



# PINETOP-LAKESIDE POLICE DEPARTMENT

*"Celebrate the Seasons" Safely*



1360 N. Niels Hansen Lane ♦ Pinetop-Lakeside, AZ 85929 ♦ (928) 368-8803

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PINETOP-LAKESIDE POLICE DEPARTMENT EMPLOYMENT APPLICATION

### FOLLOW DIRECTIONS CAREFULLY:

1. USE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE IN YOUR OWN HANDWRITING OR PRINTING
3. WRITE OR PRINT LEGIBLY
4. READ EACH QUESTION CAREFULLY
5. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY
6. ANSWER ALL QUESTIONS
7. IF A QUESTION DOES NOT APPLY, WRITE N/A IN SPACE
8. IF YOU ADDITIONAL SPACE, WRITE ON THE BACK OF THE PAGE
9. SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED ON REQUIRED PAGES
10. ATTACH A COPY OF YOUR BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA, DRIVERS LICENSE, AZ POST CERTIFICATION (LATERAL POSITIONS) AND DD-214 (IF APPLICABLE)
11. WHEN COMPLETED, YOU MAY DROP OFF IN PERSON OR MAIL TO:

PINETOP-LAKESIDE POLICE DEPARTMENT  
1360 N. NIELS HANSEN LANE  
LAKESIDE, AZ 85929

**\*\*Note:** Failure to follow instructions or complete information, will delay the background process or eliminate you from processing. Your incomplete packet *may* be rejected. Please remember to include complete addresses and complete telephone number (including area codes)

*The Mission of the Pinetop-Lakeside Police Department is to provide an atmosphere wherein the Citizens and visitors can "Celebrate the Seasons" in a safe and secure environment whether they live, work or play in our community.*

**PINETOP-LAKESIDE POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POSITION APPLIED FOR:**

SWORN OFFICER     RESERVE OFFICER     CIVILIAN

**TO THE APPLICANT:**

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the **PINETOP-LAKESIDE POLICE DEPARTMENT**.

An extensive background investigation will be conducted into your personal history.

**Applicants will be required to take a polygraph examination to confirm the information on this questionnaire, and to determine other items of background investigation.**

I understand that I will not receive, and I am not entitled to a copy of the report or its contents, and I further understand that the contents will be used in evaluation process for employment with the Town of Pinetop-Lakeside. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. Unless I am not selected for employment based on a single test, **I WILL NOT BE ADVISED OF THE REASONS FOR THE NON-SELCETON.**

Where written explanations are required in this form, it is **MANDATORY** that the information be listed **TOTALLY AND COMPLETELY**.

**The existence of any of the conditions listed below may result in rejection from the selection process.** These areas will be explored during an extensive background investigation, and polygraph examination.

**CRITERIA STANDARDS FOR DISQUALIFICATIONS:**

- | YES | NO  |     |  |
|-----|-----|-----|--|
| ( ) | ( ) | 1.  | ANY FELONY. NO TIME LIMIT  |
| ( ) | ( ) | 2.  | PARTICIPATION IN A SERIOUS CRIME   |
| ( ) | ( ) | 3.  | ANY MISDEMEANORS CONVICTION INVOLVING ANY ILLEGAL DRUGS, OR MARIJUANA  |
| ( ) | ( ) | 4.  | ANY SELLING OF ANY DRUGS OR MARIJUANA  |
| ( ) | ( ) | 5.  | ANY ILLEGAL USE OF OPIATE NARCOTICS OR HALLUCINOGENS (INCLUDES LSD, PCP, PEYOTE, Mescaline, CODEINE, HEROIN, MORPINE OPIUM, PSILOCYBIN, COCAINE, HASH, SPEED, BARBITURATE, ETC.) |
| ( ) | ( ) | 6.  | ANY ILLEGAL USE OF MARIJUANA (WITHIN PAST 3 YEARS)   |
| ( ) | ( ) | 7.  | ANY EXCESSIVE ILLEGAL USE OF MARIJUANA (MORE THAN 5 TIMES SINCE AGE 21)  |
| ( ) | ( ) | 8.  | ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE A DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY     |
| ( ) | ( ) | 9.  | ANY SEXUAL CONDUCT PROHIBITED BY LAW   |
| ( ) | ( ) | 10. | NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILTIY   |

**PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTEIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.**

\_\_\_\_\_  
Signature Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Name: \_\_\_\_\_  
SSN #: \_\_\_\_\_



## 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,
- 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. 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: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN #: \_\_\_\_\_



## Arizona Peace Officer Standards and Training Board AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, **DO HEREBY AUTHORIZE** any and all persons,  
(print name)

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 \_\_\_\_\_. This release is in addition to,  
(print agency name)

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 \_\_\_\_\_, 20\_\_\_\_\_**

BY:

STATE OF:

COUNTY OF:

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC:

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_



## 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 in ink 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 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. Email Address	
3. Physical Address		4. City	5. State/Zip Code
6. Mailing Address		7. City	8. State/Zip Code
9. Date of Birth (Month/Day/Year)	10. Place of Birth (City, State, Country)		11. Social Security Number
12. List here any other names, DOB's or SSN's you have used:			
13. Current Marital Status		14. Spouse's Name Before Marriage	
15. Home Telephone Number	16. Work Telephone Number	17. Cell/Mobile Number	
18. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please attach a copy of Birth Certificate or other verification of citizenship. If naturalized, please provide date: _____	
19. Do you have (check one) (please attach copy of one of the below) (If G.E.D. please explain why on continuation sheet). <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> Home School		20. Institution, when and where did you receive it?	
21. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO, provide Selective Service # _____ and skip to #22.	
Branch of Service		Date Entered	Date Separated
Honorable Discharge: <small>If NO, list type of discharge/separation and explain on the Continuation Sheet.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you ever arrested, cited or apprehended by military police? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, explain on the Continuation Sheet.</b>	
Are you currently a member of a U.S. Reserve or National Guard Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, list current assignment:</b> _____		Were you ever the subject of a report or investigation by Military Police or other investigative service (i.e., CID, NCIS, OSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, explain on the Continuation Sheet.</b>	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, explain on the Continuation Sheet.</b>			
<b>AGENCY VERIFICATION:</b>		<b>INITIALS:</b>	<b>DATE:</b>
U.S. Citizen (Documentation on File)			High School Diploma/GED (Documentation on File)
21 Years of Age			Military Service if applicable (Documentation on File)

Name: \_\_\_\_\_  
 SSN #: \_\_\_\_\_

**22. 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.  
**Use the Continuation Sheet if necessary.**

NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	
NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	
NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	
NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	

**23. 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	Primary Telephone No.	Relationship

**24. FAMILY:** List ALL immediate relatives (living and deceased) (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	Primary Telephone No.

<b>AGENCY VERIFICATION:</b>	<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
Personal References Contacted and Results Documented		Residences and Family Listed	

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

**25. EMPLOYMENT HISTORY: Show ALL employment beginning with your most recent employer. Use the Continuation Sheet if necessary.**

Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving

**26. 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 (AA, BA, BS, MA, etc.)

**27. RESIDENCES: List ALL residences during the past TEN years. Use the Continuation Sheet if necessary.**

Dates of Residence		Street Address	City, State	Zip/County/Country
From	To			

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

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

**28. POLICE CONTACTS:** List ANY and ALL incidents in which you had contact with police or were cited, arrested, accused, questioned about, suspected of, 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

**29. CIVIL ACTIONS:** List ALL civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits, restraining orders, injunctions prohibiting harassment, etc.). **Use the Continuation Sheet if necessary.**

Date	Location/Court	Action or Proceeding	Disposition / Court Action

30. CURRENT DRIVER'S LICENSE		31. PREVIOUS DRIVER'S LICENSE INFORMATION	
State	Expiration Date	List all states / countries where you have been licensed and provide driver's license number if known: _____ _____	
License Number			

**32. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?**  
 Yes    No   If YES, provide a full explanation on the Continuation Sheet .

