



# CITY OF TEMPE POLICE DEPARTMENT

## POLYGRAPH EXAMINATION QUESTIONNAIRE PRE-EMPLOYMENT APPLICANT SCREENING

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The polygraph examination will be held at the Tempe PD Hardy Substation, 8201 S. Hardy Dr., Tempe (Hardy Dr. between Elliot Rd. and Warner Rd.).

**PLEASE COMPLETE THIS ENTIRE QUESTIONNAIRE AS INSTRUCTED. IF A QUESTION REQUIRES AN EXPLANATION, PLEASE CIRCLE THE QUESTION NUMBER. YOU WILL BE GIVEN AN OPPORTUNITY TO ELABORATE PRIOR TO THE EXAM.**

Contact polygraph examiner Glorianna Sauer at 480-858-6089 and leave a message or send an email to [glorianna\\_sauer@tempe.gov](mailto:glorianna_sauer@tempe.gov) with any questions.

**Arizona POST and Tempe Police Department rules require you to disclose previous criminal conduct and previous workplace misconduct regardless if the behavior went undetected. Please complete this form carefully as full disclosure is required.**

### **PLEASE FOLLOW THESE DIRECTIONS:**

- Check "yes" or "no" for every question, leaving no question unanswered.
- If "yes" or "no" does not apply write "DNA."
- Provide an explanation for any "yes" answers which require an explanation using the continuation sheet at the end of the packet. Note the question number and specific details for each explanation.

### APPLICATIONS WITH OTHER LAW ENFORCEMENT AGENCIES

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you previously applied with Tempe PD or any other law enforcement agency?              |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently in the hiring process with any other law enforcement agency?              |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been disqualified by a law enforcement agency during their selection process? |

### MILITARY HISTORY

- |     | YES                      | NO                       |   |
|-----|--------------------------|--------------------------|---|
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever apply to any branch of the military and were turned down?          |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever serve in the military? If NO, disregard the following questions.   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever the subject of a military investigation?                          |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever issued any formal punishment?                                     |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever lose pay or rating/rank as punishment?                             |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you take or keep any government property that was required to be returned?  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Were you discharged due to misconduct, which would prohibit your re-enlistment? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an honorable discharge?   |

### EMPLOYMENT HISTORY

- |     | YES                      | NO                       |  |
|-----|--------------------------|--------------------------|--|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen money or time from a place where you worked?  |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen or failed to pay for any merchandise at any job?  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever give away an employer's merchandise that should have been paid for?   |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever borrowed company money or goods without permission?  |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever steal from a co-worker?   |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever intentionally overcharged, cheated, or short changed a customer?   |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever purposely damaged an employer's property?  |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in a physical or excessive verbal altercation while at work with a co-worker, supervisor, or customer? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a written reprimand or formal punishment from an employer?  |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been fired, terminated, or asked to resign from any job?   |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever resigned in lieu of being fired or terminated?   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used alcohol or illegal drugs while at work or in the workplace?   |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been under the influence of alcohol or illegal drugs while at work?  |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed an illegal or false job injury report?   |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in any sex acts while at work, including masturbation?   |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever purposely slept while at work without permission?  |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Did you intentionally omit any jobs from your application for this position?   |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | Have you deliberately lied, omitted or minimized any information about an employment issue?                                  |

### FINANCIAL HISTORY

- |     | YES                      | NO                       |   |
|-----|--------------------------|--------------------------|---|
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any property repossessed for non-payment?           |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Has your pay ever been garnished?                                     |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently 30 days or more late on any debt?                   |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently behind on any child support payments?               |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been sued in court over a financial matter?             |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever deliberately written a bad check?                       |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever not filed income taxes when you were required to do so? |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for bankruptcy?                                   |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a debt pursued by a collection agency?              |

### DRIVING RECORD

- | YES                          | NO                       |   |
|------------------------------|--------------------------|---|
| 39. <input type="checkbox"/> | <input type="checkbox"/> | As a driver, have you been involved in a traffic collision?                                 |
| 40. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a collision, which resulted in serious injury or death?      |
| 41. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a collision involving alcohol?                               |
| 42. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a collision that was not reported to law enforcement?        |
| 43. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in any hit and run collisions?                                  |
| 44. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever driven an automobile when you knew you did not have proper insurance?         |
| 45. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been refused auto insurance?  |
| 46. <input type="checkbox"/> | <input type="checkbox"/> | Has your driver's license ever been suspended, revoked, or canceled for any reason?         |
| 47. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever driven a motor vehicle while under the influence of alcohol or drugs?         |
| 48. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been stopped by law enforcement because they suspected you were DWI/DUI?      |
| 49. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested for DWI/DUI?  |
| 50. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been cited for any traffic violations?  |
| 51. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been issued a criminal traffic citation?                                      |
| 52. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested for any traffic violations?                                     |
| 53. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a road rage incident?  |
| 54. <input type="checkbox"/> | <input type="checkbox"/> | Have you withheld any information about your driving record during your background process? |

