

# EAGAR POLICE DEPARTMENT

## BACKGROUND QUESTIONNAIRE

### 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 EACH QUESTION CAREFULLY
6. ANSWER ALL QUESTIONS
7. IF A QUESTION DOES NOT APPLY, WRITE "N/A" IN THE SPACE.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON BACK OF PAGE
9. WHEN COMPLETED, RETURN TO:

EAGAR POLICE DEPARTMENT  
174 SOUTH MAIN STREET  
P.O. BOX 1300  
EAGAR, ARIZONA 85925

### NOTE

Failure to follow instructions or to fully complete the application will delay the background process or eliminate you from further processing. **AN INCOMPLETE PACKET WILL BE REJECTED.**

Print legibly and include complete addresses, zip codes, street addresses & P.O. boxes, city, state. Include complete telephone numbers, area code and number.

DATE \_\_\_\_\_

POSITION:       SWORN - FULL TIME     RESERVE – VOLUNTEER     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 Eagar Police Department.

An extensive background investigation will be conducted into your personal history. Where written explanations are required in this form, it is **MANDATORY** that the information be listed **TOTALLY AND COMPLETELY**.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information. Read the following statement and standards carefully. Sign where indicated if you agree with the statements.

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I understand that I will not receive, and I am not entitled to, a copy of the report or to know its contents, and I further understand that the contents will be used in the evaluation process for employment with the Eagar Police Department. 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 NONSELECTION**.

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, psychological examination, drug screen, and polygraph examination.

**CRITERIA STANDARDS FOR DISQUALIFICATION**

1. ANY FELONY CONVICTIONS. NO TIME LIMIT.
2. PARTICIPATION IN ANY SERIOUS CRIME.
3. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS, OR MARIJUANA.
4. ANY SELLING OF NARCOTICS, DRUGS, OR MARIJUANA FOR PROFIT.
5. ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS.
6. ANY RECENT ILLEGAL USE OF MARIJUANA.
7. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.
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 WITHIN THE PAST THREE YEARS.
9. ANY DEMONSTRATED PATTERN OF SEXUAL CONDUCT PROHIBITED BY LAW.

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

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Signature

Date

**1. PERSONAL DATA**

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<b>Last Name</b>	<b>First</b>	<b>Middle (Full)</b>		
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<b>Current Address (Street and P. O. Box)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone #</b>
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**2. REFERENCES**

- A) List the names of any acquaintances employed by this department:
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- B) Have you ever applied to, or been employed by the Eagar Police Department in any capacity as a paid employee or volunteer?
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**3. EDUCATION AND TRAINING**

- A) List any skills or abilities possessed (include foreign languages):
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- 
- 
- B) Have you ever received any law enforcement training?
- Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain:

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<b>When</b>	<b>Where</b>	<b>Type of Training</b>
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<b>When</b>	<b>Where</b>	<b>Type of Training</b>
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#### **4. ANSWER THE FOLLOWING**

