Applicant Name:_____

Date:_____

Coconino County Adult Probation Department

Background Questionnaire

FOLLOW DIRECTIONS CAREFULLY

1. Use ink to complete questionnaire
2. Complete in your handwriting or printing
3. Write or print legibly
4. Read each question carefully
5. Answer each question completely and accurately
6. Answer all questions
7. If a question does not apply, write N/A in the space
8. If you need additional space, write on back of page
9. Sign the consent to polygraph examination form
10. Have notarized Page 1 and 14 of this application
11. When completed, return to:

mail: Hiring Officer
Coconino County Adult Probation Department
110 E. Cherry Avenue
Flagstaff, Arizona 86001

In person: Coconino County Adult Probation
222 E. Birch Ave.
Flagstaff, Arizona 86001

Telephone Number: (928)679-8400

Note:

Failure to follow instructions, incomplete information, or illegible answers will delay the application process or eliminate you from further processing. Please print/write legibly.

*Include complete address: Street Address, City, State, and Zip Code
*Include complete telephone numbers: Area Code and 7-Digit Number
*Include your Resume

Coconino County Adult Probation Department

Date:_____
Position Applying for (check one):

( )Probation Officer I
( )Probation Officer II
( )Probation Officer III
( )Other (please state)_____

( )Full-Time ( )Part-Time

TO THE APPLICANT:

Those who will be considering you for employment with the Coconino County Adult Probation Department will use this questionnaire for reference.

An extensive background investigation of your personal/professional history will be conducted.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of background information. Probation Officer applicants will be required to take a psychological examination.

I understand that I will not receive, and I am not entitled to, a copy of the report or to know its contents, and I further understand that the contents will be used in an evaluation process for employment with the Coconino County Adult Probation Department. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given to me. If I am not selected for employment, I WILL NOT BE ADVISED OF THE RESONS FOR NON-SELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY AND COMPLETELY.

The existence of any of the conditions listed on the second page of this application may result in rejection from the selection process. These areas will be explored during an extensive background investigation and polygraph examination.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

_____ _____
Signature Date

For Notary Public:

Sworn to and subscribed before me this _____ day of _____, 20____.

_____
Notary Public

Coconino County is an Equal Employment Opportunity and Affirmative Action Employer.

Disqualifiers for Officer and Safety Sensitive Position Applicants.

1. Departments shall disqualify an applicant for appoint if:

   a. The applicant is awaiting trial for, or has been convicted of a felony offense in this state or a similar offense in another state or jurisdiction, whether or not the conviction was sealed or expunged.

   b. An applicant for a adult probation officer position is awaiting trial or has been convicted of or admitted committing any offense listed A.R.S. ∋8-203.01 or a similar offense in another state or jurisdiction whether or not the conviction has been sealed or expunged.

   c. The applicant is awaiting trial for, or has been convicted of the following misdemeanor criminal offenses in this state or similar offenses in another state or jurisdiction:
      (1) A violent misdemeanor offense, including an offense that involves domestic violence;
      (2) A DUI within the last 36 months, or more than one DUI; or
      (3) More than one offense while legally intoxicated within 36 months.

   d. The applicant sold, produced, manufactured, cultivated, or transported any illegal substance or drug.

   e. The applicant used any illegal substance, including marijuana, while employed as a probation officer or in a position with peace officer status.

   f. The applicant has been disciplined for more than one incident for use of alcohol during previous employment.

   g. The applicant has been dishonorably discharged from the Unites States Armed Services.

2. Departments may disqualify an applicant for appointment if the applicant has been adjudicated delinquent for a felony offense in this state or a similar offense in another state or jurisdiction, whether or not the adjudication has been sealed or expunged based upon circumstances of the offense including, but not limited to I(3)(a) through (d).

3. Use of marijuana within the past 12 months.

4. Use of dangerous drugs and/or narcotics within the past five (5) years.

5. Abuse of or addiction to prescription drugs.

6. Any sexual conduct prohibited by law.

7. Lack of financial responsibilities as indicated by your responses to the attached questions.

8. Does not meet education requirements of the position.

9. Non-U.S. citizen or not eligible for work in the United States.

10. Younger than 21 years of age.

Past offenses may not disqualify you as long as it does not occur during the above time lines, but lying about or failing to disclose past or present offenses WILL.

Where necessary, use the reverse side of the page to complete answers throughout this questionnaire.