**33. MOTOR VEHICLE OPERATION:** List ALL moving violations for which you were stopped and/or cited. **Use the Continuation Sheet if necessary.**

Date	Location and Issuing Agency	Violation (not code)	Collision Related	Court Disposition
			<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"/> Yes <input type="checkbox"/> No	

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

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

**34. ILLEGAL / NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:**

In this section, disclose all illegal drug use, (or criminal involvement) prescription or otherwise. Prescribed 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, POSSESSED OR EXPERIMENTED WITH?		IF YES, NUMBER OF TIMES USED, POSSESSED OR EXPERIMENTED WITH?		TOTAL LIFETIME USE	DATE LAST USED
	UNDER AGE 21	AGE 21 AND OVER						
MARIJUANA (in any form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
COCAINE/CRACK	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
METHAMPHETAMINE /SPEED/ADDERALL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
HEROIN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
OPIUM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
LSD/ACID/ECSTASY	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
PEYOTE/MESCALINE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
STEROIDS/ TESTOSTERONE/HGH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
ILLEGAL USE OF PRESCRIPTION DRUGS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
ANY USE OF OTHER'S PRESCRIPTIONS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
SYNTHETIC/DESIGNER DRUGS (Spice, K2, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

**35. IF YOU ANSWERED YES, ON ANY OF THE AREAS IN QUESTION #34, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:**

- a. How the drug was ingested, consumed or topically applied,
- 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 (i.e., Name of Drug).

**36. CRIMINAL CONDUCT (includes detected and undetected crimes)**

- 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 (i.e., shoplifting), unlawful sexual conduct or physical violence?  Yes  No

If YES to either 36a or 36b, provide a full explanation on the Continuation Sheet.

**37.** 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.

**38.** 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:
<input type="checkbox"/> Applicant Meets Drug Standards		ACIC / ACCH Checked	
<input type="checkbox"/> Applicant Does Not Meet Drug Standards			
Criminal History Check Completed and Documented		NCIC / III Checked	

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

**39. 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 certification, attach verification of most current AZ POST continuing training, proficiency training, and firearms qualifications.
- b. Have you ever been the subject of an internal investigation, resigned during an investigation or resigned to avoid an investigation?  Yes  No  
If YES, provide a full explanation on the Continuation Sheet.
- c. 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.
- d. 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.
- e. Have you received discipline for any improper conduct as a peace officer? Discipline: Letter of reprimand/counseling, suspension, termination or demotion.  Yes  No  
If YES, provide a full explanation on the Continuation Sheet.

**40. Have you applied with any law enforcement agencies?**  Yes  No

If YES, please provide ALL Agencies and Positions. Use Continuation Sheet if Necessary

Name of Agency	Position	Date of Application	Was Polygraph taken?
			<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

**41. 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	
Training and Firearms Requirements Documentation on file		Valid Certification Verified and Documentation on file	
Improper Conduct Researched and Documentation on file		Fingerprint Card Submitted - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	



Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

Agency: \_\_\_\_\_

**AGENCY VERIFICATION OF APPLICANTS**

<b>QUALIFICATIONS AND DOCUMENTATION</b>		<b>PLEASE INITIAL</b>
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	
Lateral Applicants - Prior Agency personnel file reviewed for past performance and / or prior misconduct		
Applicant has applied with other agencies - inquiry completed with agency to determine status and/or disqualifiers identified		
Inconsistent information from applicant during background process, including polygraph, corrected by applicant on AZPOST PH form.		
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications. <b>Application Process Terminated</b>		
<b>Reason for Disqualification</b>		
Medical Examination completed and in file and applicant meets standards		
Medical Examination completed and in file and applicant does not meet standards.		
M.E. and M.H. 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. record checks have 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. <b>Application Process Terminated</b>		
<b>Reason for Disqualification</b>		
<b>AGENCY CERTIFICATION:</b>		
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:
SIGNATURE OF REVIEWER:		DATE:
AUDITED BY AZ POST BY (name):		ON (date):

