

MARICOPA COUNTY SHERIFF'S OFFICE

Joseph M. Arpaio
Sheriff

POSSE PROCESSING



STATEMENT OF PERSONAL HISTORY

*** * * 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 THE CONTINUATION ON PAGE 7.
9. WHEN YOU HAVE COMPLETELY ANSWERED ALL QUESTIONS, SIGN YOUR NAME AT THE BOTTOM OF PAGES

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 uphold public trust. Therefore, MCSO seeks only those individuals who possess the highest levels 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

POSITION APPLYING FOR: Posse If sponsored, name of Posse: _____

TO THE APPLICANT:

This questionnaire will be used to determine your suitability as a Volunteer 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 select volunteer positions may 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 Qualified Armed Posse and select other volunteer 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 as a Volunteer 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 you 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.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation.

STANDARDS FOR DISQUALIFICATION

1. MUST BE AT LEAST 18 YEARS OLD AT THE TIME OF THIS APPLICATION.
2. ANY MISLEADING OR UNTRUTHFUL STATEMENTS DURING ANY PORTION OF YOUR PROCESSING.
3. ANY FELONY COMMISSION OR CONVICTION, NO TIME LIMIT.
4. PARTICIPATION IN ANY SERIOUS CRIME.
5. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS OR MARIJUANA.
6. ANY SELLING OF NARCOTICS, DRUGS OR MARIJUANA.
7. ANY RECENT OR EXCESSIVE ILLEGAL USE OF ILLEGAL NARCOTICS, ANY OTHER DANGEROUS DRUGS OR MARIJUANA.
8. ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS.
9. ANY SEXUAL CONDUCT PROHIBITED BY LAW.
10. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY OR BEING IN VIOLATION OF ANY COURT ORDERED PAYMENTS.

BY SIGNING BELOW, I ATTEST AND SWEAR THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

Signature

Date

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.*



Joseph M. Arpaio, Sheriff

Maricopa County Sheriff's Office

Joseph M. Arpaio Sheriff



Joseph M. Arpaio, Sheriff

The following information is required so the Sheriff's Office can 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 | Phone # |
| City State Zip | |

E-MAIL ADDRESS | _____ | @ | _____

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. _____

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

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

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. Please print clearly. 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? 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 _____ Dates of Service: From: _____ To: _____
Type of discharge: _____ (MO/YR) (MO/YR)
List and explain any disciplinary action that you have ever received while in the military. _____

Employment History

If you answer yes to any of the following, 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 (ex 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 within the last 5 Years, in this country or any other country.

| Date Month / Year | Location City, State (ex Phoenix, AZ) | Issuing Agency (ex Phoenix Police, etc.) | Charge (ex speeding, fail to yield) | Disposition (ex 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 detailed explanation in the space provided below.

Police Contact / Offense History:

Have you **ever** been **Arrested, Convicted, Charged, Questioned or Detained** for any offense, violation of any statute or ordinance, order of protection or injunction against harassment law regulation by any civil or military authority? **(Include any convictions or adjudications as a Juvenile.)**

Yes _____ No _____ If yes, please list in the following Chart.

(Do NOT use criminal codes.)

| Date Month / Year | Location City, State (ex Phoenix, AZ) | Issuing Agency (ex Maricopa County Sheriff's Office Phoenix Police, etc.) | Charge (ex: Shoplifting, DUI, Hit & Run) | Disposition (ex paid fine, probation, jail sentence, dismissed) |
|-----------------------------|---|--|---|--|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |

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

Have you ever committed any crime that went undetected?

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

| | | | | | | | | | | | | | |
|--|---|-----|------|-------|------------------------------------|-----|---|---|-----|------|-------|-------|-----|
| <u>Please answer each of the following questions by circling Y or N.</u> | | | | | | | | | | | | | |
| Check the numbered box that best reflects the range of a combined total of all usage. The left side is for the total number of use under the age of 21. The right side is for the number of use over the age of 21. | | | | | | | | | | | | | |
| 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 not listed: | Y | N | | | | | | |
| Peyote | Y | N | | | Type: _____ | | | | | | | | |
| Opium | Y | N | | | Type: _____ | | | | | | | | |
| LSD / Acid | Y | N | | | | | | | | | | | |
| 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? Yes _____ No _____ 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:



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Joseph M. Arpaio

Sheriff



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How did you hear about us? Please choose all that apply to you.

_____ **Maricopa County Sheriff's Office Employee or Volunteer:**

_____ **Name**

_____ **District, Jail, Posse or Other**

_____ **Maricopa County Human Resources**

_____ **Arizona Republic**

_____ **Employment Center (location)** _____

_____ **Job Fair (location)** _____

_____ **Other Newspaper** _____

_____ **Internet Site** _____

_____ **Other** _____



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Joseph M. Arpaio

Sheriff



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Emergency Contact Information for Posse Members

Last Name

First Name

Relationship (Spouse, Son, Daughter etc...)

Address

City

State

Zip Code

E-Mail Address

@ _____

Phone Numbers:

Residence

Pager

Business

Fax

Mobile / Cell

Other

