SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
LAW ENFORCEMENT COMMISSION

10,005 East Osborn Road
Scottsdale, AZ. 85256
(480) 850-8200/(480) 850-8238 Fax

APPLICATION FOR THE SRP-MIC LAW ENFORCEMENT COMMISSION

NAME:	DATE:
ADDRESS:	SOCIAL SECURITY NO:
PHONE#:	MESSAGE#:
SRID#:	AZ DRIVERS LICENSE# & EXPIRATION DATE

POSITION YOU ARE APPLYING FOR (CHECK ONE)

☐ District I ☐ District II ☐ Elderly ☐ Youth ☐ Law Enforcement

EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO	IF "YES" START DATE: WHERE:

EDUCATION

LEVEL OF EDUCATION: ☐ HIGH SCHOOL ☐ COLLEGE DEGREE:

EXPERIENCE

LIST PAST/CURRENT WORK HISTORY RELATED TO THE LAW ENFORCEMENT COMMISSION:

WHY ARE YOU INTERESTED IN BECOMING A LAW ENFORCEMENT COMMISSION MEMBER?

OTHER

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, FELONY OR ANY TYPE OF THEFT OR FRAUD? ☐ YES ☐ NO

If "YES" please identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant.

CERTIFICATION AND AGREEMENT

(Read carefully before signing)

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or attachments to my application may result in denial of my application.

2. It is my understanding that the SRPMIC Police Department will make a thorough investigation of my application and may verify all data listed in my application. I authorized such investigation and the giving and receiving of any information requested by the SRPMIC Police Department.

3. I understand and agree that I will be required to take and successfully pass a drug screen. Failure to submit to such screening may result in disqualification from the Commission.

4. I understand the SRPMIC Police Department will query the National Crime Information Center (NCIC) and the Arizona Criminal Information Center (ACIC) utilizing the information within this application.

5. I will keep confidential all things that are entrusted to me in confidence, unless revelation is necessary in the performance of my official duties.

6. I understand that I can be removed for misconduct or unethical behavior, such as committing a violation of confidentiality in hearing and reviewing cases.

7. I understand the result of my background process must show, I have not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, and I am of good moral character.

_____ APPLICANT SIGNATURE

_____ DATE

RELEASE AUTHORIZATION

I,_____, hereby voluntarily grant the Salt River Pima-Maricopa Indian Community Police Department authorization and access to review any files the Law Enforcement Commission deems necessary in regards to my application as a member of the Law Enforcement Commission.

AGENCY VERIFICATION:	INITIALS:	DATE: