



MARICOPA COUNTY SHERIFF'S OFFICE

Joseph M. Arpaio
Sheriff



Dear Reserve Applicant,

Thank you for your interest in the Maricopa County Sheriff's Office Reserve Deputy Program. This letter will provide you with a brief overview of the qualifications and program criteria for the Reserve Academy. Please keep this letter and refer back to it, should you have any questions.

Those interested in the program need to apply for the position of Reserve Deputy. To be eligible to attend the academy, applicants must be 21 years of age by the end of the second semester. The following is a partial list of requirements:

- 1) U.S. Citizenship
- 2) Valid AZ Drivers License
- 3) High School Diploma or G.E.D.
- 4) No convictions of ANY offense in the last 3 years
- 5) No FELONY convictions at any time
- 6) No recent or excessive drug use

All applicants must pass a Coopers test prior to turning in their background packet. This test consists of a mile and a half run in 15:20, (27) sit-ups, and (18) push-ups. Please contact the Training Department at (602) 876-4460 to set up an appointment for testing. Applicants will need to present a notarized WAIVER AND RELEASE FORM to the Training Staff member conducting the test.

Applicants must also have the capabilities to pass the required physical conditioning standards established by the Arizona Peace Officers Standards and Training Board (AZ POST) by the end of the first semester. These physical requirements include, but are not limited to, climbing a 6-foot wall, climbing a 6-foot chain link fence, running a 99-yard obstacle course, a 500-yard dash, and a 165-lb body drag. Cadets may also be required to run up to 5 miles a day. All of these activities must be completed within required time limits. Tests are not gender or age segregated.

Processing includes a medical exam. You will be responsible for the cost of the exam, which includes an EKG (AZ POST requirement) for applicants over the age of 35.

The Maricopa County Sheriff's Office currently sends Reserve Cadets to Glendale Community College or Chandler-Gilbert Community College. The program has a challenging and very demanding curriculum requiring physical and intellectual stamina. However, the certification attained allows successful participants to enter an exciting and rewarding career.

The current cost of the academy is approximately \$2000.00 (not including the purchase of uniform or firearm). If financial aid is needed, please contact the school of your choice for their requirements on financial assistance prior to the start of the academy. All testing and application processes must be completed prior to admittance into the academy.

A new academy usually starts every March and August. Glendale Community College meets two nights a week, all day Sunday and (6) Saturdays. Chandler Gilbert Community College meets two nights a week, all day Saturday and a few Sundays. An example is as follows:

- Tuesday & Thursday Evenings 6:30-10:30 PM
- Saturday or Sunday 6:30 AM – 5:30 PM

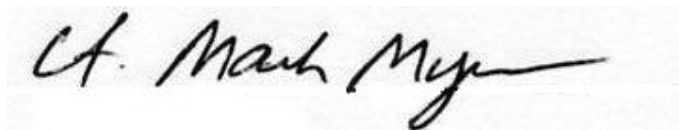
The above dates and times are only an example and may not apply to your academy class. Please call the college to verify class schedules.

You are responsible for all costs incurred by attending the academy. This includes items such as uniforms, firearm, duty gear and handcuffs, as well as any other equipment which may be required.

If you should have any further questions, please call Sgt. Jannis Mossman, in the MCSO Pre-Employment Office at (602) 876-3979.

Thank you for your interest in the Maricopa County Sheriff's Office Reserve Program.

Sincerely,

A handwritten signature in black ink that reads "Lt. Mark Myers". The signature is written in a cursive style and is positioned above a light gray rectangular background.

Lt. Mark Myers, Commander
Pre-Employment Services Division

tdr



MARICOPA COUNTY SHERIFF'S OFFICE

Joseph M. Arpaio
Sheriff



Notice of MCSO Integrity Policy

The Maricopa County Sheriff's Office is committed to providing the finest service possible to the citizens of this County. It is essential that all employees exhibit the highest degree of honesty and integrity as representatives of this Office to our community.

You are about to begin our Pre-Employment processing. Prior to the start of your initial interview, it is essential that you look over your background questionnaire to ensure it is complete and accurate. Also, take time now to address any concerns or to get clarification on any questions you may have. The Background Investigator will be glad to assist you.

