SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

APPLICATION FOR EMPLOYMENT

Human Resources Department
Two Waters - Bldg. B, 10005 East Osborn
Scottsdale, Arizona 85256
Phone: 480-362-7935 / Fax: 480-362-5587 / Website: www.srpmicjobs.com

DATE _____

POSITION APPLYING FOR _____ DEPARTMENT _____

RATE OF PAY EXPECTED _____ DATE YOU CAN START _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle Initial

PRESENT ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
Street City State Zip

PHONE NUMBER _____ MESSAGE NUMBER _____

IF NATIVE AMERICAN, TRIBAL AFFILIATION_____ TRIBAL ENROLLMENT NO_____

ARE YOU 18 YEARS OR OLDER Yes ____ No ____ E-MAIL ADDRESS _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US? Yes ____No____

DO YOU HAVE A VALID AZ DRIVER'S LICENSE? Yes ____ No____Please specify_____
License No. Type Exp. Date

HAVE YOU EVER BEEN EMPLOYED BY SRPMIC, ITS SUBSIDIARIES OR ITS PRIVATE ENTERPRISES? Yes ____ No ____

If Yes, When _____ _____ Where _____
Start Date End Date Department

LIST ANY RELATIVES EMPLOYED BY SRPMIC _____

EDUCATION (Please Do Not Use "See Resume")

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	GRADUATED	CERTIFICATE/ DIPLOMA	MAJOR/ DEGREE	GRADUATION YEAR
HIGH SCHOOL/G.E.D.		Yes____ No____			
TRADE/ BUSINESS SCHOOL		Yes____ No____			
COLLEGE		Yes____ No____			
GRADUATE SCHOOL		Yes____ No____			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

_____

_____

_____

_____

_____

SPECIAL TRAINING OR SKILLS (To include GED, civilian schools, military academies, etc. - complete with dates. Include typing speed, knowledge of computers and software, etc. - please list.)

_____

_____

_____

_____

_____

WHAT LANGUAGES OTHER THAN ENGLISH ARE YOU FLUENT IN _____

_____Speaking _____Reading _____Writing

OTHER

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES____ NO____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES____ NO____
HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF THEFT OR FRAUD? YES____ NO____

If YES, 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. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

_____

_____

_____

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE US ARMED FORCES? **YES____ NO____**

Date Entered _____ Date Separated _____
Branch of Service _____ Serial Number _____
Selective Service Number _____ Selective Service Class _____

DID YOU RECEIVE AN HONORABLE DISCHARGE? YES____ NO____
If NO, please explain the circumstances: _____

_____

_____

ARE YOU A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD? **YES____ NO____**

⇨COMPLETE ALL INFORMATION; *DO NOT USE "SEE RESUME"*. ATTACH ADDITIONAL SHEET IF NEEDED.⇦

EMPLOYMENT HISTORY: (Start With The Most Recent Job And Work Back)

ARE YOU EMPLOYED NOW? Yes____ No____ If Yes, may we contact your employer? Yes____ No____

JOB TITLE _____ Starting Salary_____ Ending Salary_____

EMPLOYER _____
Name Street City State Zip

HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employees supervised _____

Supervisor's Name _____ Title of Supervisor _____

Describe Duties Performed _____

REASON FOR LEAVING _____

****

JOB TITLE _____ Starting Salary_____ Ending Salary_____

EMPLOYER _____
Name Street City State Zip

HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employees supervised _____

Supervisor's Name _____ Title of Supervisor _____

Describe Duties Performed _____

REASON FOR LEAVING _____

****

JOB TITLE _____ Starting Salary_____ Ending Salary_____

EMPLOYER _____
Name Street City State Zip

HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employees supervised _____

Supervisor's Name _____ Title of Supervisor _____

Describe Duties Performed _____

REASON FOR LEAVING _____

****

JOB TITLE _____ Starting Salary_____ Ending Salary_____

EMPLOYER _____
Name Street City State Zip

HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employees supervised _____

Supervisor's Name _____ Title of Supervisor _____

Describe Duties Performed _____

REASON FOR LEAVING _____

REFERENCES: List three persons not related to you, whom you have known at least three years

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				

HOW DID YOU HEAR ABOUT THE JOB VACANCY?

