

# BACKGROUND INVESTIGATION

**QUESTIONAIRE** 

### **Instructions**

This background investigation questionnaire shall be filled out by each applicant to Phoenix Protective Service. The background phase of the hiring process is required by all applicants to determine employment eligibility. Due to the nature of the industry of Protective and Security Service, officers/agents will be responsible for the life and property of many during the performance of their duties. With that we at Phoenix Protective Service must ensure we hire the best quality and qualified candidates for the positions within our agency.

#### **General Information:**

This section shall ask the candidate for general information about themselves.

#### Social Media

This section asks for all of the applicants social media information.

#### **Employment History:**

Please list all jobs that you have held for the past 5 years. Include all full-time, part-time, seasonal, or temporary employment which you have held and provide all information.

#### **Residence History:**

Please list all residency you have had for the past 5 years. Also include those with whom you have lived with at those provided residences.

#### **Education History:**

Please list all education institutions which you have attended since you graduated high school and include high school information as well. Please include those educational institutions that you temporality attended but did not complete. This section is to also include any Police Academy's or technical/vocational programs you attended.

#### **Personal References:**

Please provide at least three (3) personal references who can attest to your character as a person. These can not include family members.

#### **Professional References:**

Please provide at least three (3) professional references who can attest to your work ethic and performance.

#### **Military Service:**

Please provide any military service you have had.

#### **Police Cadet / Police Explorer Programs:**

Please provide any Police Cadet / Police Explorer programs you have been involved in.

#### **Criminal Record:**

Please provide any criminal (misdemeanor and/or felony) records you may have for the past 10 years. This section also asks for any police contacts you have had in the past 5 years.

#### **Substance Use:**

Please provide information about any substance use you have had.

#### **Affiliations:**

Please provide any information regarding any affiliations you may have with groups or organizations. This is to include any memberships to industry specific associations, political organizations, etc.

At the conclusion of this background investigation questionnaire each applicant must have it notarized. DO NOT sign the final page (notary page) until you have with the notary.

#### Reminder

Employment into Phoenix Protective Service is completely voluntary and personally desired by the individual applying for employment with the company; however, each step of the hiring process is required to become employed with Phoenix Protective Service. Each applicant shall acknowledge and sign the disclaimer page that completing this packet was done voluntarily and the applicant was not forced or coerced in any way to fill out the background investigation questionnaire by any member of Phoenix Protective Service. This is a required step to obtain employment with Phoenix Protective Service.

## **General Information**

| Date:/   |  |
|--|--|
| Name (Last, First, Middle):  |  |
| Have you had any other names?  |  |
| Date of Name Change:   |  |
| Social Security Number:  | Gender:                                    |
| Date of Birth:/ Place of Bir   | th:  |
| Home Phone Number:   | Cell Phone Number:                         |
| Current Address:   |  |
| City:  | State: Zip Code:                           |
| Position Applying for:   |  |
| Is there anything that will hinder you from perfor but not limited to; standing post, walking patrols, physical restraints, etc. | , stair climbing, inclement weather posts, |
| If yes, please explain:  |  |
| Drivers License Number:  | State: Exp Date:                           |
| Have your driver's license ever been suspended?  | If yes explain:                            |
| Do you hold a firearms license? If yes   | s, what class is your license:             |
| Firearms License Number:   | State: Issue Date:                         |
| Have you had your firearms license revoked, susp   | pended or violated:                        |
| If yes, please explain:  |  |

## Social Media

Please provide all social media information that you have had.

| Name of Social Media | Name Used | Active/Inactive |
|----------------------|-----------|-----------------|
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |
|                      |           |                 |

## **Employment History**

Please provide information about any employment you have held in the past five (5) years. Include any full-time, part-time, seasonal, temporary employment. Start with the latest employment which you have had.