The Pre-Employment process is designed to obtain and evaluate your complete personal and employment history. During the process you may recall information that you had previously forgotten. This is normal. If at any time you remember information not previously disclosed, contact the Background Investigator immediately!

Be careful! Discrepancies in information could cause your application to be declined. **Any information that is intentionally omitted or minimized shall result in the immediate termination of your Pre-Employment process.**

Fact: Far too many applicants have been declined because they chose to be untruthful, often because they chose to lie about an indiscretion which in itself would not have impacted their process. Many of these applicants would have been continued toward employment had they simply been honest.

It is rare to find anyone who has made perfect choices throughout their entire life. Most people have done something in their life that they may regret or are embarrassed about. Do not let embarrassment keep you from continuing in the process toward employment.

We want you to be successful. In order to be successful, you must be honest and forthcoming in fully answering all questions during the entire process. Integrity is your responsibility.

Applicant

Investigator

Date



Joseph M. Arpaio, Sheriff

Maricopa County Sheriff's Office

Joseph M. Arpaio, Sheriff



Joseph M. Arpaio, Sheriff

The following information is required to conduct a criminal history records check and a Motor Vehicle Department records check.

(Please print legibly and fill out completely)

Full Name (Last, First, Middle)

Other Names Used (including maiden name)	Place of Birth (city & state)
--	-------------------------------

Full Street Address	City	State	Zip	Phone #
---------------------	------	-------	-----	---------

E-MAIL ADDRESS (required) | @

Date of Birth: _____ Age: _____

Race: _____ Sex: _____

Social Security Number: _____

Current Drivers License Number: _____

State: _____ Expiration Date: _____

List all states/countries you have been licensed to drive a motor vehicle in the past. _____

PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your social security number is for the purpose of conducting a thorough background investigation. The information included on this form may constitute a "public record of matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. 39-121 et.seq.

Check all previous positions applied for with the Maricopa County Sheriff's Office.

- Detention Officer _____
- Civilian Position _____
- Deputy Sheriff _____
- Reserve Deputy _____
- Posse _____

Date Applied

OFFICE USE ONLY			
PACE			
RMS			
RC	LC	RD	AB

Signature _____ Date _____



Maricopa County Sheriff's Office Background Questionnaire Guidelines

The following are instructions on how to fill out the **Statement of Personal History**. Be sure to read all directions thoroughly and complete all questions with the required information. If a question does not apply to you write "DNA" in the space.

Page: C1 Be sure to read the instruction block in the center of the page.

Page: C2 Initial midway down page. Sign and date bottom.

Page: C3 Be sure to provide information on **every** line of this page. If something does not apply, write **DNA** on the line. If an answer requires an explanation (military discipline, employment conduct/discipline, license suspension), use the space provided. If more space is required, use the Continuation sheet (C-6).

Page: C4 List **ALL** traffic and/or parking citations since you began driving. Be sure to include a disposition (fine paid, dismissed, driving school, etc.)

List **ALL** contact you've had with Law Enforcement for your **ENTIRE** life. This **includes juvenile years!** Be sure to include, if applicable, charges and final disposition (fine paid, jail time, dismissed, etc.) Use the Continuation sheet (C-6) if necessary.

Page: C5 **PLEASE BE SURE TO TAKE THE TIME TO CORRECTLY FILL OUT THIS PAGE. USE DEFINITION**; a use is defined as an "occurrence." If you used marijuana on one occasion, but took multiple puffs, that would be one use. If different drugs were used on one occasion, they count as one use for each. For example, if you used marijuana and cocaine during the same occurrence, this would be one use of marijuana and one use of cocaine. **Chart 1: Marijuana use**: check the box that best reflects your marijuana usage. The left box is for number of times you used **before the age of 21** and the right box is for the number of times you used marijuana **after the age of 21**. **Be sure to put the month and year you last used marijuana.** **Chart 2: Illegal Drug Use**: circle Y or N if you have ever used any drug listed. The left box is for the **total combined number** of times you used the drugs listed before the age of 21. The right box is for the **total combined number** of times you used the drugs listed after the age of 21. **Be sure to put the month and year you last used the listed illegal drugs.**

Page: C6 **Statement of Character**: Tell us the qualities you possess and why you want to work for the Sheriff's Office. **Continuation**: This space is provided if you need to clarify any questions.

