				
Cocaine				
Crack Cocaine				
Methamphetamine/Speed				
Illegal use of prescription drugs				
Heroin				
Morphine				
Opium				
LSD/Acid				
Ecstasy, GHB, Ketamine, Rohypnol (specify all that apply)				
Other Hallucinogens (specify type)				
Inhalants such as glue, paint, etc.) (specify all that apply)				
Steroids				
Peyote				
Other illegal drug or substance (describe) such as: Spice K2 Summit Fuzion Serenity Now Red Bird Cherry Herbal Incense				