**(Use the reverse side for explanations when answering Yes)**

- |     |  |                |
|-----|--|----------------|
| A)  | Have you ever had your wages attached?   | Yes ( ) No ( ) |
| B)  | Have you ever been a party to a small claims or other court action?  | Yes ( ) No ( ) |
| C)  | Do you have any immediate civil actions pending against you?   | Yes ( ) No ( ) |
| D)  | Have you ever been a party in any other civil actions?   | Yes ( ) No ( ) |
| E)  | Have you ever had a judgment rendered against you?   | Yes ( ) No ( ) |
| F)  | Have you ever been refused credit?   | Yes ( ) No ( ) |
| G)  | Have you ever had any property repossessed?  | Yes ( ) No ( ) |
| H)  | Have you ever been discharged or asked to resign from any position?  | Yes ( ) No ( ) |
| I)  | Have the police ever been called to your home for any reason other than as a victim?   | Yes ( ) No ( ) |
| J)  | Have you or your spouse ever been sued or summoned into court?   | Yes ( ) No ( ) |
| K)  | Have any relatives of you or your spouses' ever been convicted of any crime or imprisoned?   | Yes ( ) No ( ) |
| L)  | Do you now have any gambling debts?  | Yes ( ) No ( ) |
| M)  | Have you ever used an employer's money to gamble with?   | Yes ( ) No ( ) |
| N)  | Have you ever worked for a gambling operation, or booked any bets?   | Yes ( ) No ( ) |
| O)  | Have you ever had an F. B. I. fingerprint check done for any reason?   | Yes ( ) No ( ) |
| P)  | In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? | Yes ( ) No ( ) |
| Q)  | Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?                    | Yes ( ) No ( ) |
| R)  | In any job that you've held, have you been involved in any physical or major verbal confrontations?  | Yes ( ) No ( ) |
| S)  | Would you have a problem following direct orders, even if you may not agree with them?   | Yes ( ) No ( ) |
| T)  | In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?  | Yes ( ) No ( ) |
| U)  | Have you ever left a place of employment without giving two weeks notice?  | Yes ( ) No ( ) |
| V)  | Have you ever committed any criminal violation that has gone undetected?   | Yes ( ) No ( ) |
| W)  | Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you know you should not have been driving?         | Yes ( ) No ( ) |
| X)  | Have you ever been extensively delinquent on any of your financial obligations?  | Yes ( ) No ( ) |
| Y)  | Have you ever had any of your financial obligations turned over to a collection agency?  | Yes ( ) No ( ) |
| Z)  | Have you ever filed for bankruptcy?  | Yes ( ) No ( ) |
| AA) | Are you currently delinquent on any of your financial obligations?   | Yes ( ) No ( ) |

**5. SUPPLEMENTARY BACKGROUND INFORMATION**

**USE THIS SPACE TO DESCRIBE THE FOLLOWING:**

**A) Why do you want to be an Eagar Police Department Police Officer?**

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**B) What qualities do you possess that would make you a good law enforcement officer?**

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**6. POLICE OFFICER**

**If the necessity arose for you to shoot a human being in the course of your duties as an officer, would you have any reluctance to do so?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_**

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**7. ALCOHOL AND NARCOTICS**

**Have you ever used alcohol or narcotics on the job?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_**

**How Often? \_\_\_\_\_**



# 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. **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, (print name) 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) \_\_\_\_\_ (print agency name). 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.

<b>Signature of Applicant:</b>	<b>Date:</b>
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**Sworn and Subscribed To Before Me This:** \_\_\_\_\_ **Day of** \_\_\_\_\_ .

**By:** \_\_\_\_\_

<b>State of:</b> _____	<b>County of:</b> _____
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**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. <b>Name</b> (Last, First, Middle):			
2. <b>Address:</b>		3. <b>City:</b>	4. <b>State/Zip Code:</b>
5. <b>Date of Birth</b> (Month/Day/Year):	6. <b>Place of Birth</b> (City, State):	7. <b>Social Security Number:</b>	
8. <b>List here any other names, DOB's or SSN's you have used:</b>			
9. <b>Current Marital Status:</b>		10. <b>Spouse's Name Before Marriage:</b>	
11. <b>Home Telephone Number:</b>	12. <b>Work Telephone Number:</b>	13. <b>Cell/Mobile Number:</b>	
14. <b>Are you a citizen of the United States?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.			
15. <b>Do you have</b> (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. <b>When and where did you receive it?</b>	
17. <b>MILITARY SERVICE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet.		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
<b>AGENCY VERIFICATION:</b>	<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
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.

<b>AGENCY VERIFICATION:</b>		<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
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

<b>AGENCY VERIFICATION:</b>	<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
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

<p>26. <b>CURRENT DRIVER'S LICENSE</b></p> <p>State: _____ Expiration Date: _____</p> <p>Current Drivers License Number: _____</p>	<p>27. <b>PREVIOUS DRIVER'S LICENSE INFORMATION</b></p> <p>List all states/countries where you have been licensed:</p> <p>_____</p> <p>_____</p>
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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"/>	

<b>AGENCY VERIFICATION:</b>	<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
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 <u>committed</u> a felony or an offense which would be a felony if committed in this state?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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?  
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 <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	