| Employer:                     | Dates Employed:  | To |
|-------------------------------|------------------|----|
| Address:                      |                  |    |
| Phone Number:                 | Supervisor Name: |    |
| Position Held:                |                  |    |
| Reason for leaving:           |                  |    |
| Any Attendance Issues:        | If yes, explain: |    |
| Any Disciplinary Issues:      | If yes, explain: |    |
| May we contact this employer: |                  |    |
| Employer:                     | Dates Employed:  | То |
|                               |                  |    |
|                               | Supervisor Name: |    |
| Position Held:                |                  |    |
|                               |                  |    |
|                               | If yes, explain: |    |
| Any Disciplinary Issues:      | If yes, explain: |    |
|                               |                  |    |

| Employer:                     |                  | _ Dates Employed: | To |
|-------------------------------|------------------|-------------------|----|
| Address:                      |                  |                   |    |
| Phone Number:                 | S                | upervisor Name:   |    |
| Position Held:                |                  |                   |    |
| Reason for leaving:           |                  |                   |    |
| Any Attendance Issues:        | If yes, explain: | ·                 |    |
| Any Disciplinary Issues:      | If yes, explain: |                   |    |
| May we contact this employer: |                  | -                 |    |
| Employer:                     |                  | _ Dates Employed: | To |
| Address:                      |                  |                   |    |
| Phone Number:                 | S                | upervisor Name:   |    |
| Position Held:                |                  |                   |    |
| Reason for leaving:           |                  |                   |    |
| Any Attendance Issues:        |                  |                   |    |
| Any Disciplinary Issues:      | If yes, explain: |                   |    |
| May we contact this employer: |                  | _                 |    |
| Employer:                     |                  | _ Dates Employed: | To |
| Address:                      |                  |                   |    |
| Phone Number:                 |                  |                   |    |
| Position Held:                |                  |                   |    |

| Reason for leaving:           |                  |                 |    |
|-------------------------------|------------------|-----------------|----|
| Any Attendance Issues:        | If yes, explain: |                 |    |
| Any Disciplinary Issues:      | If yes, explain: |                 |    |
| May we contact this employer: |                  |                 |    |
| Employer:                     |                  | Dates Employed: | To |
| Address:                      |                  |                 |    |
| Phone Number:                 | Si               | upervisor Name: |    |
| Position Held:                |                  |                 |    |
| Reason for leaving:           |                  |                 |    |
| Any Attendance Issues:        | If yes, explain: |                 |    |
| Any Disciplinary Issues:      | If yes, explain: |                 |    |
| May we contact this employer: |                  |                 |    |
| Employer:                     |                  | Dates Employed: | To |
| Address:                      |                  |                 |    |
| Phone Number:                 | Si               | upervisor Name: |    |
| Position Held:                |                  |                 |    |
| Reason for leaving:           |                  |                 |    |
| Any Attendance Issues:        | If yes, explain: |                 |    |
| Any Disciplinary Issues:      | If yes, explain: |                 |    |
| May we contact this employer: |                  |                 |    |

# **General Employment Questions**

| 1 - Have you ever been asked to leave an employment in lieu of being terminated?             |
|--|
| 2 - Have you ever been the subject to a sexual harassment complaint/investigation?           |
| 3 - Have you ever been the subject of a harassment complaint/investigation?                  |
| 4 - Have you ever left work prior to being properly relived or released by a supervisor?     |
| 5 - Have you ever arrived to work under the influence of any substance and/or alcohol?       |
| 6 - Have you ever consumed any substance or alcohol while at work?                           |
|  |
| If you answered yes to any above question, please list question number and explanation below |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# **Residency History**

Please provide your previous residences for the past five (5) years. Start with your current residence.