- A. Have you ever had your wages attached? YES ( ) NO ( )
- B. Have you been a party to a small claims or other court action? YES ( ) NO ( )
- C. Have you ever been involved with any civil court action? YES ( ) NO ( )
- D. Have you ever had judgement rendered against you? YES ( ) NO ( )
- E. Have you ever been refused credit? YES ( ) NO ( )
- F. Have you ever had any property repossessed? YES ( ) NO ( )
- G. Have you ever been discharged or asked to resign from any position? YES ( ) NO ( )
- H. Have the police ever been called to your home for any reason other than as a victim? YES ( ) NO ( )
- I. Have you or your spouse ever been sued or summoned into court? YES ( ) NO ( )
- J. Have any relatives of you or spouse ever been convicted of any crimes or imprisoned? YES ( ) NO ( )
- K. Do you now or have you ever had gambling debts? YES ( ) NO ( )
- L. Have you used any employer's money to gamble with? YES ( ) NO ( )
- M. Have you ever worked for a gambling operation, or booked any bets? YES ( ) NO ( )
- N. Have you ever had an F.B.I. fingerprint check done for any reason? YES ( ) NO ( )
- O. In any employment setting, including military services, have you Received any verbal or written reprimands or suspensions for violations Of company policy? YES ( ) NO ( )
- P. Would you have any difficulty in working or dealing with members Of the opposite sex, different origin, race, religion, or nationality? YES ( ) NO ( )
- Q. In any job that you've held, have you been involved in any physical Or major verbal confrontations? YES ( ) NO ( )
- R. Would you be able to follow direct orders, even though you may not agree with them? YES ( ) NO ( )
- S. In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? YES ( ) NO ( )
- T. Have you ever left a place of employment without giving two weeks' notice? YES ( ) NO ( )
- U. Have you ever committed any criminal violations that has gone undetected? YES ( ) NO ( )
- V. Have you ever operated a motor vehicle while under the influence of alcohol Or drugs, to the point that you knew should not have been driving? YES ( ) NO ( )

- W. Have you ever been extensively delinquent on any of your financial obligations? YES ( ) NO ( )
- X. Have you ever filed for bankruptcy? YES ( ) NO ( )
- Y. Have you ever had any of your financial obligations turned over to a Collection agency? YES ( ) NO ( )
- Z. Are you now current on your financial obligations? YES ( ) NO ( )
- AA. Have you ever been placed on court supervision or probation? YES ( ) NO ( )
- BB. Have you ever had any court proceedings expunged? YES ( ) NO ( )
- CC. Do you smoke? YES ( ) NO ( )
- DD. Do you drink alcoholic beverages? YES ( ) NO ( )

What kind? \_\_\_\_\_

How often? \_\_\_\_\_

**PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS A-DD  
LIST THE QUESTION NUMBER AND DATE OF EACH OCCURRENCE**

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**IMPORTANT: NOTARIZED SIGNATURE REQUIRED**

Please read statements below and sign before a notary public prior to submitting questionnaire to the **Pinetop-Lakeside Police Department**.

I affirm that this questionnaire contains no misrepresentations of falsifications, omissions or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligibility list. If already appointed, I may be dismissed.

I authorize the Pinetop-Lakeside Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Pinetop-Lakeside Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the department, I expressly waive all of my legal rights and causes of action to the extent that the Pinetop-Lakeside Police Department investigation (for purposes of evaluating my suitability or application for employment) , may violate or infringe upon these aforementioned legal and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Town of Pinetop-Lakeside Arizona Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, health, family, personal habits and reputation.

\_\_\_\_\_  
Signature of Applicant

**SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

Pinetop-Lakeside Police Department  
Waiver of Liability and Release Form

In consideration of the Pinetop-Lakeside Police Department, hereinafter referred to as the Agency processing of my application for employment I, \_\_\_\_\_, hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the agency, in its sole discretion, may deem necessary to obtain or contract, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action any officer, agent or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless, under any and all possible cause legal action, any and all person or entries who shall furnish any information or opinions to the officers, agents or employees of the Agency who conducted my background investigation.
4. I authorize any person or entity contacted by the Agency's officer, agent or employee during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have and hereby expressly waive any and all legal privileges I may have.
5. I specifically authorize you as my former employee to provide to the Agency, any information you have concerning my education, training, experience, qualifications and job performance for the purpose of evaluating me as an applicant for employment. I specifically waive any rights I might have under Arizona Revised Statues §23-1361 B or otherwise to receive or examine a copy of any written communication regarding my employment sent by you in response to this request.
6. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts of omissions in the course of my background investigation.
7. I expressly waive all rights and causes of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.

By signing this form, I authorize you to request information concerning my education training, experience, qualifications and job performance from any former and current employer of mine, and I specifically waive any rights I have under Arizona Revised Statues §23-1361. B or otherwise to receive a copy of any written communication regarding employment furnished by any former or current employer of mine.

This release from liability given by me to the political subdivision, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to any rights or action of any nature that might accrue to myself, my heirs or my personal representative. This form may be copied, and my signature shall be effective as if this form were originally signed by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

State of Arizona }  
}

County of \_\_\_\_\_ }  
}

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared

\_\_\_\_\_ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above attached document.

(SEAL)

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_