Applicant Name: \_\_\_\_\_ Agency: \_\_\_\_\_

<b>AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION</b>		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.	
In-Person Review of AZPOST PH with Applicant to confirm information		
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		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. record checks 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 does not meet all requirements.		<b>Application Process Terminated</b>
<b>Reason for Disqualification:</b>		
<b>AGENCY CERTIFICATION:</b>		
<p>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.</p>		
NAME OF REVIEWER: _____		TITLE: _____
SIGNATURE OF REVIEWER: _____		DATE: _____



# Arizona Peace Officer Standards and Training Board

2643 East University Drive Phoenix, Arizona 85034-6914 Phone (602) 223-2514 Fax (602) 244-0477

## DISCIPLINARY RULES CHECKLIST

Arizona Revised Statutes §41-1823(B) states that, except for elected Sheriffs, "no person may exercise the authority or perform the duties of a peace officer unless he is certified by [AZ POST]."

POST may deny, suspend, revoke or cancel the certification of an officer who is not in compliance with the AZ POST rules. Arizona Revised Statutes §41-1822(C)(1).

**THE AZ POST RULE**, Arizona Administrative Code R13-4-109(A), provides that the Board may deny, suspend or revoke the certification of a peace officer for:

Initial:

- \_\_\_\_\_ 1. Failure to satisfy a minimum qualification for appointment as set forth in Section R13-4-105;
- \_\_\_\_\_ 2. Willfully providing false information in connection with obtaining or reactivating certified status;
- \_\_\_\_\_ 3. A physical or mental disability which substantially impairs the person's ability to perform the duties of a peace officer;
- \_\_\_\_\_ 4. A violation of a restriction or requirement for certified status imposed pursuant to Arizona Administrative Codes: R13-4-109.1, R13-4-107(J), or R13-4-118(A)(1), relating to medical or disciplinary restrictions;
- \_\_\_\_\_ 5. The unlawful use of narcotics or drugs;
- \_\_\_\_\_ 6. Unauthorized use of or being under the influence of spirituous liquor on duty;
- \_\_\_\_\_ 7. The commission of a felony, an offense which would be a felony if committed in this state, or an offense involving dishonesty, unlawful sexual conduct or physical violence;
- \_\_\_\_\_ 8. Malfeasance, misfeasance or nonfeasance in office;
- \_\_\_\_\_ 9. Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession;
- \_\_\_\_\_ **Mandatory Revocation** upon the conviction of a felony. (This includes conviction of open-ended, class 6 felony/class 1 misdemeanor offenses.)
- \_\_\_\_\_ **Cancellation** if the Board determines that the officer was not qualified when certified.
- \_\_\_\_\_ **Restriction** of duties if the Board determines the officer cannot safely perform the full range of duties of a peace officer, or has failed to complete the required ongoing training.





# Arizona Peace Officer Standards and Training Board

2643 East University Drive Phoenix, Arizona 85034-6914 Phone (602) 223-2514 Fax (602) 244-0477

## LAW ENFORCEMENT 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, 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, without favor, malice or ill will, and without 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.

## OTHER LEGISLATION

\_\_\_\_\_ Federal law prohibits a person from possessing a firearm if he/she has been convicted of a domestic violence offense, as defined by federal law.

\_\_\_\_\_ Arizona Revised Statute 25-518 provides that the court can order the indefinite suspension of all state licenses, including peace officer certification, for failure to pay child support.

\_\_\_\_\_ Arizona Revised Statute 13-3101 prohibits a person from possessing firearms if the person is on probation or release under any basis.

I certify that I have read the above information related to certification and decertification of peace officers, and that these laws have been explained to me. By signing below, I indicate that I am aware of each expectation and the consequence that comes with violating an expectation, including suspension or permanent revocation of my peace officer certification. **I also understand that the statutes and rules will change in the future and the new or different standards will apply to me whether AZ POST or my agency has notified me of the changes or not.** I acknowledge that it is my sole responsibility to stay current on the rules and laws that may affect my ability to be employed as a peace officer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency