State of Arizona - Gila County
Gila County Sheriff's Office – 1177 East Monroe Street - Globe
Employment Application
AN EQUAL OPPORTUNITY EMPLOYER

TO ALL APPLICANTS - FOLLOW DIRECTIONS CAREFULLY.

- Use blue or black ink to complete the application.
- If a question does not apply to you, write "DNA" in the space provided for that question.
- If you need additional space, write your response on the attached continuation form.
- Failure to follow instructions, filling out the application with false information or incomplete Information will delay the background process or eliminate you from further processing. All information provided by the applicant will be verified.

BEFORE SUBMITTING APPLICATION:

Please attach the following documentation to your application; no application can be processed without the following:

- Cover Letter
- Resume
- Applicant's Birth Certificate
- Social Security Card
- Driver's License
- Marriage License
- High School Diploma or GED Certificate
- DD-214 Military Discharge Form
- AZPOST Certification (if applicable)

Your interest in Gila County Sheriff's Office Career Opportunities is appreciated. Applicants may request any needed accommodation to participate in the application process. Gila County does not discriminate on the basis of race, color national origin, sex/gender, religion age or disability in employment or the provision of services.

GILA COUNTY SHERIFF'S OFFICE
RESERVE DEPUTY CRITERIA STANDARDS
FOR CONSIDERATION OF DISQUALIFICATION

1. Any misleading or untruthful statements during any portion of your processing.

2. Any felony conviction. No time limit.

3. Participation in any serious criminal act.

4. Any misdemeanor conviction involving narcotics, drugs or marijuana.

5. Any selling of narcotics, drugs or marijuana.

6. Any illegal use of opiate narcotics, hallucinogens and/or other dangerous drugs (includes LSD, PCP, Pyeote, mescaline, codeine, heroin, morphine, opium, Psilocybin, cocaine, hash, speed, barbiturates, etc.).

7. Any recent illegal use of marijuana.

8. Any excessive illegal use of marijuana.

9. Dishonorable discharge from U.S. Military.

10. Any history of disregard for traffic laws with such frequency so as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway.

11. Any sexual conduct prohibited by law.

Please confirm that you have read, understand and agree to the aforementioned conditions and criteria by signing below.

_____ _____

Signature Date

TO THE APPLICANT:

An extensive background investigation will be conducted into your personal history. Applicants will be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of background information.

The applicant is not entitled to and will not receive a copy of the background investigation report or to know it's contents. The background investigation report will be used in the evaluation process for employment with Gila County Sheriff's Office. No documents submitted will be returned and no copies of any other reports or documents utilized during the application process for employment will be furnished to the applicant.

YOU WILL NOT BE ADVISED OF THE REASON FOR NON-SELECTION, other than the written test results.

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

NOTE: Appropriate attire is required for all steps of your processing, including all interviews, polygraph examinations and employee Oral Boards. Failure to comply may result in removal from the hiring process.

Waiver of Liability and Release Form
Gila County Sheriff's Office

In consideration of the Gila County Sheriff's Office, hereinafter referred to as the Agency, processing of my application for employment, I,_____
Hereby irrevocably agree to the following terms and conditions: *(Please Print)*

1) The term "back-ground investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.

2) I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent or employee of Agency who may conduct my background investigation.

3) I hereby release from liability and promises to hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conduct my background investigation.

4) I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish to such officers agents or employees any information or opinions they may have and hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapists-patient privilege, the clergyman-penitent, the husband-wife privilege, and the accountant-client privilege.

5) I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the agency or any of its officer, agents or employees for any statements, acts or omissions in the course of my background investigation.

6) I expressly waive all of my legal rights and cause of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.

7) I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

I release from liability given by me to the political division, the Agency, its officers, agents and employees, all others as mentioned above, shall apply to any rights of action arising from the denial of employment opportunity of the Agency, based on information received from the background investigation. ***Read carefully before signing.***

_____
Printed Name

_____
Signature Date

Revised August 2005
Form 0508.006

GILA COUNTY

1400 E Ash Street
Globe, Arizona 85501
(928) 425-3231 TDD: 7-1-1 Fax (928) 402-4252

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

POSITION FOR WHICH YOU ARE APPLYING: *(See Job Announcement)*

Position Title: _____

Job Code: _____ Department/Location: _____

PERSONAL:

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ _____ E-mail: _____

ADDITIONAL INFORMATION:

Is there any additional information relative to change of name, use of an assumed name or nickname necessary to permit a check on your work and education records?---------- ○ Yes ○ No

