POLICE OFFICER RECRUIT AND LATERAL

Important: In order to test, you must complete the steps below and bring the completed information on the day of testing.

Essential Steps and Sequence

STEP 1 – AZPOST Peace Officer Certification Standards Form

- Please sign and bring the **AZPOST Peace Officer Certification Standards** statement with you on the day of testing.

STEP 2 – Waiver of Liability Form

- Make an appointment with a physician. The appointment is at YOUR EXPENSE.
- The physician must review the **Physical Fitness Testing Standard Applicants for Police Officer** form and sign the **Prescott Police Department Waiver of Liability** form.
    - The description is provided for the physician to evaluate your risk in participating in the fitness testing. What IS necessary is for a physician to affirm that you are physically capable of participating in the described events without risk to yourself.
    - We do NOT need the physician or physician's staff to conduct the physical fitness test events described in the materials.

Bring the form with you, signed by a physician, on test day. You will sign the waiver on test day at the Prescott Police Department in the presence of a staff member. **You will not be permitted to participate in our physical fitness testing without a waiver signed by a physician.**

On the date of testing with Prescott Police Department, arrive in your work-out clothes and be prepared to take the Physical Testing Assessment. If you are successful in the physical test you will then take the written exam. You must bring an appropriate change of clothing with you if selected for the verbal response board interview process.

STEP 3 - AZPOST Statement of Personal History and Application for Certification Questionnaire

Complete the AZPOST Statement of Personal History and Application for Certification questionnaire. Your signature **MUST** be notarized on page 2. You **MUST** bring this completed form with you on the day of testing. Filling out and submitting the AZPOST Statement of Personal History and Application for Certification does not automatically guarantee you a position as a Police Officer. The completed form will be used for the purpose of conducting a background investigation in the event you are among those selected to become a Police Officer when an opening becomes available.

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 (remain) 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 have successfully completed a General Education Development (G.E.D.) examination.
- 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 and use of marijuana does not exceed twenty times total, and does not exceed five times since reaching 21 years of age.
- 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 and use of dangerous drug or narcotic does not exceed five times total, and does not exceed one time since reaching 21 years of age.
- 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, DATE, AND RETURN THIS FORM AT YOUR SCHEDULED TEST

PRESCOTT POLICE DEPARTMENT

PHYSICAL FITNESS TESTING STANDARD APPLICANTS for POLICE OFFICER

All applicants need to be aware that Prescott Police Department will test all applicants for Police Officer using the Cooper Testing Protocol. The minimum passing score for EACH EVENT in this test is the 40th percentile. If you fail to pass ANY event with a score of AT LEAST the 40th percentile, you fail the entire testing. At any point the participant fails, he/she will not be permitted to continue in the physical fitness testing OR the selection process.

Applicants should also be aware that the Northern Arizona Regional Training Academy (NARTA) has an academy *exit* level on the Cooper Testing Protocol of the 60th percentile. Those unable to reach this level during the academy are in jeopardy of failing to achieve AZ POST peace officer certification.

Further, officers of the Prescott Police Department are evaluated twice a year (using the same Cooper Protocol) and are expected to maintain physical fitness sufficient to consistently succeed at least the 40th percentile.

Prescott Police Department and NARTA are at approximately one mile altitude.

Prescott Police Department uses a current undifferentiated (one performance standard for all candidates regardless of age or gender) chart provided by the Cooper Institute. An extract from that chart is provided:

%ile	**Flexibility** (Sit & Reach)	**Pushups** One Minute	**Sit-ups** One Minute	**Run** 1.5 Mile
99	26 3/4	70	58	10:00
90	22 3/4	53	46	12:15
80	20 7/8	45	40	13:12
70	19 3/4	40	37	13:48
60	18 3/4	36	34	14:23
50	17 7/8	32	32	14:59
40	16 7/8	27	29	15:24

APPLICANT: Give this to the physician you are asking to sign your Waiver of Liability form.

PHYSICIAN NOTE: We are **not** asking you or your staff to conduct these tests. We are **not** asking you to do a complete physical examination of the applicant. The applicant needs you to determine *if the applicant can safely participate in the described events in Prescott, Arizona, at an altitude of about one mile*. If yes, please complete and sign the physician's statement at the top of the attached Waiver of Liability form.

Sit-ups (Muscular Endurance) Test

The person testing starts by lying on their back, knees bent, heels flat on the floor and hands interlocked behind the neck or grasping their shoulders. A partner holds the participant's feet down in a manner indicated by the participant. The participant must touch elbows to knees and then return to a fully reclined position (shoulder blades must touch the mat) before starting the next sit-up. The participant performs as many correct sit-ups as possible in one minute. Partner will count only sit-ups that are correctly and fully completed.