### ILLEGAL DRUG/ NARCOTIC HISTORY

- | YES                          | NO                       |  |
|------------------------------|--------------------------|--|
| 55. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used, tried or experimented with any form of marijuana?  |
| 56. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever bought, sold, or traded anything for marijuana?  |
| 57. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever grown or cultivated marijuana?   |
| 58. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever transported or smuggled marijuana for sale or profit?  |
| 59. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been present when marijuana was being bought or sold by someone else?  |
| 60. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been in the presence of anyone using marijuana or any other illegal drug? When was the last time? _____                                      |
| 61. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used, tried, or experimented with any other illegal drug or substance with the intent to get high regardless of whether you got high or not? |
| 62. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever bought, sold, or traded anything for any illegal drug or narcotic?   |
| 63. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made, manufactured, or produced an illegal drug?   |
| 64. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever transported or smuggled any illegal drugs for sale or profit?  |
| 65. <input type="checkbox"/> | <input type="checkbox"/> | Do you currently live with anyone who uses or possesses marijuana or any other illegal drug?   |
| 66. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever altered, falsified, or forged a prescription for drugs?  |
| 67. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally bought, sold, or traded anything for prescription drugs?   |
| 68. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken or used someone else's prescription medication for any reason?   |
| 69. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever given away or shared your prescription medication with anyone for any reason?  |
| 70. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken any prescription or over-the-counter medication for recreational purposes?   |

### CHECK ALL DRUGS / NARCOTICS YOU HAVE EVER ILLEGALLY USED OR TRIED

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Marijuana    | <input type="checkbox"/> Cocaine/Crack | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Heroin                |
| <input type="checkbox"/> Opium        | <input type="checkbox"/> Morphine      | <input type="checkbox"/> LSD/Acid        | <input type="checkbox"/> Peyote                |
| <input type="checkbox"/> Mescaline    | <input type="checkbox"/> Hashish       | <input type="checkbox"/> Steroids        | <input type="checkbox"/> Bath Salts            |
| <input type="checkbox"/> MDMA/Ecstasy | <input type="checkbox"/> Wax           | <input type="checkbox"/> Inhalants       | <input type="checkbox"/> Mushrooms             |
| <input type="checkbox"/> PCP          | <input type="checkbox"/> Spice         | <input type="checkbox"/> Prescriptions   | <input type="checkbox"/> Over the counter meds |

Other \_\_\_\_\_

## CRIMINAL CONDUCT

- |      | YES                      | NO                       |   |
|------|--------------------------|--------------------------|---|
| 71.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been contacted, questioned, detained, or arrested by law enforcement for a crime, either as an adult or a juvenile?                   |
| 72.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a criminal citation?   |
| 73.  | <input type="checkbox"/> | <input type="checkbox"/> | Have criminal charges ever been submitted against you regardless of the outcome?  |
| 74.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime?  |
| 75.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been ordered to attend a diversion program?   |
| 76.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been on probation or parole?  |
| 77.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been accused of a crime or been the subject of a law enforcement investigation?   |
| 78.  | <input type="checkbox"/> | <input type="checkbox"/> | Has law enforcement ever been called to your home?  |
| 79.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a physical fight?  |
| 80.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a domestic violence incident? (assault, threats / intimidation, harassment, stalking, kidnaping, or criminal damage) |
| 81.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an order of protection or an injunction against harassment filed against you?   |
| 82.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed or been accused of committing any type of crime against a child?  |
| 83.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been contacted, questioned, or interviewed by Child Protective Services?  |
| 84.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever shoplifted anything from a store? (includes switching price tags)   |
| 85.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever participated in any other type of theft of money, property, or services?  |
| 86.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been in a vehicle that you knew was stolen?   |
| 87.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally downloaded any music, videos, or software from the internet <b>for profit</b> ?   |
| 88.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever knowingly been in possession of any stolen property?  |
| 89.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen or used someone else's identity to commit a crime?   |
| 90.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever signed someone else's name without their permission for monetary gain or for any other criminal purpose?                              |
| 91.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in any type of computer hacking or tampering?   |
| 92.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed any type of arson?  |
| 93.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally entered a building, residence, or any other property?   |
| 94.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever maliciously or intentionally damaged someone else's property?   |
| 95.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever caused serious physical injury or death to another person?  |
| 96.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed a hate crime?   |
| 97.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed or been involved in any form of human trafficking or kidnapping?  |
| 98.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever commit a crime while armed with a gun, knife or any other dangerous instrument?  |
| 99.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made a bomb threat?   |
| 100. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever lied in court (perjury)?  |
| 101. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged or participated in any illegal gambling activities?   |
| 102. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen money or merchandise to go gambling?   |
| 103. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made any false insurance claims?  |
| 104. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed, attempted to commit, or been accused of committing a serious crime?  |
| 105. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part, participated in, or been involved in any way in the commission of a serious crime?  |
| 106. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been present when someone else committed a serious crime?   |
| 107. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any type of benefit or compensation from the commission of a serious crime?  |
| 108. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever covered up for someone who committed a serious crime?   |
| 109. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any knowledge of any unsolved or unreported serious crimes?   |
| 110. | <input type="checkbox"/> | <input type="checkbox"/> | Have you committed or been involved in any crime not listed above?  |