I. PERSONAL INFORMATION

Last Name | First Name | Middle Name (full)

Social Security Number | Date of Birth | Place of Birth (City and State or Province)

Current Address (Street & Number) | City | State | Zip Code

Length of time at current address?_____(i.e. years, months, etc.)

Home Phone # | Work Phone # | Message Phone #

Height | Weight | Hair Color | Eye Color

List any other names, social security numbers, and/or dates of birth you have used other than above.

Current Employment Work Hours | Days Off | Will you work various shifts?_____

List all residences in the last ten (10) years:

Address (Number & Street) | City | State | Zip Code | Dates from – to

Address (Number & Street) | City | State | Zip Code | Dates from – to

Address (Number & Street) | City | State | Zip Code | Dates from – to

Address (Number & Street) | City | State | Zip Code | Dates from – to

Address (Number & Street) | City | State | Zip Code | Dates from – to

EMERGENCY CONTACT:_____

ADDRESS:_____

DAYTIME PHONE NO.:_____

II. MARITAL STATUS (check one)

( )Married ( )Single ( )Separated ( )Widowed ( )Co-Habitat

If male and married, list wife's maiden name:_____

_____
Spouse's Name Date of Birth Spouse's Occupation

_____
Child's Name Date of Birth Address

_____
Child's Name Date of Birth Address

_____
Child's Name Date of Birth Address

_____
Child's Name Date of Birth Address

List all persons with whom you have lived with during the past five (5) years. Do not include family members.

Name	Street Address	City, State, Zip Code	Telephone w/Area Code	Relationship

Family References: List all immediate relatives: parents, siblings, in-laws, and ex-spouses.

Name	Relationship	Age	Street Address	City/State/Zip Code	Telephone w/Area Code

EMPLOYMENT HISTORY

List all places of employment and unemployment in the past ten (10) years, beginning with the present and most recent employer and going backwards. List everything in proper sequence, OMIT NONE! (Use the following page if necessary.)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From:_____
To:_____

Name of Employer | Supervisor

Employer Address | City | State | Zip Code

Salary History
Start:_____
End:_____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

REFERENCES

List three (3) references (not relatives or former employers) who are responsible adults and who have known you well during the past five (5) years. INCLUDE PHONE NUMBERS WITH AREA CODES.

_____ ( )_____
Name Address City State Zip Code Home Phone #

_____ ( )_____
How long known? Relationship? Occupation & Business Address Work Phone #

_____ ( )_____
Name Address City State Zip Code Home Phone #

_____ ( )_____
How long known? Relationship? Occupation & Business Address Work Phone #

_____ ( )_____
Name Address City State Zip Code Home Phone #

_____ ( )_____
How long known? Relationship? Occupation & Business Address Work Phone #

_____
List the names of any acquaintances employed by the Coconino County Adult Probation Department.

Have you ever applied to or been employed by Coconino County in any capacity as a paid employee or volunteer?

_____Yes _____No If Yes, Date(s) & Position(s) held:_____

Have you ever applied with a Court or Probation Department?

_____Yes _____No If Yes, please explain (use back of page if necessary)_____

_____
Date Name of Agency Status of Application

_____
Date Name of Agency Status of Application

_____
Date Name of Agency Status of Application

Have you ever had any involvement or association with another Court or Probation Department, either as a volunteer or paid employee?

_____Yes _____No If Yes, When and Where?_____

_____

_____

Have you every received any self defense tactics training? _____Yes _____No If Yes, explain:_____

_____
When Where Type of Training

EDUCATION AND TRAINING

List all schools (high school, colleges, universities, and graduate schools) you have attended. List GED date if applicable.

DATE GRADUATED	SCHOOL NAME	ADDRESS	DIPLOMA RECEIVED	MAJOR

List any skills or abilities possessed (include foreign languages):

_____

_____

_____

Military Status:

Have you ever served in the United States Armed Forces in any capacity? _____Yes _____No
If Yes, please explain:

_____
Entry Date Rank/Branch/Organization Discharge Type Date

Are you registered with the Selective Service? _____Yes _____No _____N/A
If Yes, please explain:

_____
Local Board # Address Draft Class Date Classified

How did you learn about the position you have applied for?_____

List any other training, certifications, or experience (either volunteer or paid), which you feel relates to the position for which you are applying. Include dates, number of hours per week, company/organization name, job title, duties, etc.