If Yes, please explain: _____

Are you presently a Gila County employee with Regular Status? ---------- ○ Yes ○ No

Other than English, do you fluently speak: ---------- ○ Spanish ○ Other

If other, please specify: _____

If applicable, do you possess a valid Arizona Driver License? ---------- ○ Yes ○ No

Have you ever been convicted of a felony offense? ---------- ○ Yes ○ No

If Yes, Please provide further information: _____

_____

Are you legally eligible for employment in the United States of America? ---------- ○ Yes ○ No
(proof of citizenship or immigration status will be required upon employment)

AVAILABILITY:

Will you accept (check all that apply): ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal (intermittent)

Shifts Available to work: ☐ Day ☐ Evening ☐ Night ☐ Rotating

Will you work weekends or holidays if required? ---------- ○ Yes ○ No

If out of town travel is required, would you be willing and able to travel? ---------- ○ Yes ○ No

EMPLOYMENT HISTORY:

Begin with most recent job first. Fill out job experience in detail. Include paid or verifiable non-paid experience including Military Service. If you have had more than one position with the same employer, please list each position separately. Provide complete and accurate addresses of former employers. Include area code and phone number. Attach additional pages if necessary

Company Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

_____

_____

_____

_____

_____

If presently employed, may we contact your present employer? ---------- ☐ Yes ☐ No

Company Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

_____

_____

_____

_____

_____

Company Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY CONTINUED:

Company Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

_____

_____

_____

_____

_____

Company Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

_____

_____

_____

_____

_____

EDUCATION AND ADDITIONAL INFORMATION:

EDUCATION

High School: _____ Address: _____

Did you graduate? Yes No If no, do you have a GED? Yes No GED Institute: _____

Undergraduate College: _____ Address: _____

Did you graduate? Yes No Degree: _____ Major/Subjects of Study: _____

Graduate College: _____ Address: _____

Did you graduate? Yes No Degree: _____ Major/Subjects of Study: _____

Other: _____ Address: _____

Did you graduate? Yes No Degree: _____ Major/Subjects of Study: _____

Use the space below to list Professional Society Memberships, job related licenses, registrations, certificates with their numbers and expiration dates.

_____

_____

_____

TYPING:

☐ None	☐ Less than 30 wpm	☐ 30-39 wpm	☐ 40-44 wpm	☐ 45-50 wpm
☐ 51-60 wpm	☐ 61-70 wpm	☐ 71- or more wpm		

Please Read and Sign Below

Applicants may request any needed accommodation to participate in the application process.

_____

Gila County does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

_____

STATEMENT OF CERTIFICATION-APPLICANT SIGNATURE

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief. I also authorize Gila County to make all necessary and appropriate investigations allowable by law to verify the information provided.

_____ _____

APPLICANT'S SIGNATURE DATE

ALL APPLICATIONS MUST BE SUBMITTED TO THE GILA COUNTY HUMAN RESOURCES DEPARTMENT TO BE CONSIDERED FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE **FOR OFFICE USE ONLY**

Reference Check ☐ Yes ☐ No Clerical Verification/Testing ☐ Yes ☐ No

INTERVIEW ☐ Yes ☐ No Date: _____ Time: _____

Result of Interview:_____

_____

Start Date:_____ Position: _____ Salary: _____

Government requested applicant information. The following questions are for statistical purposes only. **This page will be detached from your application prior to processing.**

_____ _____

Applicant Name **Position Applied for**

1. **Sex:** ☐ Female ☐ Male

2. **Birthday:**_____

3. **Ethnic Category:**
   - ☐ American Indian
   - ☐ Asian
   - ☐ Black
   - ☐ Hispanic
   - ☐ White

4. **Statutory Preference:**

☐ **Veteran's Preference.**
You must submit with your application, depending on the basis for preference as shown below. A copy of your DD214 or verification certificate. Please write your social security number on the form submitted. If you submitted the appropriate form within the last 12 months, you need not provide another.

Basis for Preference:

☐ **US Active Duty Service of more than 180 days with other than dishonorable discharge**.
Submit DD214. Dates of active duty service from _____ to _____

☐ **Service connected disability.**
Submit verification certificate (available at the Department of Economic Security Veterans Affairs office).

☐ **Spouse of veteran who is MIA, POW, totally and permanently service connected disabled, or who dies of a service connected disability.**
Submit verification certificate (available at the Department of Economic Security Veterans Affairs office).