Name: _____

MARICOPA COUNTY SHERIFF'S OFFICE

Joseph M. Arpaio, Sheriff



OK for process	
Filebound Disposition	
Letter Sent	
Approved by:	

STATEMENT OF PERSONAL HISTORY

Reserve Deputy

***** FOLLOW DIRECTIONS CAREFULLY*****

1. Use black ink to complete this questionnaire.
2. Complete in your own handwriting.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions.
7. If a question does not apply, write "DNA" in the space.
8. If you require additional space, please use space provided at the bottom of page 6.
9. When you have completely answered all questions, sign your name at the bottom of pages 2 and 6.

NOTE: Ensuring that your answers are thorough and accurate is your responsibility! Failure to follow instructions, or submitting incomplete information may delay your background process or eliminate you from further processing.

Important Notice:

We are a law enforcement agency dedicated to upholding public trust. Therefore, MCSO seeks only those individuals who possess the highest level of integrity. You are about to begin a thorough background investigative process into your personal history. A law enforcement background is unlike any other application process. We ask that you not only sell yourself, but that you also disclose aspects of yourself that you may be reluctant to disclose. In fact, intentional withholding of information, or attempts to mislead or minimize will result in your immediate removal from further consideration. Everyone has a history, and sometimes it is difficult to disclose experiences or decisions you may not be proud of. Please understand that integrity is our #1 concern. Don't let embarrassment keep you from obtaining a position with one of the most innovative and fastest growing agencies in the country. **Initial** _____.

MARICOPA COUNTY SHERIFF'S OFFICE

TO THE APPLICANT:

This questionnaire will be used to determine your suitability for employment with Maricopa County, or a commission with the Maricopa County Sheriff's Office. It may also be used when necessary to comply with state and local statutes.

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

Applicants who are applying for a position as a Reserve Deputy are required to undergo a polygraph examination to confirm the information in this questionnaire, as well as other background information obtained during your process.

A psychological assessment is also required for Reserve Deputy Positions.

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, and I further understand that the information collected will be used in the evaluation process for employment with Maricopa County. Further, no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. If I am not selected for employment, **I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION. Initial Here _____.**

Your Statement of Personal History will be submitted for review prior to scheduling an interview. Please ensure that all future questions and/or concerns during your process are directed solely to your assigned investigator. In the event the investigator is unavailable, the supervisor of your investigator will be able to assist you. This line of communication is essential to expedite your application and ensure a complete and accurate investigation.

Appropriate business attire is required for all steps of your processing. Please dress appropriately for all interviews, polygraph examinations, psychological evaluations, and employee orientations. Failure to comply may result in your removal from the hiring process.

Signature

Date

Instructions:

Read every question carefully. Use **Black Ink Only**. Answer **every** question. If a question does not apply to you write “DNA” in the space. Do not leave a blank space. If additional space is required, use the continuation area provided on page 6.

Last Name	First Name	Middle Name	
Address	City	State	Zip Code

List any other names / social security numbers / or dates of birth you have used
 () _____ - _____ () _____ - _____ () _____ - _____
 Home telephone number Work telephone number Other contact telephone number

Email Address: _____@_____

Age: Are you currently at least 18 years of age (20 years and 6 months if applying for deputy)? Yes ___ No ___

Citizenship Status: United States Citizen ___ Permanent Resident Alien ___ Other ___

Education: Do you have a High School Diploma or GED? Yes ___ No ___

If No, what was the highest grade completed? _____ How many years of work experience? _____

Military History

Have you ever been in the Military? Yes ___ No ___

Type of discharge _____ Dates of service: From _____ To _____

List any disciplinary action that you have ever received while in the military. Explain:

Employment History

If you answer yes to any of the questions below, please provide Month and Year and a detailed explanation below:

Have you been fired, or left employment in lieu of termination within the past 3 years? Yes ___ No ___

Have you ever been accused of any serious employment violation i.e. theft, harassment, misconduct? Yes ___ No ___

Have you ever been fired or received discipline while working for a law enforcement agency? Yes ___ No ___

Have you ever engaged in criminal activity (to include any illegal drug use) while employed with a law enforcement agency? Yes ___ No ___

Driving History:

Current drivers license number & state Expiration Date Previous drivers license state(s)

Have you ever had your license suspended? Yes ___ No ___ If yes, please explain _____

Date of suspension: Month _____/Year _____ Date reinstated: Month _____/Year _____

List below any **Traffic** and/or **Parking** citations since you began driving, in this country or any other countries.