**SEXUAL ACTIVITIES**

- | <b>YES</b> | <b>NO</b>                |   |
|------------|--------------------------|---|
| 111.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever accepted payment for the commission of any sexual act?   |
| 112.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever paid for any sexual act, including unlawful acts at a massage parlor or strip club?  |
| 113.       | <input type="checkbox"/> | <input type="checkbox"/> Since you turned 18, have you had sexual contact with a person under 18 years of age?  |
| 114.       | <input type="checkbox"/> | <input type="checkbox"/> As a juvenile, did you ever have sexual contact with anyone who was more than two years younger than you?                                  |
| 115.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever touched a child for a sexual purpose?  |
| 116.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever had a child touch you for a sexual purpose?  |
| 117.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever viewed, searched, or possessed any images of child pornography?  |
| 118.       | <input type="checkbox"/> | <input type="checkbox"/> As an adult, have you ever sent, received, or exchanged sexually explicit images with a minor?   |
| 119.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever exposed yourself in public for a sexual purpose?   |
| 120.       | <input type="checkbox"/> | <input type="checkbox"/> Have you watched or recorded another person for sexual gratification without their knowledge?  |
| 121.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever had sex in a public place?   |
| 122.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever forced, attempted to use force, or threatened to use force against another person to make them have sexual contact with you? |
| 123.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever used a position of authority or trust to engage another in any sexual act?   |
| 124.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever engaged in a sexual act with a person without that person's permission?  |
| 125.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever engaged in any type of sexual act with an animal?  |

**EXTREMIST ORGANIZATIONS**

- | <b>YES</b> | <b>NO</b>                |  |
|------------|--------------------------|--|
| 126.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever been a member of a gang, or participated in any type of gang activity?      |
| 127.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever claimed to be a sovereign citizen or a member of a militia group?           |
| 128.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever been involved with an extremist organization?                               |
| 129.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever been a member of a group that advocates the overthrow of the US government? |

**PRIOR LAW ENFORCEMENT ONLY**

- | <b>YES</b> | <b>NO</b>                |  |
|------------|--------------------------|--|
| 130.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever purposely used excessive force on any person?                             |
| 131.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever been accused of using excessive force on any person?                      |
| 132.       | <input type="checkbox"/> | <input type="checkbox"/> Did you ever accept any unauthorized or illegal gratuities?                             |
| 133.       | <input type="checkbox"/> | <input type="checkbox"/> Did you ever commit an act of perjury?  |
| 134.       | <input type="checkbox"/> | <input type="checkbox"/> Did you ever deliberately falsify any official documents or reports?                    |
| 135.       | <input type="checkbox"/> | <input type="checkbox"/> Did you ever falsify, take, or steal any evidence?                                      |
| 136.       | <input type="checkbox"/> | <input type="checkbox"/> Did you ever give or sell contraband to any jail or prison inmate?                      |
| 137.       | <input type="checkbox"/> | <input type="checkbox"/> Did you ever engage in any sexual act while at work or on duty, including masturbation? |
| 138.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever been the subject of an internal affairs investigation?                    |

**ALL APPLICANTS**

- | <b>YES</b> | <b>NO</b>                |   |
|------------|--------------------------|---|
| 139.       | <input type="checkbox"/> | <input type="checkbox"/> Have you ever done anything that could cause embarrassment to the department?  |
| 140.       | <input type="checkbox"/> | <input type="checkbox"/> Do you have any information on any public or social network sites that could cause embarrassment to the Tempe Police Department? |
| 141.       | <input type="checkbox"/> | <input type="checkbox"/> Are you a legal citizen of the United States?  |
| 142.       | <input type="checkbox"/> | <input type="checkbox"/> Is there anything in your past that should be discussed that has not already been discussed?                                     |

**After you finish completing this form, please sign and date it below.**

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