GILA COUNTY DRUG-FREE WORKPLACE POLICY

Gila County is committed to providing a safe, healthy and accident free workplace. One of the conditions to achieving such an environment is that it be drug and alcohol free. Therefore, In compliance with the Federal Drug Free Workplace Act of 1988, other federal and state mandates, and in accordance with the County's own precepts and philosophy, Gila County hereby establishes this policy.

Under this policy the following activities are prohibited:

1. Reporting to work under the influence of a prohibited drug or under the influence of alcohol.
2. The use, consumption, sale, purchase, transfer, or possession of any prohibited drug by any employee during working hours, while on work assignments, or on County premises; and
3. The consumption of alcohol by any employee during work hours, while on work assignments or on County premises.

NOTE: For purpose of this policy, prohibited drugs include but are not limited to:

1. marijuana,
2. cocaine,
3. cocaine derivatives,
4. opiates (narcotics),
5. phencyclidine (PCP), and
6. amphetamines.

Further, it is a condition of County employment that employees agree to abide by the terms of this policy and to notify Human Resources of any drug statute conviction no later than five (5) days after such conviction. Every possible effort shall be expended to hold such information in confidence with the County, but such information may be required to be reported to a state of federal agency if a grant or contract funding for the position is involved, or as otherwise required by law or regulation.

The county will deal firmly and fairly with any employee who violates this policy. Violators are subjected to disciplinary action, which may include suspension with or without pay, demotion, or termination. Sanctions may also include, but are not limited to, a requirement that an employee participate in and successfully complete a drug and/or alcohol abuse assistance or rehabilitation program at the employee's own expense.

The use of legally prescribed and over-the-counter medications is excluded from this policy. However, such use is permitted only to the extent that the use of such medication does not adversely affect the employee's ability to work, job performance, or the safety of the employee or others. The use of prescribed medications must be under the direction of a licensed physician. Employees are required to report such use to their supervisor.

Military Service

Military Service: ☐ Yes ☐ No (If "yes" a copy of DD-214 will be required)	Branch of Service: Honorable Discharge: ☐ Yes ☐ No	Date Entered: Date Separated:	Were you ever arrested, cited or apprehended by Military Police? ☐ Yes ☐ No
Are you currently a member of a US Reserve or a National Guard Unit? ☐ Yes ☐ No	Were you ever subject to a report or investigation by Military Police or CID, NIS, OSI? ☐ Yes ☐ No	Did you ever receive a court material or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ) ☐ Yes ☐ No	

References

List three (3) references (not relatives or former employers) that have known you for at least 1 year. *Be sure to give complete addresses and phone numbers as they will be contacted for confirmation.*

#1

Name				Length of Time Known:	
Address				Phone Number:	
City		State		Zip Code	

#2

Name				Length of Time Known:	
Address				Phone Number:	
City		State		Zip Code	

#3

Name				Length of Time Known:	
Address				Phone Number:	
City		State		Zip Code	

Residences

List ALL Residences for the past five years. Attach a separate piece of paper if necessary.

From	To	Street Address	City	State/Country

Drivers License

Drivers License Number:

State: Expiration:

Birth Record

Date of Birth:

City & State Born in:

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER A.R.S. §§ 13-2704, 13-2907.01 AND 39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

a. Illegal drug use,
b. Participation in criminal activity or behavior,
c. Poor driving record,
d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. **AZ POST does not disclose Social Security Numbers in response to public record requests.**

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____ **DATE**: _____

Arizona Peace Officer Standards and Training Board

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships,
(print name)
corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) _____. This release is in addition to, and not
(print agency name)
intended to curtail or diminish the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:	**Date:**
Sworn and Subscribed To Before Me This: **Day of** **.**	
By:	
State of:	**County of:**
Signature of Notary Public:	

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES**. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle):

2. **Address:**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth** (Month/Day/Year):

6. **Place of Birth** (City, State):

7. **Social Security Number:**

8. **List here any other names, DOB's or SSN's you have used:**

9. **Current Marital Status:**

10. **Spouse's Name Before Marriage:**

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Cell/Mobile Number**:

14. **Are you a citizen of the United States?** YES ☐ NO ☐ Please attach a copy of Birth Certificate or other verification of citizenship.

15. **Do you have** (Check One) ☐ G.E.D. Certificate ☐ High School Diploma
Please attach a copy of one of the above.

16. **When and where did you receive it?**

17. **MILITARY SERVICE:** YES ☐ NO ☐ If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: _____

Date Entered:

Date Separated:

Honorable Discharge: YES ☐ NO ☐ _____

If NO list type of discharge/separation and explain on the Continuation Sheet.