_____

_____

_____

_____

_____

_____

ARREST HISTORY:

Have you ever been given a citation, ticket, arrested, convicted, charged or questions for any offense, violation of any statute or ordinance, law regulation by any civil or military authority? (Include any convictions or adjudications as a juvenile.)

_____Yes _____No If Yes, please describe below:

Date	Location	Arresting Agency	Original Charge	Charge Reduced to:	Disposition/Court Action

CIVIL ACTION: (List all civil actions in which you were a party.)

Date	Location/Court	Action or Proceeding	Disposition/Court Action

DRIVING HISTORY:

List below any Traffic and/or Parking citations since you began driving in this county or any other county.

Date	Location	Issuing Agency	Original Charge	Charge Reduced to:	Disposition	Accident Related Yes or No

Do you currently possess a valid Arizona Driver's License? _____Yes _____No

_____ _____

License Number and Type/Class Expiration Date

Have you ever been licensed to drive in another state? _____Yes _____No If Yes, list below:

_____

State of issuance License Type/Class

Have you ever had your license revoked, suspended, or restricted? _____Yes _____No If Yes, please explain:

_____

State

Illegal Use of Drugs/Controlled Substances:

TYPE OF DRUG	HAVE YOU EVER TRIED? ANSWER "YES" OR "NO"	IF "YES", HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, PRODUCED, MANUFACTURED, CULTIVATED, SMUGGLED, OR TRANPORTED FOR SALE OR PERSONAL GAIN? ANSWER "YES" OR "NO"
Marijuana						
Hashish						
Cocaine/Crack						
Methamphetamine/ Speed						
Heroin						
Opium						
Morphine						
LSD/Acid						
Peyote						
Mescaline						
Steroids						
Any other Illegal Drugs						
Illegal Use of Prescriptions						

If you answered "yes" on any of the areas above, provide a full explanation on a continuation sheet. Include, if applicable, the following information:

a. How the drug was ingested or consumed;
b. The duration of usage;
c. The motivation for such use;
d. How the drug was obtained;
e. Why you stopped using the drug;
f. Any other factors you believe are relevant.

ANSWER THE FOLLOWING QUESTIONS

(Use space following each question for detailed explanations)

1.	Have you ever had your wages attached?	YES( )	NO( )
2.	Have you ever been a party to a small claims or other court action?	YES( )	NO( )
3.	Have you ever been involved with any civil court action?	YES( )	NO( )
4.	Have you ever had judgement rendered against you?	YES( )	NO( )
5.	Have you ever been refused credit?	YES( )	NO( )
6.	Have you ever had any property repossessed?	YES( )	NO( )
7.	Have you ever been fired, discharged, or asked to resign from any position?	YES( )	NO( )
8.	Have the police ever been called to your home?	YES( )	NO( )
9.	Have you ever committed any criminal violation that has gone undetected?	YES( )	NO( )
10.	Have you or your spouse ever been sued or summoned into court?	YES( )	NO( )
11.	Have any relatives of yours ever had any gambling debts?	YES( )	NO( )
12.	Do you now or have you ever had any gambling debts?	YES( )	NO( )
13.	Have you ever used an employer's money to gamble with?	YES( )	NO( )
14.	Have you ever worked for a gambling operation or booked any bets?	YES( )	NO( )
15.	Have you ever had an FBI fingerprint check done for any reason?	YES( )	NO( )
16.	In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?	YES( )	NO( )
17.	Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?	YES( )	NO( )
18.	In any job that you have held, have you been involved in any physical or major verbal confrontations?	YES( )	NO( )
19.	Would you be able to follow direct orders, even though you may not agree with them?	YES( )	NO( )
20.	In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?	YES( )	NO( )
21.	Have you ever left a place of employment without giving at least two weeks notice?	YES( )	NO( )
22.	Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been drinking or using drugs?	YES( )	NO( )
23.	Have you ever been extensively delinquent on any of your financial obligations?	YES( )	NO( )
24.	Have you ever filed for bankruptcy?	YES( )	NO( )
25.	Have you ever had any of your financial obligations turned over to a collection agency?	YES( )	NO( )
26.	Are you now current on your financial obligations?	YES( )	NO( )
27.	Have you ever been placed on court supervision or probation?	YES( )	NO( )
28.	Have you ever had any court proceedings expunged?	YES( )	NO( )
29.	Have you been unemployed during the last ten (10) years? If yes, please explain below how you supported yourself.	YES( )	NO( )

(Questions continued)

30. Do you pay child support or spousal maintenance? YES( ) NO( )

31. Are your support payments current? YES( ) NO( )

PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS FOR ANY OF QUESTIONS 1 – 31

List the Date of Each Occurrence

QUESTION #	DATE	EXPLANATION

Do you need an accommodation in the application or testing process due to a disability?