____Employment Agency ____Newspaper Ad ____Tribal Employee ____State Employment Office
____College Placement Service ____Walked In ____Friend ____Job Hotline
____Web Site ____Other (please explain):

ATTACHMENTS REQUIRED

DOCUMENTS TO BE ATTACHED. NOT ALL DOCUMENTS APPLY TO ALL POSITIONS. PLEASE NOTE THE NECESSARY DOCUMENTS LISTED IN THE POSITION ANNOUNCEMENT

1. CERTIFICATIONS *(Any Educational Degrees, Diplomas, Transcripts, Training Certificates, Etc.)*
2. MILITARY I.D. CARD *(If Applicable)*
3. COPY OF DRIVER'S LICENSE AND DRIVING RECORD (Available through State Department of Transportation, Motor Vehicle Division)
4. ANY OTHER DOCUMENTATION AS SPECIFICALLY REQUIRED BY JOB RECRUITMENT BULLETIN

CERTIFICATION AND AGREEMENT: (Read Carefully before signing)

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or if employed, termination from employment.

2. It is my understanding that the SRPMIC will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by SRPMIC, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.

3. I understand and agree that I will be required to take a pre-employment drug test at SRPMIC expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job I am responsible to perform. Failure to submit to such testing will result in termination.

4. I authorize any physician, including my personal physician, to release any information to SRPMIC, which may be necessary to determine my ability to perform my assigned duties.

5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of SRPMIC and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by SRPMIC to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that my employment, both during and after probationary period, is for an indefinite period, and that nothing in this application or any other SRPMIC document shall be deemed to create any contract of continued employment between me and SRPMIC. I understand that my employment can be terminated at any time pursuant to the SRPMIC policies and procedures. I understand that employment beyond any probationary period or employment for a number of years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

_____ _____

Applicant Signature **Date**

Human Resources Department
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
TWO WATERS - BLDG. B / 10005 E. OSBORN RD. / SCOTTSDALE, ARIZONA 85256-9722
PHONE: 480-362-7935 / FAX: 480-362-5587

October 25, 2004

Dear Applicant,

Thank you for applying for a position with the Salt River Pima-Maricopa Indian Community (SRPMIC). SRPMIC does an extensive background check on applicants who are offered a position with the Tribal Government.

There are no time limitations on backgrounds checks. Therefore, you are highly encouraged to fill out the application completely and truthfully. Failure to so on your part will result in the offer of employment to be withdrawn.

If there is anything you do not understand or would like to ask questions, any member of the Human Resources Department is here to help you.

_____ _____
Position Title Date

_____ _____
Applicant's Name (Please Print) Applicant's Signature

SALT RIVER
PIMA-MARICOPA INDIAN COMMUNITY
POLICE DEPARTMENT
10005 East Osborn Road
Scottsdale, AZ 85256
(480) 850-8200
Fax: (480) 850-8238

PERSONAL INQUIRY WAIVER

I respectfully request and authorize you to furnish the Salt River Police Department any and all information that you may have concerning my work records, reputation, financial or credit status and educational records. Please include any and all medical even though confidential or privileged in nature. This information is to be used in determining my qualification and fitness for the position I am seeking with the Salt River Police Department.

I hereby release you, your organization and others from any liability as a result of furnishing the above requested information.

This form may be retained for you files.

Applicant's Signature: _____

Date: _____

Salt River Pima-Maricopa Indian Community
Department of Corrections
10005 East Osborn, Scottsdale, Arizona 85256
Phone: (480) 362-7200 **Fax: (480) 362-7386**

"Together We can Achieve the Extraordinary"

"Secure, Reliable, Devoted, Obligated, Committed"

Truth of Information Statement

I understand and agree any misrepresentation or omission of facts in my **application** and **oral interview** may result in disqualification from the selection process.

A false or misleading statement on the **SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY** application and the **ARIZONA PEACE OFFICER STANDARDS,** application is a crime under (*A.R.S.* 13-2704, 13-2907.01, 39-161) and is cause to deny or revoke peace officer certification.