Were you ever arrested, cited or apprehended by military police?
YES ☐ NO ☐ If YES, explain on the Continuation Sheet.

Are you currently a member of a U.S. Reserve or National Guard Unit?
YES ☐ NO ☐ If YES, list current assignment:

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?
YES ☐ NO ☐ If YES, explain on the Continuation Sheet.

Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES ☐ NO ☐
If YES explain on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
U.S. Citizen (Documentation in File)		High School Diploma/GED (Documentation in File)	
21 Years of Age		Military Service if applicable (Documentation in File)	

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Personal References Contacted and Results Documented		Residences and Family References Listed	

21. **EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. **LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** (Beginning with the most recent):

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. **RESIDENCES:** List all residences during the past five years. Use the Continuation Sheet if necessary.

From	To	Street Address	City	State/County

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Employment Verified and Results Documented		Certificates or Degrees, Documentation in File	
Residences Verified and Results Documented in File			

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS** List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE**

State: _____ Expiration Date: _____

Current Drivers License Number: _____

27. **PREVIOUS DRIVER'S LICENSE INFORMATION**

List all states/countries where you have been licensed:

_____ _____ _____

_____ _____ _____

28. **Have you ever had your Driver's License revoked or suspended?** YES ☐ NO ☐ If **YES,** provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION:** List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Police Contacts Queried and Results Documented in Files		Civil Actions Queried and Results Documented in Files	
Motor Vehicle Records Queried and Results Documented in File			

30. **ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:**

In this section, disclose all illegal drug use (or criminal involvement) that was ***not*** for the purpose of treating or alleviating the symptoms of a medical condition.
Drug use for medical purposes will be disclosed in a different portion of the application process.

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES ☐ NO ☐	YES ☐ NO ☐				
COCAINE/CRACK	YES ☐ NO ☐	YES ☐ NO ☐				
METHAMPHETAMINE/SPEED	YES ☐ NO ☐	YES ☐ NO ☐				
HEROIN	YES ☐ NO ☐	YES ☐ NO ☐				
OPIUM	YES ☐ NO ☐	YES ☐ NO ☐				
MORPHINE	YES ☐ NO ☐	YES ☐ NO ☐				
LSD/ACID	YES ☐ NO ☐	YES ☐ NO ☐				
PEYOTE	YES ☐ NO ☐	YES ☐ NO ☐				
MESCALINE	YES ☐ NO ☐	YES ☐ NO ☐				
HASHISH	YES ☐ NO ☐	YES ☐ NO ☐				
STEROIDS	YES ☐ NO ☐	YES ☐ NO ☐				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES ☐ NO ☐	YES ☐ NO ☐				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES ☐ NO ☐	YES ☐ NO ☐				

31. **IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:**

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

32. **CRIMINAL CONDUCT:**

a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES ☐ NO ☐
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES ☐ NO ☐

If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes ☐ No ☐		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other state(s)? YES ☐ NO ☐

If YES provide the following information: Name of Agency	Dates of Employment		City	State
	From	To		

a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.

b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? If YES provide a full explanation on the Continuation Sheet. YES ☐ NO ☐

c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet. YES ☐ NO ☐

d. Have you received discipline for any improper condu ct as a peace o fficer. If Y ES provide a full ex planation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion. YES ☐ NO ☐

36. Have you applied with any other law enforcement agencies in the past three years? YES ☐ NO ☐

If YES provide the following information: Name of Agency	Date of Application	Was Polygraph taken?
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐

37. CERTIFICATION:

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File	
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File	
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question Number	Explanation, Clarification, etc.

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications. **Application Process Terminated**		

Reason for Disqualification:

Medical Examination completed and in file and applicant meets standards.	
Medical Examination completed and in file and applicant does not meet standards.	
ME and MH forms properly completed and in file.	
F.B.I./D.P.S. record checks completed and in file and no record found.	
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.	
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.	
NCIC/III/ACIC/ACCH records check completed and in file and no record found.	
NCIC/III/ACIC/ACCH records check completed and in file and record found.	
Polygraph completed and report in file and applicant passed.	
Polygraph completed and report in file and applicant failed.	
Applicant meets all requirements and may be employed.	
Applicant does not meet all requirements. **Application Process Terminated**	

Reason for Disqualification:

AGENCY CERTIFICATION:

I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.

NAME OF REVIEWER: _____ TITLE: _____
(Printed)

SIGNATURE OF REVIEWER:_____ DATE: _____