| Address:               |    |        |              |  |
|------------------------|----|--------|--------------|--|
| City:                  |    |        |              |  |
| Dates Lived:           | To |        |              |  |
| Who did you live with? |    | R      | elationship: |  |
| Phone Number:          |    | _      |              |  |
| Address:               |    |        |              |  |
| City:                  |    | State: | Zip Code:    |  |
| Dates Lived:           | To |        |              |  |
| Who did you live with? |    | R      | elationship: |  |
| Phone Number:          |    |        |              |  |
| Address:               |    |        |              |  |
| City:                  |    | State: | Zip Code:    |  |
| Dates Lived:           | To |        |              |  |
| Who did you live with? |    | R      | elationship: |  |
| Phone Number:          |    | _      |              |  |
| Address:               |    |        |              |  |
| City:                  |    | State: | Zip Code:    |  |

| Dates Lived:                  | To               |                  |                                 |
|-------------------------------|------------------|------------------|---------------------------------|
| Who did you live with?        |                  | Rel              | ationship:                      |
| Phone Number:                 |                  | _                |                                 |
| Address:                      |                  |                  |                                 |
| City:                         |                  | State:           | Zip Code:                       |
| Dates Lived:                  | To               |                  | <del></del>                     |
| Who did you live with?        |                  | Rel              | ationship:                      |
| Phone Number:                 |                  |                  |                                 |
| General Residency Questions   |                  |                  |                                 |
| 1 – Have the police ever been | called to your   | residency due to | o your conduct?                 |
| 2 – Have you ever been evicte | ed from a reside | ency due to you  | r behavior or conduct?          |
|                               |                  |                  |                                 |
|                               |                  |                  |                                 |
| If you answered yes to any ab | ove questions,   | please provide   | question number and explanation |
|                               |                  |                  |                                 |
|                               |                  |                  |                                 |
|                               |                  |                  |                                 |
|                               |                  |                  |                                 |
|                               |                  |                  |                                 |

## **Education History**

Please provide all of your education history and institution information. Start with your high school. Please list any colleges, universities, academy, trade, vocational, technical schools other than High School under provided area named "School".

| High School:   |           | City:           |    |  |
|----------------|-----------|-----------------|----|--|
| State:         | Zip Code: | Dates Attended: | To |  |
| Did you gradua | ate?      |                 |    |  |
| School:        |           | City: _         |    |  |
| State:         | Zip Code: | Dates Attended: | To |  |
| Program:       |           | Degree:         |    |  |
| Did you gradua | ate:      |                 |    |  |
| School:        |           | City: _         |    |  |
| State:         | Zip Code: | Dates Attended: | To |  |
| Program:       |           | Degree:         |    |  |
| Did you gradua | ate:      | _               |    |  |
| School:        |           | City: _         |    |  |
| State:         | Zip Code: | Dates Attended: | To |  |
| Program:       |           | Degree:         |    |  |
| Did you gradua | ata:      |                 |    |  |

## **Personal References**

Please provide three (3) personal references who can be contacted and can attest to your personal character. More reference space is provided if applicant would like to list more than three (3) personal references. Do not include any family members under this section.

| Name:          |               | _ Relationship:                        |
|----------------|---------------|--|
| Years Known:   | Phone Number: |  |
| Email Address: |               |  |
| Name:          |               | _ Relationship:                        |
| Years Known:   | Phone Number: |  |
| Email Address: |               |  |
| Name:          |               | _ Relationship:                        |
| Years Known:   | Phone Number: |  |
| Email Address: |               |  |
| Name:          |               | _ Relationship:                        |
| Years Known:   | Phone Number: |  |
| Email Address: |               | ······································ |
| Name:          |               | _ Relationship:                        |
| Years Known:   | Phone Number: |  |
| Email Address: |               |  |

## **Professional References**

Please provide three (3) professional references who can be contacted and can attest to your work ethic and performance. More reference space is provided if applicant would like to list more than three (3) professional references. Do not include any family members under this section.