Push-ups (Muscular Endurance) Test

Participant's partner places a closed fist on the floor below the participant's chest. Participant must keep back straight at all times, hands shoulder width apart and feet together resting on their toes. From the up position, the participant will lower their trunk toward the floor until their chest touches their partner's fist, then return to the up position. In the up position, the participant's arms must reach a fully straight, extended position each on each return. The participant performs as many correct push-ups as possible in one minute. Any resting must be done in the UP position. Partner will count only push-ups that are fully and correctly completed.

Flexibility Test

Shoes must be removed. The participant is allowed three attempts with only the best effort scored. The participant sits in an upright position with the heels of both feet placed flat against a twelve-inch high block. Knees may NOT be bent. Hands are placed one on top of the other. The participant leans forward, reaching as far as possible past the toes. Keeping the hands one on top of the other and using the finger tips, the participant pushes a wooden block as far as possible along the measuring device. The movement is made in an even, smooth motion. The measurement begins with 15 inches at the feet of the participant.

Run/Walk (Aerobic Power) Test

On a relatively flat, pre-measured course, the participants will run/walk 1.5 miles. During the test, walking or stopping will seriously jeopardize a passing score. The participant will be timed with a stop-watch to the nearest second. The total time is recorded.

PRESCOTT POLICE DEPARTMENT

WAIVER of LIABILITY

I, the undersigned, am a licensed physician and find the applicant _____ on this date, to be in fit enough physical condition to perform a series of strenuous exercises without fear of injury to him/herself.

Signature of Physician

Date

Print Physician Name

Physician's Telephone Number

Physician's Business Address

I, _____, understand that I am taking part in a potentially stressful physical fitness test to be considered for a position as police officer with the Prescott Police Department.

By signing this "Waiver of Liability," I release the City of Prescott, Prescott Police Department, and all instructors, training personnel, employees and agents, both personally and as agents and employees, conducting these tests, from any and all liability whatsoever.

Furthermore, in the event that I am disabled and/or unable to determine my destiny, I do not want anyone on my behalf to enter into any litigation in order to recover damages for me or my dependents.

READ CAREFULLY BEFORE SIGNING

Signature of Candidate (sign on test day in front of witness)

Date

Candidate Print Name

Social Security Number

Signature of Witness (at Prescott Police Dept.)

Witness Print Name

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) _____. This release is in addition to, and not
(print agency name)
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. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES**. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle):

2. **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 ☐ NO ☐ Please attach a copy of Birth Certificate or other verification of citizenship.

15. **Do you have** (Check One) ☐ G.E.D. Certificate ☐ High School Diploma
Please attach a copy of one of the above.

16. **When and where did you receive it?**

17. **MILITARY SERVICE:** YES ☐ NO ☐ If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: _____

Honorable Discharge: YES ☐ NO ☐ _____

If NO list type of discharge/separation and explain on the Continuation Sheet.

Date Entered:

Date Separated:

Were you ever arrested, cited or apprehended by military police?
YES ☐ NO ☐ If YES, explain on the Continuation Sheet.

Are you currently a member of a U.S. Reserve or National Guard Unit?
YES ☐ NO ☐ 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 ☐ NO ☐ 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 ☐ NO ☐
If YES explain on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
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: _____

Current Drivers 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 ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	

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/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 ☐ NO ☐	YES ☐ NO ☐				
COCAINE/CRACK	YES ☐ NO ☐	YES ☐ NO ☐				
METHAMPHETAMINE/SPEED	YES ☐ NO ☐	YES ☐ NO ☐				
HEROIN	YES ☐ NO ☐	YES ☐ NO ☐				
OPIUM	YES ☐ NO ☐	YES ☐ NO ☐				
MORPHINE	YES ☐ NO ☐	YES ☐ NO ☐				
LSD/ACID	YES ☐ NO ☐	YES ☐ NO ☐				
PEYOTE	YES ☐ NO ☐	YES ☐ NO ☐				
MESCALINE	YES ☐ NO ☐	YES ☐ NO ☐				
HASHISH	YES ☐ NO ☐	YES ☐ NO ☐				
STEROIDS	YES ☐ NO ☐	YES ☐ NO ☐				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES ☐ NO ☐	YES ☐ NO ☐				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES ☐ NO ☐	YES ☐ NO ☐				

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,
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:**

a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES ☐ NO ☐
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES ☐ NO ☐

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 ☐ 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 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 condu ct as a peace o fficer. If Y ES provide a full ex planation 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 ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐

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	

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question Number	Explanation, Clarification, etc.

Applicant Name: _____ Agency: _____

AGENCY VERIFICATON OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION		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.	**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.		
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.	**Application Process Terminated**	
Reason for Disqualification:		

AGENCY CERTIFICATION:

I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.

NAME OF REVIEWER: _____ TITLE: _____

SIGNATURE OF REVIEWER: _____ DATE: _____