



City of Prescott, AZ - ANNOUNCEMENT OF EMPLOYMENT

Police Lieutenant

\$73,778 - \$89,762 annually

*FLSA Status: Exempt – not eligible for overtime

The City of Prescott Police Department delivers quality Community Based Policing in active partnership with the citizens we serve. A Police Lieutenant is responsible for the protection of lives and property in the City. We are seeking a community oriented individual with the desire to be a professional, positive influence in the community. We serve a family-friendly city of approximately 40,000 residents, located adjacent to the Prescott National Forest. Our beautiful town square is in the heart of historic downtown and is the site of year-round community activities. We offer an excellent compensation package and encourage qualified women and minorities to apply. For questions regarding our selection process, working conditions, or any other aspect of the Prescott Police Department, contact Lt. Greg Nordyke at (928) 778-1444 or greg.nordyke@cityofprescott.net. For details about City of Prescott benefits, contact the City of Prescott Human Resource Department at (928) 777-1315 or personnel@cityofprescott.net.

Work Schedule: Lieutenants work a basic 5-day per week (Monday through Friday), nine hour day (one hour lunch) with weekends and holidays off. Lieutenants are subject to callouts at anytime and participate in an on call command rotation for one week at a time. Current Lieutenants have a rotating assignment of the following areas: regional communications, patrol, support services, investigations/traffic/community services. **Residence Requirement:** After hire, employees must reside within 30 minutes driving time (under normal conditions) to the Police Department at 222 South Marina St., Prescott, AZ.

Qualifications: Minimum of eight (8) years total law enforcement experience (fully certified/sworn law enforcement status), most recent to include four (4) years of law enforcement experience as a fully certified/sworn Sergeant or of higher rank with a State certified law enforcement agency. Candidate of choice must possess AzPOST certification as a Law Enforcement Officer or obtain within 120 days of hire (see www.azpost.state.az.us) and posses a valid Arizona driver's license (upon hire) with a clean driving record. Must be a high school graduate or equivalent; United States citizen. Must be able to pass a rigorous background investigation and other selection process events. Must successfully maintain certification as and be able to perform the essential function of an AZPOST Certified Full Authority Peace Officer.

Tasks: This FLSA exempt position directs the planning, delivery, and evaluation of departmental services and activities through subordinates; formulates and prescribes methods and procedures; helps to plan and develop the departmental budget and monitors departmental expenditures; prepares budgetary and other statistical reports for the Chief of Police/City Manager/City Council; coordinates law enforcement activities with the Chief of Police, other department heads and with public safety agencies from other communities, jurisdictions, State and Federal entities, and interaction with the public. Plans and assigns work and reviews and evaluates performance of subordinate law enforcement personnel and office support staff; promotes positive community relationships by attending public meetings, service and civic club functions and other public forums; speaks/educates the community on public safety, law enforcement and community service issues.

Knowledge, Skills, and Other Characteristics:

- Knowledge of the principles and practices of modern police administration and police methods and the use of police records and their application to police administration.
- Knowledge of departmental rules and regulations and applicable federal, state, and local laws and ordinances.
- Knowledge of proper, ethical, and legal police tactics and modern supervisory methods and techniques.
- Knowledge of the principles, practices and requirements associated with the collection, storage, and destruction of criminal records.
- Knowledge of the principles and practices of modern law enforcement, including the principles and practices of traffic control, patrol, criminal investigation, and crime prevention.
- Knowledge of budget preparation, monitoring and administration and skill in preparing, defending and administering budgets.
- Skill in planning, organizing and directing the work of employees performing varied operations connected with police activities and developing proper training and instructional procedures for those employees.
- Skill in understanding and interpreting complex laws, rules, regulations, policies, and guidelines.
- Skill in analyzing situations quickly and objectively to determine the proper course of action.
- Skill in utilizing police equipment, including vehicles, communication equipment, surveillance equipment, safety equipment, personal computers, and weaponry.
- Skill in conducting negotiations (peaceful and contentious) and confidence in utilizing public relations techniques in responding to inquiries and complaints.
- Skill in both oral and written communications for administrative and technical purposes in either a one on one or group situation.
- Skill in establishing and maintaining effective working relationships with City of Prescott employees, other law enforcement agencies, criminal justice staff, and the public.

Selection Process: Candidates, other than in-house, considered for employment must successfully complete a physical examination (including drug screening), psychological evaluation, polygraph interview, and a comprehensive background investigation. Additional interview(s) may be scheduled with the Chief of Police or his designee. In addition, testing will consist of oral interviews and selected other reviews. If you have questions, please call Jolaine Jackson at (928) 777-1216 or Lt. Greg Nordyke at (928) 778-1444.