Date Month /Year	Location City, State Phoenix, AZ	Issuing Agency Phoenix Police, etc.	Charge Speeding, Fail to yield.	Disposition Paid Fine , Driving School	Accident Related Y/N
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					

If you listed anything in the above chart, please provide a short explanation in the space provided below. Include actual vs posted speed for speeding citations.

Police Contact/ Offense History:

Have you ever been **Arrested, Convicted, Charged, Questioned or Detained** for any offense, violation of any statute or ordinance, law regulation by any civil or military authority? (**Include any convictions or adjudication as a juvenile.**)

Yes ___ No ___ If yes, please list in the following chart.

(Do Not use criminal codes.)

Date Month /Year	Location City, State Phoenix, AZ	Issuing Agency Maricopa County Sheriff, Phoenix Police, etc.	Charge Aggravated Assault, Burglary, Grand Theft.	Reduced to Assault, Theft, Theft of Means	Disposition/Court Action Not Guilty, Paid Fine, Jail,
1)					
2)					
3)					
4)					
5)					

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

Illegal Drug Use:

In the charts below, please indicate your illegal drug use by checking the boxes that most accurately reflect your history to the best of your knowledge. Do not guess!

How to determine the number of “uses”:

A use is defined as an “occurrence”. For instance, if you used marijuana on one occasion, but took multiple puffs, it would count as 1 use. However, if different drugs were used, they each count as 1 use. For instance, if you used marijuana and cocaine during the same “occurrence”, this would count as 1 “use” of marijuana and 1 “use” of cocaine.

CHART 1: Marijuana use

Please check the numbered box that best reflects the range of your usage of marijuana.														
Marijuana Use	TOTAL times tried <u>before</u> Age 21 Check the appropriate range.							TOTAL times tried Age 21 and above. Check the appropriate range.						
	0	1	2-5	6-10	11-20	21-50	51+	0	1	2-5	6-10	11-20	21+	

Date of last use of marijuana: _____
Month / Year

CHART 2: Other illegal drug use

Please answer each of the following questions by circling Y or N.														
Check the numbered box that best reflects the range of a combined <u>total</u> of all usage.														
Have you ever used any of the following:														
Hash	Y	N						Ecstasy	Y	N				
Cocaine /Crack	Y	N						Steroid Pills	Y	N				
Speed/ Meth	Y	N						Steroid Injections	Y	N				
Heroin	Y	N						Inhalants	Y	N				
Mescaline	Y	N						Any other illegal drug						
Peyote	Y	N						not listed:	Y	N				
Opium	Y	N						Type: _____						
LSD/ Acid	Y	N						Type: _____						
TOTAL combined use (from chart 2 only) Prior to age 21. Check the appropriate range.							TOTAL combined use (from chart 2 only) Age 21 and above. Check the appropriate range.							
0	1	2-5	6-10	11-20	21-50	51+	0	1	2-5	6-10	11-15	16-20	21+	

Date of last use of Other Illegal Drugs: _____
Month / Year

Have you ever used a prescription drug that was not prescribed to you? Y___ N___ If yes, please explain:

Type _____ Date of last use ____/____/____
Type _____ Date of last use ____/____/____

Have you ever **GIVEN** or **SOLD** prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?
Yes___No___

If yes, please explain what drug, quantity, and when including Month and Year:



Maricopa County Sheriff's Office Background Questionnaire Guidelines

These are the instructions on how to fill out the sections of the **Personal History Supplement** background questionnaire that are most commonly done incorrectly. The background questionnaire is one of the most important documents that you will fill out during the hiring process. Be sure to read all directions thoroughly and complete all questions with the required information. If a question does not apply to you write "DNA" in the space.