If applicant is denied employment all information received by the Background Investigator will be kept confidential and will not be released to the applicant. Applicant will not be eligible for hire.

Signature of Applicant: _____ Date: _____

Salt River
PIMA-MARICOPA INDIAN COMMUNITY
10005 E. OSBORN RD. SCOTTSDALE, ARIZONA 85256-9722 / PHONE (480) 362-7935

BACKGROUND INVESTIGATION RELEASE

NAME: _____ BIRTHDATE: _____/_____/_____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER: _____-_____-_____

DRIVER'S LICENSE NUMBER: _____

CERTIFICATION AND AGREEMENT: ***(Read Carefully before signing)***

I UNDERSTAND AND AGREE THAT

1. It is my understanding that the SRPMIC will make a thorough of my work, educational and personal history and may verify all data given in my application, related papers or oral interview. I authorize such investigation and the giving and receiving of any information requested by SRPMIC, and I release from liability any person giving or receiving any such information. I understand that falsification may result in refusal of employment or, if employed termination from employment.

_____ _____
Applicant Signature Date of Signature

SALT RIVER
PIMA-MARICOPA INDIAN COMMUNITY
POLICE DEPARTMENT
10005 East Osborn Road
Scottsdale, AZ 85256
(480) 850-8200
Fax: (480) 850-8238

In addition to these application materials, each applicant must complete and submit a notarized copy of the Arizona Peace Officer Standards and Training Board Application. This application must be accompanied by the following documents:

1. MVD RECORD – 5 years
2. Copy of AZ Post Certification (Lateral Officers)
3. Copy of DD 214 form (if applicable)

The AZ Peace Officer Standards and Training Board Application is included below.

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 the Continuation Sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

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

2. **Address:**

3. **City:**

4. **State/Zip Code:**

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

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

7. **Social Security Number:**

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

9. **Current Marital Status:**

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

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Cell/Mobile Number**:

14. **Are you a citizen of the United States?** YES ☐ NO ☐ PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.

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

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

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

Branch of Service: _____

Date Entered:

Date Separated:

Honorable Discharge: YES ☐ NO ☐ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. **LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** (Begin 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 ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	

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

30. **ILLEGAL 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 ☐ NO ☐	YES ☐ NO ☐				
COCAINE/CRACK	YES ☐ NO ☐	YES ☐ NO ☐				
METHAMPHETAMINE/SPEED	YES ☐ NO ☐	YES ☐ NO ☐				
HEROIN	YES ☐ NO ☐	YES ☐ NO ☐				
OPIUM	YES ☐ NO ☐	YES ☐ NO ☐				
MORPHINE	YES ☐ NO ☐	YES ☐ NO ☐				
LSD/ACID	YES ☐ NO ☐	YES ☐ NO ☐				
PEYOTE	YES ☐ NO ☐	YES ☐ NO ☐				
MESCALINE	YES ☐ NO ☐	YES ☐ NO ☐				
HASHISH	YES ☐ NO ☐	YES ☐ NO ☐				
STEROIDS	YES ☐ NO ☐	YES ☐ NO ☐				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES ☐ NO ☐	YES ☐ NO ☐				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES ☐ NO ☐	YES ☐ NO ☐				

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

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

32. **CRIMINAL CONDUCT:**

a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES ☐ NO ☐
If YES provide a full explanation on the Continuation Sheet.

b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES ☐ NO ☐

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

If YES provide a full explanation on the Continuation Sheet.

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

If YES provide a full explanation on the Continuation Sheet.

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

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

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

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

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

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

d. Have you received discipline for any improper 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: Name of Agency	Date of Application	Was Polygraph Taken?
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐

37. CERTIFICATION:

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

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

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

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

Continuation Sheet

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

Question Number	Explanation, Clarification, etc.

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

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

Reason for Disqualification:

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

Reason for Disqualification:

AGENCY CERTIFICATION:

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

NAME OF REVIEWER: _____ TITLE: _____
(Printed)

SIGNATURE OF REVIEWER:_____ DATE: _____