City of Prescott Application, Resume, Prescott Police Department Background Questionnaire, AZ POST Statement of Personal History, and last three years performance evaluations must be received by 5:00 P.M. Friday, April 21, 2006.

The background questionnaire, AZ POST statement of personal history, past performance evaluations, the signed release form along with a copy of your departmental personnel file (including copies of all discipline and any/all internal investigations of misconduct against yourself), must be enclosed in a sealed envelope separate from the application and resume.

All applications materials submitted to: City of Prescott, Human Resources, 201 S. Cortez Street., Prescott, AZ 86303
(928) 777-1315 (800) 748-6205 TDD (928) 777-1100 Fax (928) 777-1213

Email: personnel@cityofprescott.net Visit our website at: www.cityofprescott.net or www.police.cityofprescott.net Job Hotline: (928) 777-1280
EEO/M/F/V/H/D/NSE Posted: March 29, 2006

Randy Oaks, Police Chief

Jolaine Jackson, Human Resources Manager

MAJOR BENEFITS FOR FULL-TIME REGULAR EMPLOYEES: Twelve days annual paid vacation; Ten paid holidays; Paid sick leave; Paid employee health and life insurance; Public Safety Personnel Retirement benefits; Deferred Compensation Plan; Retirement Health Savings Account (RHS); Social Security benefits; Annual 40 hour exempt leave; other optional benefits. NOTE: When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the selection process.

Position Applied For: _____

Date: _____



City of Prescott

Application for Employment

P.O. Box 2059 Prescott, AZ 86302 www.cityofprescott.net
Telephone (928) 777-1315 800-748-6205 FAX (928) 777-1213 TDD (928) 777-1100 Jobline (928) 777-1280

The City of Prescott is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, the City of Prescott is a drug free and non-smoking workplace.

Please type or print. This application must be legible, fully completed, signed and dated for consideration.

Name: _____
Last First Middle

Other Names Used: _____

Address: _____
City State Zip

Home Telephone # _____ Best Time to Call _____

Email Address _____ Social Security # _____

May we contact you at work? Yes No N/A

If yes: Work Telephone # _____ Best Time to Call _____

Have you ever been employed by the City of Prescott? Yes No

If yes, give dates: _____ to _____ as a _____ in the _____ Dept.

Are you legally eligible for employment in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of Employment Desired: Full-time Part-time Temporary Seasonal

Will you work overtime if required? Yes No Date available for work: _____

Do you have a valid driver's license? Yes No

License # _____ Class _____ State _____ Expiration Date _____

Have you ever had your driver's license suspended or revoked? Yes No
If yes, please explain. Include dates, places, and nature of offenses.

Have you ever been convicted, received deferred adjudication, or entered a guilty plea or nolo contendere for any felony or class 1 misdemeanor offense? Yes No

Note: a "yes" answer will not automatically disqualify you from employment with the City of Prescott.
If yes, please explain. Include dates, places, and nature of offenses.

Are you presently under indictment for any felony or class 1 misdemeanor offense? Yes No

If yes, please explain. Include dates, places, and nature of offenses. Do not include information for any charges that have been dismissed or are no longer pending.

Have you ever been dismissed from any job? Yes No
If yes, please explain.

Telephone: _____
Name: _____

(Home) (Last)

(Message) (First)

(Middle)

Position Applied For: _____

Educational Background:

Check highest grade completed High School: 8 9 10 11 12 GED College: 1 2 3 4
 Graduate Work: Yes No

College/University/Trade School	City/State	# Units	Degree Diploma	Major

If you are fluent in any languages other than English, please list. _____

Employment History:

List your complete employment history for the past **ten** years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided.

Current Employer		Dates Employed		Contact for employment verification:	
Employer Name:	From:			Telephone:	
Telephone:	To:				
Address:	Starting Salary		Final Salary		May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Summarize your job responsibilities			Reason for leaving:		
_____ _____ _____ _____ _____					

Previous Employer		Dates Employed		Contact for employment verification:	
Employer Name:	From:			Telephone:	
Telephone:	To:				
Address:	Starting Salary		Final Salary		May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Summarize your job responsibilities			Reason for leaving:		
_____ _____ _____ _____ _____					

Previous Employer		Dates Employed		Contact for employment verification:	
Employer Name:	From:			Telephone:	
Telephone:	To:				
Address:	Starting Salary		Final Salary		May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Summarize your job responsibilities			Reason for leaving:		
_____ _____ _____ _____ _____					

Professional/Work References:	
List name and telephone number of three professional/work references who are not related to you. Please include one previous supervisor.	
Name, Company, Address	Telephone

Special Skills and Qualifications:
 Typing _____ WPM List any PC applications you have used:

Job-Related Certificates	Date Acquired	Status: Current/Void

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any relative working for the City.

