



**GILA COUNTY**  
**PAYSON REGIONAL CONSTABLE'S OFFICE**  
**108 W Main Street**  
**Payson, Arizona 85541**

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**AN EQUAL OPPORTUNITY EMPLOYER**

**TO ALL APPLICANTS – FOLLOW DIRECTIONS CAREFULLY**

- *Use blue or black ink to complete the application.*
- *Complete in your own handwriting (print legibly).*
- *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 Payson Regional Constable 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, religion age or disability in employment or the provision of services.

**GILA COUNTY PAYSON REGIONAL CONSTABLE'S OFFICE  
CERTIFIED 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, PEYOTE, Mescaline, CODENINE, 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 AFORMENTIONED 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 Payson 5HJLRQD0 Constable'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.



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**Waiver of Liability and Release Form**

In consideration of the Payson Regional Constable'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 promise 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



# 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 N/A

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: \_\_\_\_\_



## **Gila County Human Resources Department Background Authorization**

I hereby give Gila County Human Resources the right to make a thorough investigation of my background including:

- Criminal Record
- Driving Record
- Personal References
- Social Media
- Past Employment/Volunteer Status
- Educational/Professional Status
- Credit Check

And any other persons or sources as appropriate for the position for which I have expressed an interest.

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Gila County from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determine my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described position and such other information, as they deem appropriate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Previous name(s)/alias: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_



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

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**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 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.

**Berthan DeNero, SPHR**  
Director  
[bdenero@co.gila.az.us](mailto:bdenero@co.gila.az.us)  
Ext. 8722

**Erica Raymond**  
Human Resources Assistant  
[eraymond@co.gila.az.us](mailto:eraymond@co.gila.az.us)  
Ext. 4253



**Juley D. Bocardo-Homan**  
Deputy Director  
[jbocardo@co.gila.az.us](mailto:jbocardo@co.gila.az.us)  
Ext. 8724

**Angelo J. Cutter**  
Human Resources Assistant Sr.  
[acutter@co.gila.az.us](mailto:acutter@co.gila.az.us)  
Ext. 8723

**Gila County Human Resources**  
**Risk Management**  
1400 E. Ash Street, Globe, AZ 85501  
(928) 425-3231/ TDD: 7-1-1

# SMOKE-FREE ARIZONA ACT

In accordance with A.R.S. §36.601.01, effective May 1, 2007, smoking is prohibited in all enclosed areas in public places and places of employment, including restaurants and bars. Outside smoking is prohibited within 20 feet in all directions of an entrance, an open window, or a ventilation system. Smoking is prohibited in vehicles owned and operated by Gila County when more than one individual occupies the vehicle and the vehicle is used for business purposes.

For more information:

Arizona Department of Health Services  
Office of Environmental Health  
(602)364-3122

Smoke-Free Arizona Information Line  
1-877-AZSTOPS  
1-877-297-8677

Smoke-Free Arizona Website  
[www.smokefreearizona.org](http://www.smokefreearizona.org)

E-mail  
[smokefreearizona@azdhs.gov](mailto:smokefreearizona@azdhs.gov)

### Military Service

|  |   |  |  |
|--|---|--|--|
| Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>(If "yes" a copy of DD-214 will be required)   | Branch of Service:<br><input style="width: 100%;" type="text"/><br><br>Honorable Discharge:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date Entered:<br><input style="width: 100%;" type="text"/><br><br>Date Separated:<br><input style="width: 100%;" type="text"/>   | Were you ever arrested, cited or apprehended by Military Police?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently a member of a US Reserve or a National Guard Unit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Were you ever subject to a report or investigation by Military Police or CID, NIS, OSI?<br><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)?<br><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: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <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 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) \_\_\_\_\_ (print agency name). 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.

|                                |              |
|--------------------------------|--------------|
| <b>Signature of Applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|

**Sworn and Subscribed To Before Me This:** \_\_\_\_\_ **Day of** \_\_\_\_\_ .

**By:** \_\_\_\_\_

|                        |                         |
|------------------------|-------------------------|
| <b>State of:</b> _____ | <b>County of:</b> _____ |
|------------------------|-------------------------|

**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. <b>Name</b> (Last, First, Middle):   |   |  |                           |
| 2. <b>Address:</b>  |   | 3. <b>City:</b>  | 4. <b>State/Zip Code:</b> |
| 5. <b>Date of Birth</b> (Month/Day/Year):   | 6. <b>Place of Birth</b> (City, State): | 7. <b>Social Security Number:</b>  |                           |
| 8. <b>List here any other names, DOB's or SSN's you have used:</b>  |   |  |                           |
| 9. <b>Current Marital Status:</b>   |   | 10. <b>Spouse's Name Before Marriage:</b>  |                           |
| 11. <b>Home Telephone Number:</b>   | 12. <b>Work Telephone Number:</b>       | 13. <b>Cell/Mobile Number:</b>   |                           |
| 14. <b>Are you a citizen of the United States?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.   |   |  |                           |
| 15. <b>Do you have</b> (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma<br>Please attach a copy of one of the above.  |   | 16. <b>When and where did you receive it?</b>  |                           |
| 17. <b>MILITARY SERVICE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 type="checkbox"/> NO <input type="checkbox"/> _____<br>If NO list type of discharge/separation and explain on the Continuation Sheet.   |   | Were you ever arrested, cited or apprehended by military police?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.  |                           |
| Are you currently a member of a U.S. Reserve or National Guard Unit?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> 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)?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/><br>If YES explain on the Continuation Sheet. |   |  |                           |
| <b>AGENCY VERIFICATION:</b>   | <b>INITIALS:</b>                        | <b>DATE:</b>   | <b>INITIALS:</b>          |
| 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<br>(Street, City, State) | Supervisor's Name<br>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 |
|------|----|----------------|------|--------------|
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |

|  |                  |  |                  |
|--|------------------|--|------------------|
| <b>AGENCY VERIFICATION:</b>                        | <b>INITIALS:</b> | <b>DATE:</b>                                   | <b>INITIALS:</b> |
| 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 <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/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 <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:**

a. How the drug was ingested or consumed,                      d. How the drug was obtained,  
 b. The duration of usage,    e. Why you stopped using the drug,  
 c. The motivation for use,    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.

|  |                  |                   |                  |
|--|------------------|-------------------|------------------|
| <b>AGENCY VERIFICATION:</b>  | <b>INITIALS:</b> | <b>DATE:</b>      | <b>INITIALS:</b> |
| Applicant Meets Drug Standards/Does Not Meet Standards    Yes <input type="checkbox"/> No <input type="checkbox"/> |                  | 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:<br>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 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  NO

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

| If YES provide the following information:<br>Name of Agency | Date of Application | Was Polygraph taken?                                     |
|---|---------------------|--|
|   |                     | 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"/> |

**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. <span style="float: right;">(Please initial)</span> |                                       |
| 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.  |  | <b>Application Process Terminated</b> |
| <b>Reason for Disqualification:</b>  |  |                                       |
|  |  |                                       |
| 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.  |  | <b>Application Process Terminated</b> |
| <b>Reason for Disqualification:</b>  |  |                                       |
|  |  |                                       |
| <b>AGENCY CERTIFICATION:</b>   |  |                                       |
| <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> |  |                                       |
| NAME OF REVIEWER: _____  |  | TITLE: _____                          |
| (Printed)  |  |                                       |
| SIGNATURE OF REVIEWER: _____   |  | DATE: _____                           |