

# 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,
- 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,, <b>DO HEREBY AUTHORIZE</b> any and all persons, employers, partnerships, (print name)									
corporations and all civilian and government entities, m	corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city,								
county, state and federal entities to release, furnish an	d exchange any and all av	ailable information relating to me for							
the purpose of determining my suitability to be appoint	ed and certified as a peace	e officer. This includes, but is not							
limited to, all information related to my employment, pe	erformance, disciplinary his	tory, character, integrity, reputation,							
conduct, behavior and fitness for duty.									
This authorizes release to the ARIZONA PEACE OFF	ICER STANDARDS AND	TRAINING BOARD and the (agency)							
(print accept page)	This release is in addition to, and not								
(print agency name) intended to curtail or diminish the authorization and im-	munity provided by statute.	I DO HEREBY RELEASE from any							
and all liability, all persons or entities disclosing information	,	•							
	•								
Signature of Applicant:		Date:							
Sworn and Subscribed To Before Me This:	Day of								
Ву:									
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. 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.	2. Address:			3.	City:		4. State/Zip Code	<b>)</b> :	
5.	Date of Birth (Month/Day/Year):	6. Pla	ce of Birth (City, Sta	ate): 7.	Social Security Nur	mber:	1		
8.	List here any other names, DOB's or	SSN's you	have used:	•					
9.	Current Marital Status:			10.	Spouse's Name Bef	ore Marriage:			
11.	. Home Telephone Number: 12. Work Telephone Num			one Numbe	T.	13. Cell/Mobile	Number:		
14.	Are you a citizen of the United States	? YES	□ NO □ Plea	se attach a c	opy of Birth Certificate o	or other verification	of citizenship.		
15.	<b>Do you have</b> (Check One) ☐ G.E.D. Please attach a copy of one of the above		☐ High School Di	ploma	16. When and where did you receive it?				
17.	MILITARY SERVICE: YES □ NO	□ If YE	S, attach the MEMBE	ER 4 copy of	the DD 214 and continue	e with this section.	If NO skip to #18.		
	Branch of Service:				Date Entered:	Date Separated:			
	Honorable Discharge: YES □ NO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		on the Continuation S	Sheet.			nended by military police? the Continuation Sheet.		
	Are you currently a member of a U.S. R YES □ NO □ If YES, list curren				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 r If YES explain on the Continuation Shee		punishment for a vio	lation of the l	Iniform Code of Military	Justice (UCMJ)?	YES 🗆 NO 🗆		
AGE	NCY VERIFICATION:			INITIALS:	DATE:			INITIALS:	
U.S.	Citizen (Documentation in File)				High School Diploma	/GED (Documenta	tion in File)		
21 Y	ears of Age				Military Service if app	olicable (Document	ation in File)		

18.	can answer questions concer								
	Name	Street Ad	dress, C	ity, State, Zip	Code	Home Telephone No.	Tele	ork phone lo.	Years Known
19.	EXCLUDING FAMILY MEMBI Use the Continuation Sheet if	ERS, LIST ALL PERSO necessary.	ONS YOU	J HAVE LIVEI	D WITH DURING T	THE PAST FIVE YE	ARS.		
	Name	Street Ad	dress, C	ity, State, Zip	Code	Home Telephone No.		Relation	onship
20.	<b>FAMILY REFERENCES:</b> List if necessary.	all immediate relatives	, (i.e., paı	rents, siblings,	spouse, ex-spous	e(s) and all children	). Use th	e Conti	nuation Sheet
	Name	Relationship	Age	Stı	reet Address, City		Tele	ephone No.	
	ENCY VERIFICATION:	•		INITIALS:	DATE:				INITIALS:
Per	sonal References Contacted an	d Results Documented			Residences and I	Family References I	Listed		