List any additional comments and/or information you would like us to consider:

Where did you hear about us? Check all that apply...

<input type="checkbox"/> Prescott Job Hotline	<input type="checkbox"/> Prescott Daily Courier	<input type="checkbox"/> Other
<input type="checkbox"/> Posting at City Hall	<input type="checkbox"/> The Employment Network	_____
<input type="checkbox"/> City's Website	<input type="checkbox"/> Friend/Relative in the Area	_____
<input type="checkbox"/> Chamber of Commerce Website	<input type="checkbox"/> City Employee	_____

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize the City of Prescott to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the Human Resources Department.	
Signature of Applicant	Date

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST
 IN WORKING FOR THE CITY OF PRESCOTT!**

EEO/M/F/V/H/D/NSE



City of Prescott Applicant Profile

To all Applicants:

The City of Prescott is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. Although completion of this profile is not mandatory, your assistance will be greatly appreciated and will help us to improve our recruitment practices and policies. The information that you provide on this profile is used for statistical purposes only in complying with record keeping requirements of the Federal Government to assure equal employment opportunity in the City's hiring practices. This profile will be filed separately from your application and will not be used in any way in the employment process.

Thank you.

Applicant's Name:

Last

First

Middle

Date: _____

Position Applied For: _____

Sex: Male Female

Age: Under 21 21-39 40-54 55-70

Race/Ethnic Group: Hispanic Black White
 Asian/Pacific Islander American Indian/Alaska Native

Check if Applicable: Veteran Disabled Veteran

Do you consider yourself or do others consider you to be handicapped or disabled?
 Yes No

PRESCOTT POLICE DEPARTMENT
AzPOST PEACE OFFICER CERTIFICATION STANDARDS

TO THE APPLICANT:

You must meet each of the conditions listed below to become an Arizona Certified Peace Officer. These areas will be explored in depth during extensive background investigation, polygraph and psychological examinations. By signing below, you indicate that you have read these requirements and recognize ***that if you do not meet these requirements, it will be extremely difficult for you to become certified as a peace officer and we will be unable to offer you a position as a police officer.***

By signing below, I affirm that:

I am a United States Citizen.

I am at least twenty-one years of age, or will be prior to completion of approved certification training.

I am a high school graduate or equivalent.

I have **never** been convicted of any felony or any offense which would be a felony if committed in Arizona.

I have **never** been dishonorably discharged from any branch of the Armed Forces of the United States.

I have **never** had peace officer certification denied, revoked or suspended.

I have **never** illegally sold, produced, cultivated or transported marijuana for sale.

I have not illegally used marijuana for ANY purpose within the past **three** years.

I have not illegally used marijuana other than for experimentation.

I have **never** illegally used marijuana while employed or appointed as a peace officer.

I have **never** illegally sold, produced, cultivated or transported for sale, any dangerous drugs or narcotics.

I have not illegally used dangerous drugs or narcotics for ANY purpose within the past **seven** years.

I have not illegally used dangerous drugs or narcotics other than for experimentation.

I have **never** illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.

I do not have a pattern of abuse of prescription medication.

I have not, during the past **three** years, been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such frequency as to indicate a disrespect for traffic laws or a disregard for the safety of other persons on the highway.

I have not been negligent in maintaining financial responsibility.

Confirm that you have *Read, Understand, and Meet* the described criteria by signing below.

APPLICANT *PRINT* FULL NAME

DATE

APPLICANT Signature

**SIGN & RETURN THIS FORM
WITH YOUR APPLICATION**



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 §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, 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) _____ . 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.

Signature of Applicant:

Date:

Sworn and Subscribed To Before Me This _____ **Day of** _____ ,

By:

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. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. 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 <input checked="" type="radio"/> NO <input checked="" type="radio"/> PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. Do you have (Check One) <input checked="" type="radio"/> G.E.D. Certificate <input checked="" type="radio"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> 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 checked="" type="radio"/> NO <input checked="" type="radio"/> _____		Were you ever arrested, cited or apprehended by military police? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES explain on the Continuation Sheet.	
If NO list type of discharge/separation and explain on the Continuation Sheet.		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES list current assignment:			
Did you ever receive a court martial or NOon-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If YES explain on the Continuation Sheet.			
AGENCY VERIFICATION:		INITIALS:	DATE:
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.

