



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 ALL THAT MAY APPLY) | | | |
| <input type="checkbox"/> District I <input type="checkbox"/> District II <input type="checkbox"/> Elderly <input type="checkbox"/> Youth <input type="checkbox"/> At-Large <input type="checkbox"/> Law Enforcement | | | |
| EMPLOYMENT | | | |
| ARE YOU CURRENTLY EMPLOYED? | | IF "YES" | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | START DATE: WHERE: | |
| EDUCATION | | | |
| LEVEL OF EDUCATION: <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE DEGREE: | | | |
| EXPERIENCE | | | |
| LIST PAST/CURRENT WORK HISTORY RELATED TO THE LAW ENFORCEMENT COMMISSION: | | | |
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| 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? <input type="checkbox"/> YES <input type="checkbox"/> 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. | | | |
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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 that is 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: