

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

VIPS

VOLUNTEERS IN POLICE SERVICE

CITY OF PRESCOTT POLICE DEPARTMENT

The Prescott Police Department is always looking for qualified citizens to become involved in exciting volunteer jobs. Volunteers play an important part of our organization and our community. Not only do they save taxpayers' money, but also volunteering benefits them personally in the following ways:

- 1. Job references**
- 2. Learn new job skills**
- 3. Maintain present job skills**
- 4. Experience camaraderie**
- 5. Change of pace from regular job**
- 6. Networking**
- 7. Learn first-hand about their Police Department**

AVAILABLE JOB OPPORTUNITIES

**Citizen Patrol
Records Clerk
Investigations
Cold Case Detectives
Dispatch
Training**

Selection Process

Becoming a volunteer with the Prescott Police Department is a step-by-step process. Some positions may require a written test, oral board and other interviews. All positions will require the taking & passing of a truth verification test as a condition of acceptance. All applicants must successfully complete a background investigation, an interview with a Police Background Investigator and fingerprinting. Interested applicants need to fill out this questionnaire in full and return it to the police department. If the applicant should have any questions you may call Kathleen Ostrander at 777-1988.

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

Please print:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

AZ DRIVER'S LICENSE NUMBER _____

IS THIS LICENSE NUMBER CURRENTLY VALID? YES NO

DO YOU HAVE TRANSPORTATION? YES NO

Home phone number: _____ Work phone number: _____

Cell phone number: _____ E-Mail address: _____

Please list any other names that you have used in the past:

List any skills, training, hobbies, or interests that may be useful to the Prescott
Police Department: _____

Educational Background: High School Diploma / GED YES NO
College YES NO Degree: _____

Have you OR do you volunteer anywhere else? YES NO

If YES where and what are your duties/responsibilities? _____

Emergency contact name: _____

Relationship: _____ Phone number(s) _____

Do you have medical insurance: YES NO

If YES provider name and policy #: _____

1. Have you ever illegally sold illegal drugs? _____

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

Explain: _____

2. Have you ever used or tried an illegal narcotic drug that was not prescribed by a doctor? _____ How many times? _____

Explain: _____

3. Have you ever used or tried dangerous drugs that were not prescribed by a doctor? _____ How many times? _____

Explain: _____

4. Have you ever tried or used methamphetamines? _____

5. How many times? _____

6. When was the last time you used any of the above? _____

7. Have you ever used or tried marijuana? _____

Explain: _____

8. How many times? _____

9. When was the last time? _____

10. Have you ever stolen anything from a workplace where you worked or volunteered? _____ If yes, what did you take and when? _____

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

11. Have you ever been fired or asked to resign from a job or volunteer position?

Explain: _____

12. Have you ever committed a crime? _____

Explain: _____

13. Have you ever been arrested? _____

If yes, explain: _____

14. Have you ever been convicted of a crime? _____

If yes, explain: _____

15. Have you ever been involved or associated with any organization that advocates violence, terrorism or anti-government? _____

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

If yes, name the group _____

16. When were you last associated with them and where? _____

17. During the last five years have you driven a motor vehicle while under the influence of drugs and/or alcohol? _____

18. How many times? _____

19. When was the last time? _____

20. Have you ever worked or volunteered in any capacity for the City of Prescott or any other municipality or law enforcement agency? _____

If yes, explain: _____

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

Please list Five (5) Personal references other than family:

Name	Address	City	State	Zip	Relation	Phone number

**PRESCOTT POLICE DEPARTMENT
VOLUNTEER APPLICATION FORM**

As a volunteer for the City of Prescott Police Department, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may need concerning me, including information of a confidential or privileged nature. I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. I understand that for security reasons a criminal history check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. I also understand all applicants will be asked to take a lie detector exam. I understand and agree that any illegal activity in which I have been involved that is discovered during this background/criminal history investigation would be disclosed to the proper authorities, if applicable.

Signature _____ Date _____

Witness _____ Date _____

PRESCOTT POLICE DEPARTMENT VOLUNTEER APPLICATION FORM

VIP POSITIONS

The Prescott Police Department normally has the following positions available for volunteer work. Please check your desired position.

CITIZENS ON PATROL: ____ After successful completion of the COP Training Academy as well as a driving test the volunteer will wear a special uniform and assist with assigned responsibilities. The volunteer will spend most of their time driving and patrolling in a marked police type vehicle. The COP is not allowed to carry any type of firearm while on duty. This volunteer must have a valid Arizona driver's license, a good driving record, and be able to appropriately drive an automobile. COPs must be willing to work varied schedules.

INVESTIGATIONS: ____ This position requires the volunteer to assist with Criminal Investigations Section and support special duties of the division. Volunteers should have experience in this field.

RECORDS: ____ The Records Section is responsible for maintaining all criminal records from crimes that occur in the City of Prescott. This position may involve computer work and filing. Knowledge of computer data entry is helpful.

OTHER: ____ There are times when we have positions open in other areas that you may want to inquire about.

All volunteers are required to work at least 4 hours per week and must successfully pass a polygraph exam and criminal history background check. Volunteers may be required to present a Doctor's clearance. The police department reserves the right for a second opinion in regards to physical examinations.

From time to time other areas of the department are in need of volunteers. If you have special talents that you would like to share with us please list them or contact our Volunteer Coordinator Tommi Dow at 928-777-1988.

PRESCOTT POLICE DEPARTMENT NON-SWORN - CIVILIAN

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. Sign all other appropriate locations within the questionnaire.
- F. Have this questionnaire completed and ready to submit following your interview.
- G. If you have any questions, contact the Prescott Police Training & Recruiting Coordinator, LPO D. L. Fuller #53 at (928) 777-1915.

After reading these instructions, sign here:

**PRESCOTT POLICE DEPARTMENT
CIVILIAN**

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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, or 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.

Applicant's Full Name: _____

Applicant's Signature: _____

Date: _____

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 7 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

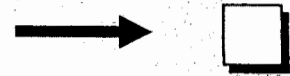
LIST AT LEAST 5 PERSONS NOT RELATED TO YOU & NOT FORMER EMPLOYER or SUPERVISOR, WHO HAVE KNOWN YOU FOR AT LEAST THE PAST 3 YEARS.

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 #
Name	Relationship	Age:	DAYTIME 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 martialed? 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	ELEM	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	FROM	TO	Major / Minor	Units OR Degree	G.P.A.
	List school & complete mailing address	Mo/Yr	Mo/Yr			

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
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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.		
	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.		
	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		DATE OF BIRTH	
SIGNATURE		DATE	
CURRENT ADDRESS			
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	



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		DATE OF BIRTH	
SIGNATURE		DATE	
CURRENT ADDRESS			
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	

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.

Agreement, Authorization, and Consent for Release for Background Information

I, _____
 Last Name First Name Middle (Please Include Jr., Sr., II, III Etc.)

PLEASE TYPE OR PRINT CLEARLY

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), City of Prescott will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to City of Prescott. City of Prescott uses Sterling Infosystems, Inc., a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Sterling Infosystems, Inc. will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to City of Prescott, and Sterling Infosystems, Inc.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by City of Prescott if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to City of Prescott. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Sterling Infosystems, Inc., 5750 West Oaks Boulevard, Suite 100, Rocklin, CA 95765. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
Social Security Number	Date of Birth
Driver's License Number	State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:	_____	/	_____	Street	/	_____	Street
	Apt.#		City	State		Zip Code	From/To
Former Address:	_____	/	_____	Street	/	_____	Zip Code
	Street		Apt.#	City		State	Zip Code
	From/To						
Former Address:	_____	/	_____	Street	/	_____	Zip Code
	Street		Apt.#	City		State	Zip Code
	From/To						
Former Address:	_____	/	_____	Street	/	_____	Zip Code
	Street		Apt.#	City		State	Zip Code
	From/To						