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: _____
 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 USE OF DRUGS/CONTROLLED SUBSTANCES:												
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: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> a. How the drug was ingested or consumed, b. The duration of usage, c. The motivation for use, </td> <td style="width: 50%; vertical-align: top;"> d. How the drug was obtained, e. Why you stopped using the drug, f. Any other factors you believe are relevant. </td> </tr> </table>							a. How the drug was ingested or consumed, 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.				
a. How the drug was ingested or consumed, 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.											
32. CRIMINAL CONDUCT: <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"> a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet. </td> <td style="width: 10%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> <tr> <td> b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? </td> <td style="text-align: center;">YES <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> </table>							a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	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"/>
a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	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"/>										
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? If YES provide a full explanation on the Continuation Sheet. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>								YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
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, character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>								YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
AGENCY VERIFICATION:		INITIALS:	DATE:		INITIALS:							
Applicant Meets Drug Standards/Does Not Meet Standards Yes No			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 states?				YES G	NO G
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 G	NO G
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 G	NO G
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 G	NO G
36. Have you applied with any other law enforcement agencies in the past three years?				YES G	NO G
If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?			
		YES G	NO G		
		YES G	NO G		
		YES G	NO G		
		YES G	NO G		
		YES G	NO G		
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			

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
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.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications. Application Process Terminated		
Reason for Disqualification:		
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 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. Fingerprint check 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 meets all requirements and may be employed.		
Applicant does not meet all requirements. Application Process Terminated		
Reason for Disqualification:		
AGENCY CERTIFICATION:		
<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>		
<p>NAME OF REVIEWER: _____ TITLE: _____</p> <p style="text-align: center;">(Printed)</p>		
<p>SIGNATURE OF REVIEWER: _____ DATE: _____</p>		

PRESCOTT POLICE DEPARTMENT POLICE LIEUTENANT CANDIDATE

OFFICIAL USE ONLY

BACKGROUND QUESTIONNAIRE

READ VERY CAREFULLY

Your responses on these questionnaires are the basis of a thorough background investigation. Questions relating to age, height, weight and physical characteristics Social Security number, etc. are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatement of fact, or omission of material information requested in this questionnaire, may disqualify you from any employment with Prescott Police Department. INCOMPLETE or BLANK responses may be viewed as omission of information.

You will be administered a polygraph (or equivalent) examination to determine the truth and completeness of all information you have provided.

INSTRUCTIONS

- A. Carefully **TYPE** or **PRINT** all answers with ink ~ Legibility is essential.
- B. **Answer every question completely and truthfully**
- C. Leave **NO** item blank. If information requested does not apply, print "**DNA**" in the space. If you cannot remember, or do not know, the requested information, print "*I can't remember*" or "*I don't know*" in the space.
- D. If you need additional space, add continuation pages and ***number*** your responses to correspond to the number of the question/item. Attach continuation page(s) following the applicable page.
- E. *Carefully and completely* read page 2 of the questionnaire. It is unlikely that you will be able to become a peace officer in Arizona unless you meet all the listed criteria.
- F. Have your signature on page 2 notarized. Representatives of Prescott Police Department will **NOT** be able to notarize your signature.
- G. Sign all other appropriate locations within the questionnaire.
- H. Have this questionnaire completed, notarized and ready to submit following your interview.
- I. If you have any questions, contact the Prescott Police Lt. Greg Nordyke at (928) 778-1444.

After reading these instructions, sign here: _____

PRESCOTT POLICE DEPARTMENT

POLICE LIEUTENANT CANDIDATE

OFFICIAL USE ONLY

TO THE APPLICANT

This Background Questionnaire will be used for reference by those who conduct an extensive background investigation into your personal history. Note that we are NOT looking for perfect people. Perfect people do not exist. We can hire people with some history of error. HOWEVER, deception in the background questionnaire, interviews or other parts of the selection process will most certainly jeopardize your opportunity for employment with the City of Prescott. You will be required to take a polygraph (or equivalent) examination to confirm the information provided by you in this questionnaire and elsewhere, and to determine other items of background information.

