



# ARIZONA POLICE PSYCHOLOGY, PLLC

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## ARIZONA DEPARTMENT OF PUBLIC SAFETY

### APPLICANT BACKGROUND QUESTIONNAIRE

PLEASE ANSWER EVERY QUESTION—IF THE QUESTION DOES NOT APPLY, INDICATE WITH N/A.  
(Please circle the appropriate response when necessary)

TODAY'S DATE: \_\_\_\_\_ POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

WHO IS YOUR DEPARTMENT CONTACT: \_\_\_\_\_

Name: \_\_\_\_\_

LAST FIRST M.I.

Birth/Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status (circle all that apply): Never Married / First Marriage / Significant Other / Separated / Widowed /  
Divorced / Annulled / Common Law / Re-married # of Times \_\_\_\_\_

Current Spouse/Significant Other Name: \_\_\_\_\_ Age: \_\_\_\_\_

a. If you are *married or re-married*, how long have you been in your current marriage? \_\_\_\_\_

b. If you are currently *divorced or separated*, how long have you been divorced/separated? \_\_\_\_\_

c. If you are currently in a *significant relationship* how long have you been in that relationship? \_\_\_\_\_

d. With whom do you live at this time (name/relationship)? \_\_\_\_\_

Do you have children? Yes / No If yes, how many? \_\_\_\_\_ Ages: \_\_\_\_\_ or deceased at age \_\_\_\_\_

Do you have any children who do not live with you? Yes / No

If yes, explain: \_\_\_\_\_

Education: check the highest level you have completed: (Year \_\_\_\_\_ = Year graduated)

\_\_\_\_\_ High School Diploma (Year \_\_\_\_\_)

\_\_\_\_\_ High School Equivalency (GED) (Year \_\_\_\_\_)

\_\_\_\_\_ Technical/Vocational: # of Credits \_\_\_\_\_ Field of Study \_\_\_\_\_ (Year \_\_\_\_\_)

\_\_\_\_\_ Some College: Total # of Credits \_\_\_\_\_ Major \_\_\_\_\_ G.P.A. \_\_\_\_\_

\_\_\_\_\_ College Degree: BA / BS AA Major \_\_\_\_\_ G.P.A. \_\_\_\_\_ (Year \_\_\_\_\_)

\_\_\_\_\_ Graduate Degree: Major \_\_\_\_\_ G.P.A. \_\_\_\_\_

\_\_\_\_\_ Other (Please specify): \_\_\_\_\_

College(s) you attended: \_\_\_\_\_

Were you ever suspended from school? No / Yes If yes, state reason(s): \_\_\_\_\_

Military Service (check all that apply) \_\_\_Air Force \_\_\_National Guard \_\_\_Army \_\_\_Coast Guard  
\_\_\_Navy \_\_\_Merchant Marine \_\_\_Marine Corps Other\_\_\_\_\_

If you served in any of the above, what was the highest rank you obtained \_\_\_\_\_

Military Dates of Service: \_\_\_\_\_

What was your Occupational Specialty (e.g. MOA, AFSC, Rating)?\_\_\_\_\_

Were you ever written up or disciplined while in the military? Yes / No

If Yes, explain:\_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Have you ever received disability benefits for mental health (i.e. PTSD, sleep, depression, etc)? Yes / No

If Yes, what is the diagnosis and rating? \_\_\_\_\_

Have you served in any combat zones? Where\_\_\_\_\_ Year\_\_\_\_\_

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Have you ever been psychologically evaluated for a job in the past? Yes / No

If yes, for what employer? \_\_\_\_\_Where?\_\_\_\_\_

Outcome? \_\_\_\_\_

Have you ever been to see Dr. Thompson (for any reason)? Yes / No

If yes, Why? \_\_\_\_\_

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Have you ever been in counseling/therapy? Yes / No

If yes, when/how long/reason: \_\_\_\_\_

Have you been denied a job or asked to leave (including the military) for psychological reasons? Yes / No

If yes, state year, reason, & agency: \_\_\_\_\_

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Have you ever been arrested? Yes / No If yes, how many times? \_\_\_\_\_

If yes, Please explain the circumstances:

Age at time of arrest	Charge(s)	Outcome
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\_\_\_\_\_

\_\_\_\_\_

**(continue on back if necessary)**

When was the last time you were involved in a fist fight and why? \_\_\_\_\_

How many auto accidents have you had while you were driving (Please give the years)? \_\_\_\_\_

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Why are you applying for this job? \_\_\_\_\_

How many jobs have you had in the past ten years? \_\_\_\_\_

What was the longest amount of time you spent on any one job? What was that job? \_\_\_\_\_

Shortest? \_\_\_\_\_

Are you working now? Yes / No

If No, how are you supporting yourself? \_\_\_\_\_

If Yes, Where are you employed? \_\_\_\_\_

What is your position or title there? \_\_\_\_\_

Pay Rate: \_\_\_\_\_ How long have you worked in this position? \_\_\_\_\_

Describe what you do in your present position \_\_\_\_\_

Are you in good standing with your present employer? Yes / No

If No, please explain \_\_\_\_\_

Have you ever been employed as a Sworn, Corrections, Court, or Security Officer? Yes / No

If yes, state your position, your employer & the amount of time you were employed in that position:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever received unemployment? Yes / No If yes, please describe the circumstances \_\_\_\_\_

Were you ever fired or asked to resign from a job? Yes / No If yes, please explain \_\_\_\_\_

Do you have a regular program of exercise? Yes / No

If yes, please explain your routine \_\_\_\_\_

Overall, how would you describe your current, general health?

Excellent                      Good                      Improving                      Declining                      Poor

Are you currently taking prescription medication? Yes / No

If yes, please list each medication and the dosage \_\_\_\_\_

Do you smoke cigarettes regularly? No / Yes If yes, how many a day? \_\_\_\_\_

How long have you smoked? \_\_\_\_\_

How much do you normally drink each week? \_\_\_\_\_ Each month? \_\_\_\_\_

When was the last time you had five or more drinks in a 24-hour period? \_\_\_\_\_

How many drinks does it take for you to start feeling the effects of alcohol? \_\_\_\_\_

What drugs have you used or experimented with? Describe drug, number of times, age, etc. \_\_\_\_\_

Have you ever been in trouble because of drug or alcohol usage? No \ Yes If yes, describe the incident(s):

Everyone has some part of their body that reacts to stressful situations, thus causing physical symptoms. List the physical symptoms you usually experience when you are stressed, worried, under pressure or tense.

Symptom

Frequency

Duration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do people do that makes you angry? \_\_\_\_\_

What do you do when you become angered? \_\_\_\_\_

How do others know you are angry? \_\_\_\_\_

What do you see as the major mental health or psychological problems of those in this job position? \_\_\_\_\_

How might this affect their families? \_\_\_\_\_

Describe the situations or incidents in your life that have been most difficult for you \_\_\_\_\_

How did you first become interested in public safety? \_\_\_\_\_

What appeals to you on a personal basis about this position? \_\_\_\_\_

What do you see as the role of this department? \_\_\_\_\_

In your opinion, what will your duties be on a **day-to-day** basis? \_\_\_\_\_

Have you been on any ride-alongs? Yes / No If yes, how many? \_\_\_\_\_ Department(s) \_\_\_\_\_

To what other law enforcement agencies have you applied?

AGENCY

WHEN

OUTCOME

What career goals do you have with this department? \_\_\_\_\_

Do you plan to stay through retirement with this department? Yes / No

If no, what are your future career plans? \_\_\_\_\_

Where would you like to promote to in this department? \_\_\_\_\_

What would you like to specialize in? \_\_\_\_\_

*I understand that I am being psychologically evaluated for employment. I understand that my family's medical and mental health histories are confidential, and I will be careful to not disclose them. I attest that I personally completed this background packet and that the information it contains is complete and accurate to the best of my knowledge. I acknowledge that if I have any questions about the information contained in this packet, I can ask the psychologist.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date