- Page: D1 Write your name at the top of the page and READ directions carefully.
- Page: D2 Date top of page. Initial midway down page.
- Page: D3 **Personal Data:** Personal data and all previous residences in the last ten (10) years.
Marital Status: Marital status and child status (including children not residing with you).
- Page: D4 **First Section:** List the last known address of ALL persons whom you have lived with during the past 5 years. DO NOT include family members.
Second Section: List all immediate relatives and their last known address. Immediate family includes your mother, father, brothers, sisters, your spouse's mother, father, brothers, sisters and any ex-spouses.
- Pages: D5-6-7 **Employment History:** List all places of employment, dates of that employment and dates you were unemployed during the past ten (10) years, beginning with your present or most recent employer and then going backwards. OMIT NONE!
- Page D8 **References:** You must list three (3) people, who have known you for at least one (1) year within the past (5) years who are responsible adults. **No relatives or former employers.** List their complete addresses with zip codes, complete phone numbers with area codes and a valid e-mail address is required.
- Page: D9 **Education and Training:** List all schools (high schools, colleges, universities and graduate schools) you have attended.
Organizational Membership: List any organizations you are affiliated with.
Military Status: List entry date, branch of service, discharge type and discharge date.
- Page: D10 **Continuation page:** This page is where you can write any additional information that was requested in the questionnaire that you were unable to provide in the space allotted. If necessary, you may make a photo copy of this sheet if you require additional space.
- Page: D11 You must have this page notarized prior to turning in your packet.

Name: _____

MARICOPA COUNTY SHERIFF'S OFFICE
Joseph M. Arpaio, Sheriff



PERSONAL HISTORY SUPPLEMENT
Reserve Deputy

***** FOLLOW DIRECTIONS CAREFULLY*****

1. Use black ink to complete this questionnaire.
2. Complete in your own handwriting.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions. If you require additional space, use the continuation sheet provided on page 10.
7. If a question does not apply, write "DNA" in the space.
8. Sign the authorization for release of information and have it notarized. The Sheriff's Office will not notarize your signature.
9. When completed, return this supplement and all of the required documents to Pre-Employment services so that you may be scheduled for a background interview.

TODAY'S DATE: _____.

THIS MUST BE RETURNED BY: _____.

MARICOPA COUNTY SHERIFF'S OFFICE
PRE-EMPLOYMENT SERVICES
2627 S. 35th Avenue
Phoenix, Arizona 85009

NOTE: Ensuring that your answers are thorough and accurate is your responsibility! Failure to follow instructions, or submitting incomplete information may delay your background process or eliminate you from further processing.

MARICOPA COUNTY SHERIFF'S OFFICE

DATE: _____

This questionnaire will be used to determine your suitability for employment with Maricopa County, or for a commission with the Maricopa County Sheriff's Office. It may also be used when necessary to comply with state and local statutes.

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

Applicants applying for Reserve Deputy positions will be required to undergo a polygraph examination to confirm the information in this questionnaire, as well as other background information obtained during your process.

A psychological assessment is also required for Reserve Deputy applicants.

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, and I further understand that the information collected will be used in my evaluation process for employment with Maricopa County. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. If I am not selected for employment, **I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.** Initial Here _____

Please ensure that all questions and /or concerns during your process are directed solely to your assigned investigator. In the event the investigator is unavailable, the supervisor of your investigator will be able to assist you. This line of communication is essential to expedite your application and ensure a complete and accurate investigation.

Appropriate business attire is required for all steps of your processing, including all interviews, polygraph examinations, psychological evaluations and employee orientations. Failure to comply may result in your removal from the hiring process.

You are required to provide the following documents and a copy of each at the time you turn in this packet and are scheduled for an interview:

- Government issued Birth Certificate, Passport, Naturalization Certificate or Resident Alien card (where applicable)
- Social Security Card (**front and back**)
- AZ drivers license. (**front and back**) Note: If you are an applicant from out of state, you must obtain AZ license within 30 days of employment if a license is required for the position.
- High School Transcripts or GED
- DD 214 : (for Prior U.S. military) (Prior to 1979 Member 1) (After 1979 Member 4 or Service 2)
- Marriage License (government issued)
- Police Reports
- Court Documents (civil: divorce decree(s), etc. and criminal cases)
- Other college degree(s), licenses or certifications required for the position, or other information requested from your investigator.