By signing below, you verify that you have read and understand that you will *not receive* and are *not entitled* to a copy of, nor knowledge of, any background information or reports and, further, you understand that this information is confidential and will be used only in the background investigation by the Prescott Police Department. Additionally, you acknowledge that no documents you submit will be returned to you and no copies of any other reports or documents utilized for, or during, your application or selection will be furnished or given to you. Unless you are not selected for employment based on a **single test**, **YOU WILL NOT BE ADVISED OF ANY REASON FOR NONSELECTION**.

Where written explanations are required in this questionnaire, it is MANDATORY that the information be listed **TOTALLY** and **COMPLETELY**. Fill in all portions of the form leaving nothing blank.

You must meet all of the criteria listed below to become an AzPOST Certified Peace Officer. These areas will be explored in depth during extensive background investigation, polygraph (or equivalent) and psychological examinations.

With my signature, I affirm that...

I am a citizen of the United States of America.

I am at least twenty-one years of age, or will be prior to completion of approved certification training.

I am a high school graduate or the equivalent.

I have **never** been convicted of any felony or any offense which would be a felony if committed in Arizona.

I have **never** been dishonorably discharged from any branch of the Armed Forces of the United States or of any other country.

I have **never** had peace officer certification denied, revoked or suspended.

I have **never** illegally sold, produced, cultivated or transported marijuana for sale.

I have not illegally used marijuana for ANY purpose within the past **three** years.

I have not illegally used marijuana other than for experimentation.

I have **never** illegally used marijuana while employed or appointed as a peace officer.

I have **never** illegally sold, produced, cultivated or transported for sale, any dangerous drugs or narcotics.

I have not illegally used dangerous drugs or narcotics for ANY purpose within the past **seven** years.

I have not illegally used dangerous drugs or narcotics other than for experimentation.

I have **never** illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.

I do not have a pattern of abuse of prescription medication.

I have not, during the past three years, been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such frequency as to indicate a disrespect for traffic laws or a disregard for the safety of other persons on the highway.

I have not been negligent in maintaining financial responsibility.

I have never been convicted of any charge of domestic violence.

With your signature below, you confirm that you have *Read, Understand, and Agree* to the aforementioned conditions, and that you meet the listed criteria for AzPOST Peace Officer Certification.

Sworn and subscribed before me this

APPLICANT *PRINT* FULL NAME

_____ day of _____, 200__.

APPLICANT *Signature*

NOTARY PUBLIC

PERSONAL DATA

1	Last Name		First Name		Middle Name
2	Height (Feet & Inches)	Weight (Pounds)	Eye Color	Hair Color	Gender: Male Female
	Date of Birth	City, State of Birth		SSN	Ethnic Origin or Nationality
3	PROVIDE ALL RESIDENCE ADDRESSES FOR THE PAST 5 YEARS. BEGIN W/ YOUR CURRENT ADDRESS, WORK BACK IN TIME.				
	CURRENT PHYSICAL / STREET Address		City	County	State Zip
	From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:		
	If you owned this residence, "X" this box:	COMPLETE MAILING Address for Landlord:			
	PREVIOUS PHYSICAL / STREET Address		City		State Zip
	From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:		
	If you owned this residence, "X" this box:	COMPLETE MAILING Address for Landlord:			
	PREVIOUS PHYSICAL / STREET Address		City		State Zip
	From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:		
	If you owned this residence, "X" this box:	COMPLETE MAILING Address for Landlord:			
	PREVIOUS PHYSICAL / STREET Address		City		State Zip
	From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:		
	If you owned this residence, "X" this box:	COMPLETE MAILING Address for Landlord:			
	PREVIOUS PHYSICAL / STREET Address		City		State Zip
	From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:		
	If you owned this residence, "X" this box:	COMPLETE MAILING Address for Landlord:			
	PREVIOUS PHYSICAL / STREET Address		City		State Zip
	From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:		
	If you owned this residence, "X" this box:	COMPLETE MAILING Address for Landlord:			

4

LIST AT LEAST 5 PERSONS *NOT* RELATED TO YOU & *NOT* FORMER EMPLOYER or SUPERVISOR, WHO HAVE KNOWN YOU FOR AT LEAST THE PAST 3 YEARS.

Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone

**5 LIST ALL ADULT (18 years of age or older) IMMEDIATE RELATIVES (parents, grandparents, step-parents, sisters, brothers, step-sisters, step-brothers, spouse, ex-spouse, children, stepchildren, foster children, in-laws, etc.)
If deceased, provide name, relationship and write "Deceased" in Occupation block.**

Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
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Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			

LIST ALL ADULT CLOSE RELATIVES Continuation

Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
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Evening Telephone #			
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Evening Telephone #			
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Mailing Address		City	State & Zip
Evening Telephone #			
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Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address		City	State & Zip
Evening Telephone #			

MILITARY REFERENCES – If you have **NO** military experience mark the box then go on to the EDUCATION Section.