_____Yes _____No If Yes, please describe the desired accommodation:_____

_____

CERTIFICATION FORM FOR EMPLOYMENT WITH
COCONINO COUNTY ADULT PROBATION

NAME:_____ **SOCIAL SECURITY #:**_____

ADDRESS:_____ **DATE OF BIRTH:**_____

_____

Are you awaiting trial on or have you ever been convicted of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Answer "YES" or "NO" to each listed offense.)

YES	NO		
[ ]	[ ]	1.	SEXUAL ABUSE OF A MINOR
[ ]	[ ]	2.	INCEST
[ ]	[ ]	3.	FIRST OR SECOND DEGREE MURDER
[ ]	[ ]	4.	KIDNAPPING
[ ]	[ ]	5.	ARSON
[ ]	[ ]	6.	SEXUAL ASSAULT
[ ]	[ ]	7.	SEXUAL EXPLOITATION OF A MINOR
[ ]	[ ]	8.	CONTRIBUTING TO THE DELINQUENCY OF A MINOR
[ ]	[ ]	9.	COMMERCIAL SEXUAL EXPLOITATION OF A MINOR
[ ]	[ ]	10.	FELONY OFFENSE INVOLVING DISTRIBUTION OF MARIJUANA OR DANGEROUS OR NARCOTIC DRUGS
[ ]	[ ]	11.	BURGLARY
[ ]	[ ]	12.	ROBBERY
[ ]	[ ]	13.	A DANGEROUS CRIME AGAINST CHILDREN AS DEFINED IN A.R.S. э13-604.01
[ ]	[ ]	14.	CHILD ABUSE
[ ]	[ ]	15.	SEXUAL CONDUCT WITH A MINOR
[ ]	[ ]	16.	MOLESTATION OF A CHILD
[ ]	[ ]	17.	MANSLAUGHTER
[ ]	[ ]	18.	AGGRAVATED ASSAULT

Have you been charged with any of the above offenses and had charges reduced (plea bargain, etc.)?

[ ]Yes [ ]No

If you have answered "YES", please provide specific information regarding your response (e.g. date, court, sentence or other disposition). Use the back of this form if necessary.

_____
_____
_____
_____
_____

Have you ever committed:

YES	NO		
[ ]	[ ]	1.	Any act of sexual abuse of a child including sexual exploitation and commercial sexual exploitation; or
[ ]	[ ]	2.	Any act of child abuse?

Are you now or have you ever been on probation, been jailed, or otherwise been involved with Adult Probation or the Criminal Justice system? [ ]YES [ ]NO

If you have answered "YES", please provide specific information regarding your response (e.g. date, court, sentence or other disposition). Use the back of this form if necessary.

_____
_____

I hereby certify, under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

Signature

STATE OF ARIZONA)
)
COUNTY OF COCONINO)

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20_____.

Notary Public

Notary Expiration Date

(seal)

CONSENT TO POLYGRAPH EXAMINATION

I, _____, age ____, of my own free will, do voluntarily and without duress agree to submit to a polygraph examination, more commonly known as a "Lie Detector Test".

In the event that I am employed by the Coconino County Adult Probation Department, I do also grant my employer, Coconino County, the right to dismiss me at any time if I refuse to take a polygraph examination during the investigation of any action, claim or grievance against the Coconino County Adult Probation Department, and/or during an internal security investigation by the County of Coconino and/or the Coconino County Adult Probation Department.

I have carefully read all the foregoing and fully understand its content.

Signature_____ Date_____

CONDITIONS OF EMPLOYMENT

Please read carefully before signing below

Pursuant to A.R.S. ∋39-121, my application and resume may be considered public records and, as such, may be available to any person, including the news media. In submitting this application, I understand that false statements or omissions will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, education institutions, persons, law enforcement agencies, military services, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work over-time when requested to do so and I understand and agree that over-time may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one (1) year, and that successful completion of the probation period does not guarantee permanent employment. I must maintain a phone in my principal residence. I understand and agree that my signature on this document does not constitute a contact of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature_____ Date_____