You must provide an original or certified copy of each required document as well as a photocopy for your file. Please photo copy front and back of any 2-sided documents. If you are unable to obtain documents prior to turning this packet in, document what you have done to obtain your missing documents on page 10 of this packet. You will need to obtain the remainder of your documents before being continued in the process.

1. PERSONAL DATA

Last Name		First	Middle (full)	Home Phone	
_____ to _____		_____		_____	
Current Employment work hours		Days Off		Work Phone	
Are you a United States Citizen? YES ___ NO ___		_____ @ _____		Cellular Phone	
_____		E-mail Address		_____	
Current Address (Street & Number)		City	State	Zip code	
Length of time at current address: _____ / _____		Social Security Number: _____ - _____ - _____			
Years / Months					
Height	Weight	Hair	Eyes	Date of Birth	Place of Birth
_____	_____	_____	_____	_____	City / State

List any other names, social security numbers or dates of birth you have used.

List all previous residences in the last ten(10) years: * List complete addresses: Street addresses, City, State and Zip codes

Address (Street & Number)	City	State	Zip Code	Month / Year from – to
_____	_____	_____	_____	_____
Address (Street & Number)	City	State	Zip Code	Month / Year from – to
_____	_____	_____	_____	_____
Address (Street & Number)	City	State	Zip Code	Month / Year from – to
_____	_____	_____	_____	_____
Address (Street & Number)	City	State	Zip Code	Month / Year from – to
_____	_____	_____	_____	_____
Address (Street & Number)	City	State	Zip Code	Month / Year from – to
_____	_____	_____	_____	_____

2. MARITAL STATUS

Status (check one): Single () Married () Separate () Divorced () Widowed () Co-Habitate ()

Date Married: _____

If married, list Spouse's maiden name: _____

Spouse's or Co-Habitant's Full Name	Date of Birth	Spouse's or Co-Habitant's Occupation
_____	_____	_____
Child's Name	Date of Birth	Address
_____	_____	_____
Child's Name	Date of Birth	Address
_____	_____	_____
Child's Name	Date of Birth	Address
_____	_____	_____

3. EMPLOYMENT HISTORY

List all places of employment and times you were unemployed during the past ten- (10) years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, OMIT NONE!

Month and Year:

From: _____
To: Current

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: ____/____
End: ____/____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ____/____
To: ____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ____/____
To: ____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ____/____
To: ____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

3. EMPLOYMENT HISTORY (continued)

Month and Year:

From: ____/____/____
To: ____/____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ____/____/____
To: ____/____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ____/____/____
To: ____/____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ____/____/____
To: ____/____/____

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

3. EMPLOYMENT HISTORY (continued)

Month and Year:

From: ___/___/___
To: ___/___/___

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ___/___/___
To: ___/___/___

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ___/___/___
To: ___/___/___

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

Month and Year:

From: ___/___/___
To: ___/___/___

Name of Employer Supervisor

Complete Street Address City State Zip code Phone

Salary:

Start: _____
End: _____

Your Job Title – Describe your duties

Describe reason for leaving (ex. resigned, went back to school, terminated)

4. REFERENCES

A) List three (3) personal references (**No relatives, or former employers**) who are responsible adults, and who have known you well for a minimum of one year within the past five-(5) years: include phone numbers with area codes & e-mail addresses.

Full Name	Street Address	City	State	Zip Code	Occupation
_____	_____	_____	_____	_____	_____
_____@_____	_____	(____) _____	_____	(____) _____	_____
E-mail Address		Home Phone		Work/Cell Phone (optional)	How long known?

Full Name	Street Address	City	State	Zip Code	Occupation
_____	_____	_____	_____	_____	_____
_____@_____	_____	(____) _____	_____	(____) _____	_____
E-mail Address		Home Phone		Work/Cell Phone (optional)	How long known?

Full Name	Street Address	City	State	Zip Code	Occupation
_____	_____	_____	_____	_____	_____
_____@_____	_____	(____) _____	_____	(____) _____	_____
E-mail Address		Home Phone		Work/Cell Phone (optional)	How long known?