6	List past commanding officers or military acquaintances who are potential sources of relevant information pertaining to your character and military service / background. Please list all individuals who know you well enough to provide accurate information about you.				
	Name	Mailing Address	Telephone #	Known From/To	
7	Were you ever court martialled? If yes, add a page to describe details completely			No	Yes
8	Have you ever received any Article 15 or Captain's Mast? If yes, add a page to describe details completely.			No	Yes
9	Have you ever lost pay or rating/rank as a punishment? If yes, add a page to describe details completely.			No	Yes

EDUCATION HISTORY

10	LIST ALL SCHOOLS ATTENDED AND ALL EDUCATION ATTEMPTED OR COMPLETED					
	School Name		Mailing Address	City	State	ZIP
		ELEM				
		ELEM				
11	Where did you earn your high school diploma or G.E.D.? Circle one: Diploma G.E.D. list school where earned :					
	School Name	Mailing Address	City	State	ZIP	
12	Post high school education List school & complete mailing address	FROM Mo/Yr	TO Mo/Yr	Major / Minor	Units OR Degree	G.P.A.
13	If you have ever been SUSPENDED or EXPELLED from a school or were ever DENIED ADMISSION to a school, add a page to explain the circumstances, INCLUDING names of schools, dates and results					

CRIMINAL HISTORY

14	Have you ever been placed on court probation as an adult? If yes, add a page to explain the charge, court, location, date, disposition, and all other relevant information.	No	Yes
15	Have you ever been required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If yes, add a page to explain complete details regarding the act, court, place, date, disposition, etc.	No	Yes
16	Were you ever reported as a runaway juvenile or a missing person? If yes, add a page to provide the date, police agency involved, place, circumstances and disposition of the incident	No	Yes
17	Has any member of your immediate family ever been arrested, convicted or imprisoned for any felony? If yes, add a page to provide the name, relationship, charge, police agency involved, disposition, etc.	No	Yes

PHYSICAL HISTORY

18	Have you ever used marijuana while employed or appointed as a peace officer or while taking police science courses? If yes, add a page to explain details of each incident	No	Yes
19	Have you ever consumed alcohol on the job? If yes, add a page to explain details of each incident.	No	Yes
20	List all instances when you were fingerprinted.		
	Name Of Agency	Date	Purpose

EMPLOYMENT HISTORY

21

COMPLETE EMPLOYMENT HISTORY. Start with present position and work backwards.
Use a block to explain EACH period of unemployment.
Do NOT include part-time jobs you held prior to the age of 18.

A	Name Of CURRENT Employer				Phone Number		
	Complete Mailing Address			City	State	Zip	
	Your Title Or Duties						
	Average # Of Hours Worked Each Week		Circle All That Apply	Full time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number	
	Names Of Co-Workers					Phone Number	
	Reason For Leaving						

B	Name Of Employer				Phone Number		
	Complete Mailing Address			City	State	Zip	
	Your Title Or Duties						
	Average # Of Hours Worked Each Week		Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number	
	Names Of Co-Workers					Phone Number	
	Reason For Leaving						

C	Name Of Employer				Phone Number		
	Complete Mailing Address			City	State	Zip	
	Your Title Or Duties						
	Average # Of Hours Worked Each Week		Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number	
	Names Of Co-Workers					Phone Number	
	Reason For Leaving						

D	Name Of Employer				Phone Number		
	Complete Mailing Address			City	State	Zip	
	Your Title Or Duties						
	Average # Of Hours Worked Each Week		Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number	
	Names Of Co-Workers					Phone Number	
	Reason For Leaving						

EMPLOYMENT HISTORY Continuation

E	Name Of Employer				Phone Number			
	Complete Mailing Address				City	State Zip		
	Your Title Or Duties							
	Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number		
	Names Of Co-Workers					Phone Number		
	Reason For Leaving							

F	Name Of Employer				Phone Number			
	Complete Mailing Address				City	State Zip		
	Your Title Or Duties							
	Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number		
	Names Of Co-Workers					Phone Number		
	Reason For Leaving							

G	Name Of Employer				Phone Number			
	Complete Mailing Address				City	State Zip		
	Your Title Or Duties							
	Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number		
	Names Of Co-Workers					Phone Number		
	Reason For Leaving							

