



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 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: _____



Gila County Constable Globe Precinct

Jesse E. Bolinger, Constable

To Whom It May Concern:

I am an applicant for a position with the Gila County Constable Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department.

I hereby authorize any representative of the Gila County Constable Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request by and to any duly authorized agent of the Gila County Constable Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Gila County Constable Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of any organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Gila County Constable Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if *you* refuse to disclose the information requested.

For and in consideration of the Gila County Constable Office acceptance and processing of my application for employment, I agree to hold the Gila County Constable Office, its agents and employees, harmless from any and all claims and liability associated, with my application for employment or in any way connected with the decision whether or not to employ me with the Gila County Constable Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Gila County Constable Office in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Name (please print) _____

Date _____

Signature _____

Witness _____

Mailing Address _____

Phone Number _____

Social Security Number _____

Date of Birth _____



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. **Birthdate:** _____

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 or 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: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" a copy of DD-214 will be required)	Branch of Service: <input style="width: 100%;" type="text"/> Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered: <input style="width: 100%;" type="text"/> Date Separated: <input style="width: 100%;" type="text"/>	Were you ever arrested, cited or apprehended by Military Police? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a member of a US Reserve or a National Guard Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever subject to a report or investigation by Military Police or CID, NIS, OSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever receive a court material or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input style="width: 95%;" type="text"/>	Length of Time Known: <input style="width: 90%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>
City <input style="width: 25%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	

#2

Name <input style="width: 95%;" type="text"/>	Length of Time Known: <input style="width: 90%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>
City <input style="width: 25%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	

#3

Name <input style="width: 95%;" type="text"/>	Length of Time Known: <input style="width: 90%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>
City <input style="width: 25%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	

Residences

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

From	To	Street Address	City	State/Country
<input style="width: 95%;" type="text"/>				
<input style="width: 95%;" type="text"/>				
<input style="width: 95%;" type="text"/>				

Drivers License

Birth Record

Drivers License Number: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 95%;" type="text"/>
State: <input style="width: 25%;" type="text"/> Expiration: <input style="width: 25%;" type="text"/>	City & State Born in: <input style="width: 95%;" type="text"/>



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 §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, 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 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. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. 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 <input checked="" type="radio"/> NO <input checked="" type="radio"/> PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. Do you have (Check One) <input checked="" type="radio"/> G.E.D. Certificate <input checked="" type="radio"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> 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 <input checked="" type="radio"/> NO <input checked="" type="radio"/> _____		Were you ever arrested, cited or apprehended by military police? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES explain on the Continuation Sheet.	
If NO list type of discharge/separation and explain on the Continuation Sheet.		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES list current assignment:			
Did you ever receive a court martial or NOon-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES explain on the Continuation Sheet.			
AGENCY VERIFICATION:		INITIALS:	DATE:
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: _____
 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 <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

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 USE OF DRUGS/CONTROLLED SUBSTANCES:												
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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>										
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: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> a. How the drug was ingested or consumed, b. The duration of usage, c. The motivation for use, </td> <td style="width: 50%; vertical-align: top;"> d. How the drug was obtained, e. Why you stopped using the drug, f. Any other factors you believe are relevant. </td> </tr> </table>							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.				
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: <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"> a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet. </td> <td style="width: 10%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> <tr> <td> b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? </td> <td style="text-align: center;">YES <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> </table>							a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
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? If YES provide a full explanation on the Continuation Sheet. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>								YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
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? If YES provide a full explanation on the Continuation Sheet. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>								YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
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 states?				YES G	NO G
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 G	NO G
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 G	NO G
d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion.				YES G	NO G
36. Have you applied with any other law enforcement agencies in the past three years?				YES G	NO G
If YES provide the following information: Name of Agency	Date of Application		Was Polygraph Taken?		
			YES G	NO G	
			YES G	NO G	
			YES G	NO G	
			YES G	NO G	
			YES G	NO G	
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		

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:		
<p>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.</p>		
<p>NAME OF REVIEWER: _____ TITLE: _____</p> <p style="text-align: center;">(Printed)</p>		
<p>SIGNATURE OF REVIEWER: _____ DATE: _____</p>		