| Name:          |               | Relationship: |  |
|----------------|---------------|---------------|--|
| Years Known:   | Phone Number: |               |  |
| Email Address: |               |               |  |
| Name:          |               | Relationship: |  |
| Years Known:   | Phone Number: |               |  |
| Email Address: |               |               |  |
| Name:          |               | Relationship: |  |
| Years Known:   | Phone Number: |               |  |
| Email Address: |               |               |  |
| Name:          |               | Relationship: |  |
| Years Known:   | Phone Number: |               |  |
| Email Address: |               |               |  |
| Name:          |               | Relationship: |  |
| Years Known:   | Phone Number: |               |  |
| Email Address: |               |               |  |

# **Military Service**

Please provide information about any military service you had.

| Have you served or currently servi   | ng with the Armed F  | orces?                     |    |
|--------------------------------------|----------------------|----------------------------|----|
| Branch of Service:                   |                      |                            |    |
| Dates Served:                        | to                   |                            |    |
| Were you honorably discharged? _     |                      |                            |    |
| Have you served or currently servi   | ng with the National | Guard?                     |    |
| Dates Served:                        | to                   |                            |    |
| Were you honorably discharged? _     |                      |                            |    |
| Have you served or currently servi   | ng with the United S | tates Coast Guard Auxiliar | y? |
| Assigned Flotilla?                   | _ Dates Served:      | to                         |    |
| Have you served with any armed fo    | orces cadet program  | ?                          |    |
| If yes, please explain with dates of | program:             |                            |    |
|                                      |                      |                            |    |

# **Police Cadet / Police Explorer Service**

Please provide information regarding any Police Cadet / Police Explorer program you were involved in.

| Have you ever been a Police Cadet o | or Police Explorer for a law enforcement agency? |
|-------------------------------------|--|
| Program Name:                       |  |
| Address:                            |  |
|                                     | State: Zip Code:                                 |
| Dates of Program:to                 | Rank:  |
| Agency Contact Person:              | Phone Number:                                    |
| Email:                              |  |
| Program Name:                       |  |
| Address:                            |  |
| City:                               | State: Zip Code:                                 |
| Dates of Program:to                 | Rank:  |
| Agency Contact Person:              | Phone Number:                                    |
| Fmail:                              |  |

## **Criminal Record**

Pleas provide any information regarding any criminal records you may have whether misdemeanor or felony charges and the disposition of any charges. You must provide any records you may have had in any level of jurisdiction (local, state, federal) nationwide.

| Have you ever been charged with a felony?  |            |  |
|--|------------|--|
| If yes, what was the charge:   | Date:      |  |
| Case Disposition:  |            |  |
| Have you ever been charged with a misdemeanor?   |            |  |
| If yes, what was the charge:   | Date:      |  |
| Case Disposition:  |            |  |
| Have you been the subject of any restraining orders or harassment preventi   | on orders? |  |
| If yes explain with dates:   |            |  |
| Please provide any other information about any additional charges or cases against you that you have had or are currently in. If this does not apply to you, please put N/A in this section. |            |  |
|  |            |  |
|  |            |  |
|  |            |  |
| Have you ever been charged with any sexual offenses which requires you to Offender?  |            |  |
| If yes, please explain charge and dates:   |            |  |
| Have you ever been charged by any federal law enforcement agency?  |            |  |
| If yes please explain charge, agency and dates:  |            |  |

# **Substance Use**

Please provide any information regarding any substance use you have had.

| Have you used any illicit drugs / substances?                                  |   |
|--|---|
| If yes explain, include dates or usage:  | - |
| Have you ever arrived to work under the influence of any substance or alcohol? | _ |
| If yes, explain:   | _ |
| Have you ever used or consumed any substance or alcohol while at work?         |   |
| If yes, explain:   | _ |

# **Affiliations**

Please provide any affiliations you have with any organization.

| Are you a member of any industry specific organizations/associations?   |
|---|
| If yes, name of org and dates or membership:  |
| Have you ever had any affiliation or membership to any organization in which has political, ideology views in which there is violence against persons or governments? |
| If yes, please explain:   |