B) List the names of any acquaintances employed by this department:

C) Have you ever applied to, or been employed by the Maricopa County Sheriff's Office in any capacity as a paid employee or as a volunteer?

YES _____ NO _____ If YES, Date and Position: _____

D) Have you ever applied for any position with another law enforcement agency, including Department of Corrections and similar agencies?

YES _____ NO _____ If YES, explain (use the continuation sheet if necessary):

Month/ Year	Agency Name and State	Position	Status of Application	Contact Person
_____	_____	_____	_____	_____

Month/ Year	Agency Name and State	Position	Status of Application	Contact person
_____	_____	_____	_____	_____

Month/ Year	Agency Name and State	Position	Status of Application	Contact Person
_____	_____	_____	_____	_____

E) Have you ever had any involvement or association with another law enforcement agency, including Department of Corrections and similar agencies, either as a volunteer or paid employee?

YES _____ NO _____ If YES, when/where: _____

F) Have you ever received any law enforcement training? YES _____ NO _____ If YES, explain:

When Where Type of training

G) Have you ever been certified as a police officer? YES _____ NO _____ If YES, explain:

When Where Type of certification

5. EDUCATION AND TRAINING

A) List all schools (high schools, colleges, universities and graduate schools) you have attended. List GED if applicable:

DATE GRADUATED SCHOOL NAME ADDRESS DIPLOMA RECEIVED

B) List any skills or abilities possessed (for example: CDL , PC skills, foreign languages you can speak, write and read fluently):

6. ORGANIZATIONAL MEMBERSHIP

A) Are you now, or have you ever been a member of any foreign or domestic organization, association, movement group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, by any unlawful or unconstitutional means?

YES _____ NO _____ If YES, explain:

7. MILITARY STATUS

A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C, or any Military Reserve Unit?
YES _____ NO _____ If YES, explain:

Entry Date Branch/Organization MOS Rank upon discharge Discharge Type Discharge Date

B) Male Applicants are you Registered with the Selective Service if Required ? YES ___ NO ___ Registration# _____

If NO, explain: _____



MARICOPA COUNTY SHERIFF'S OFFICE

Joseph M. Arpaio
Sheriff



Background Interview: Date ____/____/____ Time: _____

Background Investigator: Name _____

Phone 602-876-_____

Your background interview will be conducted at the following address:

Maricopa County Sheriff's Office Training Center

Pre-Employment Services

2627 S. 35th Avenue Phoenix, Arizona 85009

(south side of building)

Main Phone Number 602-876-3960

You must bring the original or certified original plus a photocopy of the following documents to your background interview.

Birth Certificate (issued by government agency)

Social Security Card

Drivers License (front & back)

High School Diploma, GED or Official Transcripts

Military Discharge DD214 (Member 4 copy)

College Degrees or Official Transcripts

Marriage License

Divorce Decree

Court Documents

Police Reports or Arrest Records



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 the Continuation Sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. Name (Last, First, Middle):			
2. 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 type="checkbox"/> NO <input type="checkbox"/> PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. Do you have (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach the MEMBER - 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____		Date Entered:	Date Separated:
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.	
If NO list type of discharge/separation and explain on the Continuation Sheet.			
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES list current assignment:		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.	
Did you ever receive a court martial or Non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
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 (Begin 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

<p>26. CURRENT DRIVER'S LICENSE:</p> <p>State: _____ Expiration Date: _____</p> <p>License Number: _____</p>	<p>27. PREVIOUS DRIVER'S LICENSE INFORMATION</p> <p>List all states/countries where you have been licensed:</p>
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28. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? YES NO
 If YES provide a full explanation on the Continuation Sheet.

29. MOTOR VEHICLE OPERATION List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

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				

35. Do you have prior peace officer certification/employment in Arizona or any other state(s)?				YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
36. Have you applied with any other law enforcement agencies in the past three years?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
37. CERTIFICATION:				
I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.				
SIGNATURE OF APPLICANT: _____			DATE: _____	
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:	
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File		
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File		
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS		
Signature and Date Completed		Fingerprint Card Submitted - FBI		

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>		