21. <b>EMPLOYMENT HISTORY:</b> Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.										
Dates of Employment Name and Address of Employer Sup				Supervisor's	s Name	loh	Title/Duties	Poss	on for	Leaving
Name and Address of Employer			and Phone N	lumber	300	Title/Dutles	Reas	5011 101	Leaving	
22. <b>LIST</b>	ALL COLLE	GES OR UNIVERSITIE	ES YOU HAVE ATT	<b>ENDED</b> (Begin	ning with th	ne most re	ecent):	<u> </u>		
	Scho	ool	Dates Attended		Course o	f Study		Degree Received or Total Credit Hours		
23. RESII	DENCES: Li	st all residences during	g the past five years	. Use the Cont	inuation She	eet if nece	essary.	L		
From	То		Street Add	dress			City		Stat	e/County
	ERIFICATIO		1	INITIALS:	DATE:	2 2 F	D 1	an in Ell		INITIALS:
		d Results Documented			Certificate	s or Degr	rees, Documentation	on in File		

incid	LICE CONTACTS: List all incidents dents that occurred as a juvenile, ar lanation on the Continuation Sheet.	ny that were expung								
Date	Location	Police Age	ncy	(	Original Ch	arge	Disp	osition/Court Ac	tion	
3										
25. <b>CIV</b>										
Date	Location	A	ction or Pr	OCE	eding		Disp	osition/Court Ac	tion	
26. <b>CUF</b>	RRENT DRIVER'S LICENSE		2	27.	PREVIOUS	DRIVER'S	LICENSE IN	FORMATION		
State:	Expiration Date:		L	ist a	II states/countri	es where you	have been lice	ensed:		
	vers License Number:									
Current Dir	vers license number.		-					_		
28. <b>Hav</b>	e you ever had your Driver's Lice	ense revoked or su	spended?	YES	S□ NO□ If	YES, provid	e a full explana	ation on the Continuation	on Sheet.	
29. <b>MOT</b>	OR VEHICLE OPERATION: List al	I moving violations for	which you wer	re cit	ed. Use the Co	ontinuation SI	neet if necessa	ry:		
Date	Location and Issuing	Agency	Violatio	n C	harged	Collision	n Related	Court Dispo	sition	
						YES 🗆	№ □			
						YES 🗆	№ □			
						YES 🗆	№ □			
						YES 🗆	№ □			
						YES 🗆	№ □			
						YES 🗆	№ □			
AGENCY	VERIFICATION:		INITIALS:	:	DATE:				INITIALS:	
	ntacts Queried and Results Docume	ented in Files		-		Queried an	d Results Do	cumented in Files		
Motor Veh	icle Records Queried and Results [	Documented in File		T						

	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 <u>not</u> 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									
MAR	JUANA	YES NO D	YE	s 🗆 no 🗆						
COC	AINE/CRACK	YES NO NO	YE	s 🗆 NO 🗆						
METI	HAMPHETAMINE/SPEED	YES NO NO	YE	s 🗆 no 🗆						
HER	DIN	YES NO NO	YE	s 🗆 no 🗆						
OPIU	М	YES NO NO	YE	s 🗆 no 🗆						
MOR	PHINE	YES NO NO	YE	s 🗆 no 🗆						
LSD/	ACID	YES NO NO	YE	s 🗆 NO 🗆						
PEYO	DTE	YES NO	YE	s no n						
MES	CALINE	YES NO	YE	s no n						
HASI	HISH	YES NO NO	YE	s 🗆 no 🗆						
STEF	ROIDS	YES NO NO	YE	s 🗆 no 🗆						
	OTHER ILLEGAL DRUG ARCOTIC	YES 🗆 NO 🗆	YE	s 🗆 NO 🗆						
	GAL USE OF SCRIPTION DRUGS	YES NO D	YE	s 🗆 no 🗆						
31.	IF YOU ANSWERED YES INCLUDE, IF APPLICABL	ON ANY OF THE AREAS IN QUE E, THE FOLLOWING:	STION #	30, PROVIDE	A FULL E	XPLANATIO	ON ON THE CO	NTINUATION S	HEET.	
	<ul><li>a. How the drug was ingo</li><li>b. The duration of usage</li><li>c. The motivation for use</li></ul>	, e.	Why yo	ne drug was ob ou stopped usin her factors you	ng the drug					
32.	b. Have you ever commi	itted a felony or an offense which witted a criminal offense involving di	shonesty	, theft, unlawfu	l sexual co		ysical violence?	YES  YES		
33.	combination of persons wh other persons their rights u alter the form of governmen	ever been, a member of any foreign ich has adopted or shows a policy inder the Constitution of the United int of the United States of America	of advoca	ating the comm f America or the	ission of forestate of A	force or viole	nce to deny	YES 🗆	№ □	
0.4		ation on the Continuation Sheet.	:6:	U	U-1		-t- !			
34.	be relevant, directly or indir includes, but is not limited t associations or traffic violat	e or information, in addition to that ectly, to an investigation of your el o: character traits, temperance ha ions? ation on the Continuation Sheet.	igibility or	fitness for the	position ye	ou are seeki	ng? This	YES 🗆	№ □	
AGF	NCY VERIFICATION:	adon on the Continuation offeet.		INITIALS:	DATE:				INITIALS:	
		Does Not Meet Standards Yes □	No □			CCH Checke	ed			
, ippli	Jane Moodo Brag Otalidardon	TOS LI	.,,,		, COIO/AC	OTT OHOUR	~			
Crim	Criminal History Check Completed and Documentation in File NCIC/III Checked									