H	Name Of Employer				Phone Number			
	Complete Mailing Address				City	State Zip		
	Your Title Or Duties							
	Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer	Monthly Salary
	Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor		Phone Number		
	Names Of Co-Workers					Phone Number		
	Reason For Leaving							

EMPLOYMENT HISTORY Continuation

I		Name Of Employer			Phone Number	
Complete Mailing Address			City	State	Zip	
Your Title Or Duties						
Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer
Monthly Salary						
Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor			Phone Number
Names Of Co-Workers					Phone Number	
Reason For Leaving						

J		Name Of Employer			Phone Number	
Complete Mailing Address			City	State	Zip	
Your Title Or Duties						
Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer
Monthly Salary						
Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor			Phone Number
Names Of Co-Workers					Phone Number	
Reason For Leaving						

K		Name Of Employer			Phone Number	
Complete Mailing Address			City	State	Zip	
Your Title Or Duties						
Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer
Monthly Salary						
Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor			Phone Number
Names Of Co-Workers					Phone Number	
Reason For Leaving						

L		Name Of Employer			Phone Number	
Complete Mailing Address			City	State	Zip	
Your Title Or Duties						
Average # Of Hours Worked Each Week		Circle All That Apply		Full Time	Part Time	Volunteer
Monthly Salary						
Employed	From Mo/Yr.	To Mo/Yr.	Name Of Supervisor			Phone Number
Names Of Co-Workers					Phone Number	
Reason For Leaving						

22	Why do you wish to leave your present employer?																	
23	Would any problem result if we contact your present employer during the course of our background investigation? If yes, explain.	No	Yes															
24	Have you ever been discharged or asked to resign from any employment? If yes, add page(s) and provide complete details of each event, dates and name of employer.	No	Yes															
25	List all instances where you have been a successful or unsuccessful candidate for any position requiring peace officer powers.																	
	<table border="1"> <thead> <tr> <th>Name Of Agency</th> <th>Date</th> <th>Application Status</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name Of Agency	Date	Application Status														
Name Of Agency	Date	Application Status																
26	Have you ever been barred from taking a civil service (or similar) examination? If yes, please explain in detail.	No	Yes															
27	Have you ever held a position which required supervisory or executive ability, the exercise of authority, OR ability to lead or control subordinates? if yes, add page(s) needed to explain each in detail.	No	Yes															
28	Have you ever resigned from a job to avoid termination? If yes, add pages needed to explain each event.	No	Yes															
29	DESCRIBE ALL DISCIPLINARY ACTIONS TAKEN AGAINST YOU BY AN EMPLOYER.																	
	<table border="1"> <thead> <tr> <th>Name Of Employer</th> <th>Date</th> <th>Incident And Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name Of Employer	Date	Incident And Outcome														
Name Of Employer	Date	Incident And Outcome																

FINANCIAL HISTORY

30	Have you ever been sued in court for any financial matter? If yes, add pages and explain in detail.	No	Yes
31	Have you ever filed for or declared bankruptcy? If yes, add pages and explain in detail.	No	Yes
32	Have you ever had any bills turned over for collection? If yes, add pages and explain in detail.	No	Yes
33	Are you now behind on any debt 30 days or more? If yes, add pages and explain in detail.	No	Yes
34	Are you now behind on any child support payment? If yes, add pages and explain in detail.	No	Yes
35	Have you ever had property repossessed? If yes, add pages and explain in detail.	No	Yes
36	Have your wages ever been garnisheed, seized or impounded? If yes, add pages and explain in detail.	No	Yes
37	Have you ever been delinquent in payment of income or other taxes? If yes, add pages and explain in detail.	No	Yes
38	Have you ever failed to file on your income tax? If yes, add pages and explain in detail.	No	Yes

DRIVING HISTORY

39	Have you ever been refused a driver's license by any state? Circle your answer. If yes, add pages & explain in detail.				No	Yes	
40	AZ requires that owners of motor vehicle be covered by automobile liability insurance or bond or deposit of \$40,000 with the Department Of Motor Vehicles. Therefore, PLEASE LIST THE CURRENT LIABILITY INSURANCE YOU HAVE FOR YOUR VEHICLES						
	Insurance Company	Mailing Address	Policy Number	Expiration Date			
41	Have you ever had vehicle insurance canceled, revoked or refused? Circle your answer. If yes, and pages and provide complete details.				No	Yes	
42	List every traffic accident during the past ten (10) years in which you were a driver.						
	Date	Location (City & Intersection)	How Many Injured?	Name of Police Dept. that Investigated	What violations were you cited for?		
43	Have you ever left the scene of an accident in which you were a driver without reporting the accident? If yes, add pages necessary to provide complete details about each incident.				No	Yes	
44	Have you ever been a driver in an accident in which anyone died? If yes, add pages necessary to provide complete details about the incident.				No	Yes	
45	Have you ever been sued as a result of an accident? If yes, add pages necessary to provide complete details about the incident.				No	Yes	

GENERAL INFORMATION

46	If you become a member of the Prescott Police Department, do you agree to take a polygraph examination (or equivalent) when requested to do so by the Chief of Police or his/her designee in regard to any matter?	No	Yes
47	Do you agree to assist the Prescott Police Department in the investigation of complaints or incidents?	No	Yes
48	Do you agree to take a test to determine the alcohol content of your blood upon the request of a supervisor?	No	Yes
49	Do you agree to take other tests (i.e. Drug screening, psychological, medical) upon the request of a supervisor?	No	Yes
50	Have you falsified, omitted or minimized any information in this background questionnaire??	No	Yes
51	With your signature below, you indicate that you have read and understand this statement I am aware that any misstatement of material fact or omission of material information requested in this questionnaire may disqualify me from employment by the Prescott Police Department.		
	_____	APPLICANT'S Signature	DATE

PRESCOTT POLICE DEPARTMENT

OFFICIAL USE ONLY

TO WHOM IT MAY CONCERN I am an applicant for a position with the Prescott Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Prescott Police Department.

I hereby authorize any representative of the Prescott Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Prescott Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Prescott Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph (or equivalent) examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of any duly accredited representative of the Prescott Police Department, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Prescott Police Department's acceptance and processing of my application for employment, I agree to hold your organization or company, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Prescott Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Prescott Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

APPLICANT ~ READ CAREFULLY IN TOTAL BEFORE SIGNING BELOW.

PRINT FULL NAME	
SIGNATURE	DATE
CURRENT ADDRESS	
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER



PRESCOTT POLICE DEPARTMENT
EMPLOYEE SELECTION PROCESS
**NOTICE to PROSPECTIVE EMPLOYEES
WHO ARE TO BE FINGERPRINTED**

I hereby acknowledge that the City of Prescott will fingerprint me as a part of the application process for the position listed below, and that my fingerprints will be used to check the criminal history records of the Arizona Department of Public Safety Criminal Records Section and the FBI. Identification records obtained from the ADPS and the FBI may be used solely for the purpose requested and may not be disseminated outside of City of Prescott Departments. If the information on the record is used to disqualify me from employment with the City of Prescott, the Prescott Police Department shall provide me with the opportunity to complete, or challenge the accuracy of, the information contained in the ADPS and/or FBI identification records. The City of Prescott shall not deny my employment based upon the information in the record until I have been afforded a reasonable time to correct or complete the information, or unless I have declined to do so. I will be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If I wish to correct the record as it appears in the Arizona DPS Criminal Records Section or the FBI's Identification Division Records System, the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

Position Applied for

PRINTED Name of Applicant

Social Security Number

Signature of Applicant

Date

PRINTED Name of Witness

Signature of Witness

Date

PRESCOTT POLICE DEPARTMENT

OFFICIAL USE ONLY

CREDIT INFORMATION DISCLOSURE

TO WHOM IT MAY CONCERN I am an applicant for a position with the Prescott Police Department. The department needs to thoroughly investigate my credit history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my credit history be disclosed to the Prescott Police Department.

I hereby authorize any representative of the Prescott Police Department to obtain any information in your files pertaining to my credit history and I hereby direct you to release such information upon request. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Prescott Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my credit history, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Prescott Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of any duly accredited representative of the Prescott Police Department, regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Prescott Police Department's acceptance and processing of my application for employment, I agree to hold your organization or company, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Prescott Police Department.

I understand my rights under The Federal Fair Credit Reporting Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Prescott Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

APPLICANT ~ READ CAREFULLY IN TOTAL BEFORE SIGNING BELOW.

PRINT FULL NAME	
SIGNATURE	DATE
CURRENT ADDRESS	
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

Disclosure of Intention to Obtain a Consumer Report for Employment Purposes

In accordance with The Fair Credit Reporting Act, section 604(b)(2)(A), the City of Prescott Police Department, may obtain a consumer report on all individuals who apply for new employment, or current employees for retention or promotion.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights-

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs ~ to which it has provided the data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051