



Salt River Pima-Maricopa Indian Community Department of Corrections
3213 N. Longmore Road, Scottsdale, Arizona 85256
Phone: (480) 362-7200 Fax: (480) 362-5838
“Secure, Reliable, Devoted, Obliged, Committed”



The interested applicants must be complete a SRPMIC online application, SRDOC Background questionnaire, and the SRDOC physical agility test (if applicable) in order to be considered.

SRDOC Background questionnaire:

Complete the following background questionnaire thoroughly and completely. Do not leave any blank boxes. Insert N/A in all none applicable boxes. Any incomplete applications will not be considered. The Release of Information form must be notarized. Submit questionnaire to DOCapplicants@SRPMIC-nsn.gov. or faxed to (480) 362-5838.

Physical Agility testing (if applicable)

If you are NOT currently certified by an **accepted correctional academy*, you will be required to pass a Physical Agility Standards test to be considered for an interview. Once the community application and background questionnaire has been completed and submitted; you will be notified of the date, time, and location of a scheduled physical agility test, if required. If you have successfully completed an approved correctional training academy, you will not be required to pass the physical agility test, provided you meet the following:

- You are currently employed as a corrections/detention officer that has previously attended an **accepted correctional academy*
- Your separation as a corrections/detention officer has not exceeded 24 months

Basic employment process:

- Complete/submit SRPMIC application
- Complete/submit SRDOC background questionnaire
- Pass physical agility test (if required)
- Offered oral board interview, if selected
- Start background process, if selected by oral board panel
- Receive job offer from our Human Resources Dept.
- Attend C.O.T.A. (if required)

If chosen for background process, you will be required to submit the following documentations:

- Birth certificate
- Certificate of Indian Blood (if applicable)
- Social Security card
- High School/GED diploma
- DD214 (if applicable)
- 5-year MVR
- Arizona driver's license
- Marriage certificate (if applicable)
- Proof of auto insurance

Any of the following will Automatic Disqualify you from consideration (not limited to):

- Convicted of a felony
- Any discharge, other than Honorable, from any Armed Forces branch
- Previously denied certified status, revoked or suspended certification
- Experimentation with marijuana within the past 12 months
- Experimentation with dangerous drug or narcotic within the past five years
- Use of marijuana, dangerous drug or narcotic other than for experimentation
- Any pattern of prescription medication abuse
- DUI or reckless driving conviction within the past 5 years
- 1 speeding citation in excess of 15 miles over limit within the past 3 years
- 3 speeding citations within the past 3 years
- 1 at fault vehicle accident within the past 3 years
- Falsification, lying or any misleading information during any part of the background process
- Any domestic violence or Orders of Protection
- Any unlawful sexual conducts
- Any other turpitudes

**The acceptance of any correctional academy certifications, other than C.O.T.A., will be determined by the Director of SRDOC.*



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To be eligible for interview and possible subsequent employment with SRDOC, you will be required to pass a Physical Agility Standards test. These standards are entry level and as follows:

(If you are currently certified by an accepted academy, you will not be required to complete the S.R.D.O.C. physical agility test or a correctional academy. *The acceptance of any Correctional academy certifications, other than C.O.T.A., will be determined by the Director of SRDOC.*)

Push Ups		
Age	Women	Men
21-29	8	14
30-39	6	10
40-49	4	8
50-59	2	6
60-69	1	4

Sit Ups		
Age	Women	Men
21-29	17	24
30-39	12	18
40-49	5	14
50-59	3	12
60-69	2	6

Flexibility		
Age	Women	Men
21-29	8 3/4 in	7 3/4 In.
30-39	8 1/2 In.	7 1/4 In.
40-49	7 3/4 In.	5 3/4 In.
50-59	7 3/4 In.	5 In.
60-69	7 3/4 In.	4 3/4 In.

1.5 Mile Run		
Age	Women	Men
21-29	18:16	15:12
30-39	19:04	15:58
40-49	20:55	17:16
50-59	21:47	18:33
60-69	22:13	20:21

To be employed by the Salt River Department of Corrections, you must be certified by a Certified Correctional Academy. If you are not currently certified (within the last 24 months) you will be required to attend and pass C.O.T.A. (Corrections Officer Training Academy) in Tucson, Arizona. This is a seven week academy that requires you to stay on site from Sunday evening, until Friday evening. For more information on C.O.T.A. refer to the Arizona Department of Corrections web site.

The physical standards for C.O.T.A. graduation are as follows:

Push Ups		
Age	Women	Men
21-29	16	24
30-39	14	19
40-49	12	13
50-59	9	10
60-69	6	9

Sit Ups		
Age	Women	Men
21-29	27	34
30-39	21	28
40-49	16	23
50-59	7	20
60-69	5	13

Flexibility		
Age	Women	Men
21-29	13 1/4 in	12 In.
30-39	13 In.	11 1/4 In.
40-49	12 In.	9 3/4 In.
50-59	11 3/4 In.	9 In.
60-69	11 In.	8 1/2 In.

1.5 Mile Run		
Age	Women	Men
21-29	16:35	13:43
30-39	17:48	13:45
40-49	18:54	15:33
50-59	19:48	16:51
60-69	21:29	18:57

If you have any questions, please contact the SRDOC Training/Recruitment department at (480) 362-7222/7237/7227.



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

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

1. Name (Last, First, Middle):

2. Address:

3. City:

4. State/Zip Code:

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

6. Place of Birth (City, State):

7. Social Security Number:

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

9. Current Marital Status:

10. Spouse's Name Before Marriage:

11. Home Telephone Number:

12. Work Telephone Number:

13. Cell/Mobile Number:

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

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

16. When and where did you receive it?

17. MILITARY SERVICE: YES NO

If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: _____

Honorable Discharge: YES NO _____

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

Date Entered:

Date Separated:

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.



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Extraordinary”*

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Authorization to Release Information

As an applicant for a position with the Salt River Department of Corrections. I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature: _____

Print your name: _____

Notary Public: State of _____, County of _____

On this _____ day of _____, 20____, personally appeared before me _____ known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same for the purpose therein contained.

Signature of Notary Public: _____

My commission expires: _____

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

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

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.**

Use the Continuation Sheet if necessary.

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

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

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

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Personal References Contacted and Results Documented

Residences and Family References Listed

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

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

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

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

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

From	To	Street Address	City	State/County

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

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

Date	Location	Police Agency	Original Charge	Disposition/Court Action

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

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE**

State: _____ Expiration Date: _____
 Current Drivers License Number: _____

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

List all states/countries where you have been licensed:

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

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

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <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.

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