35.	35. Do you have prior peace officer certification/employment in Arizona or any other state(s)?							
If YES provide the following information:  Dates of Employment								
	Name of Agency	From	То	City		State		
	If prior Arizona certified, attach verification of most current	AZ POST cor	itinuing and	proficiency training and firearms qualification	ations.			
	<ul> <li>Has your peace officer certification been revoked, suspend If YES provide a full explanation on the Continuation Shee</li> </ul>		or denied fo	or any reason?	YES NO			
	c. Have you, while on duty as a peace officer and without auth If YES provide a full explanation on the Continuation Sheet		d or been ur	nder the influence of spirituous liquor?	YES NO			
	d. Have you received discipline for any improper condu ct a Continuation Sheet. Discipline: Letter of reprimand/counse				YES □ NO			
36.	Have you applied with any other law enforcement age	ncies in the	past thre	e years?	YES NO			
	If YES provide the following information:			Date of Application Was		s Polygraph taken?		
	Name of Agency							
					YES NO			
					YES □ NO			
					YES□ NO			
					YES NO			
					YES□ NO			
37. (	CERTIFICATION:							
I hereb	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.							
SIGNAT	URE OF APPLICANT:			DATE:				
AGENO	CY VERIFICATION:	INITIALS	: DATE	:		INITIALS:		
Previou	s Agencies Applied To Queried and Results Documented		Certifi	cation History Verified and Results Docu	mented in File			
Training	g and Firearms Requirements Documentation in File		Valid	Certification Verified and Documentation	in File			
Improp	er Conduct Researched and Documentation in File		Finge	rprint Card Submitted - AZ DPS				
Signatu	ire and Date Completed		Finge	rprint 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 spa	ace provided to complete
answers for previously asked questions or for necessary explanation and clarification.	

Question Number	Explanation, Clarification, etc.

Applicant	t Name: Agency:	
	AGENCY VERIFICATON OF APPLICANTS	
		Please initial
Page 1	Code of Ethics read, signed and dated.	
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.	
	Review of AZPOST PH with Applicant to confirm information	
	oplicants – Prior Agency personnel file reviewed for past performance and/or prior misconduct	
-	has applied with other agencies – inquiry completed with agency to determine status and/or disqualifiers identified.	
	ent information from applicant during background process, including polygraph, corrected by applicant on AZPOST PH	
Applicant	meets minimum qualifications and documentation is complete and in file.	
- ' '	does not meet minimum qualifications.  Application Process Terminated  for Disqualification:	
Madical F	were the completed and in file and applicant mosts standards	
	xamination completed and in file and applicant meets standards.	
	xamination completed and in file and applicant does not meet standards  IH forms properly completed and in file.	
	S. record checks completed and in file.	
	S. record checks completed and in file.  S. record checks completed and in file and reflects arrest record.	
	S. record checks has been submitted, no return yet.	
	ACIC/ACCH records check completed and in file and no record found.	
	ACIC/ACCH records check completed and in file and record found.  ACIC/ACCH records check completed and in file and record found.	
	a completed and report in file and applicant passed	
	completed and report in file and applicant passed	
	does not meet all requirements.  Application Process Terminated	
	For Disqualification:	
	CERTIFICATION:	
106(C)(7) of conduct	certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4- and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a patt to that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed the document that finding.	tern
NAME OF	REVIEWER: TITLE:	
SIGNATUI	RE OF REVIEWER: DATE:	