

Job Title: Police Officer Recruit/Police Officer Lateral

Summary of Job Duties:

Performs Law Enforcement, crime prevention work; patrols an assigned area for the prevention of crime, the maintenance of law and order; performs investigative work including special assignments.

ESSENTIAL DUTIES AND RESPONSIBILITIES

This list of duties and responsibilities is illustrative only, and is not a comprehensive listing of all the duties and responsibilities performed.

- Patrols City in radio-equipped car; answers calls for the protection of life and property and the enforcement of City, County and State Laws; conducts preliminary and follow-up investigations of disturbances, prowlers, burglaries, thefts, robberies, death and other criminal incidents as assigned
- Coordinates and conducts complete detailed investigations of all crime activity
- Patrols the City and responds to calls related to traffic incidents and any other required emergencies; observes, monitors and controls routine unusual traffic conditions; assists and advises motorists and enforces traffic safety laws
- Makes arrests as necessary; interviews victims, complainants, witnesses, interrogates suspects; searches and transports prisoners; testifies and presents evidence in court
- Prepares reports of arrests made; activities performed, crimes investigated; and unusual incidents
- Stops drivers who are operating vehicles in violation of laws; warns drivers against unlawful practices; issues citations and makes arrests as necessary
- Maintains contact with citizens regarding potential law enforcement problems and preserves good relationships with the general public and community
- Maintains regular attendance and punctuality
- Performs other duties as required

EDUCATION and/or EXPERIENCE

High School Diploma or GED required

CERTIFICATES, LICENSES, REGISTRATIONS

Must have at the time of hire and be able to maintain a valid Arizona driver license.

Must be a Certified Police Officer at the time of application.

If not Certified must pass POST physical requirements and AZ POST Academy.

Base pay is \$18.37 / hour for non-certified officers enrolled in law enforcement academy. Base pay rates for officers after completion of law enforcement academy will be between \$20.00 and \$23.50, with additional earnings possible based on experience, education, and military service.

The City of Williams offers competitive benefits including an outstanding health insurance package that is 100% funded by the City for full-time employees. Other benefits include PSPRS retirement, training opportunities, uniform allowance, paid vacation, sick leave, dental, vision, life, and short-term disability insurance.

Applications are available online

https://williamsaz.gov/departments_and_services/administration_human_resources

Applications are also available to be picked up in person at the Williams City Hall located at 113 S. 1st Street, or the Williams Police Department 501 W Route 66, Williams, AZ 86046. Please submit your application and resume to pgalvan@williamsaz.gov.

All applicants must be able to complete a pre-employment physical, drug screen, and background check.

The City of Williams is an equal opportunity employer and participates in E-Verify.



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER A.R.S. §§ 13-2704, 13-2907.01 AND 39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. **AZ POST does not disclose Social Security Numbers in response to public record requests.**

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____

DATE: _____



Arizona Peace Officer Standards and Training Board



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, (print name) corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) _____ . This release is in addition to, and not (print agency name) intended to curtail or diminish the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:	Date:
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Sworn and Subscribed To Before Me This: _____ **Day of** _____ .

By: _____

State of: _____	County of: _____
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Signature of Notary Public: _____



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

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

1. Name (Last, First, Middle):			
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Place of Birth (City, State):	7. Social Security Number:	
8. List here any other names, DOB's or SSN's you have used:			
9. Current Marital Status:		10. Spouse's Name Before Marriage:	
11. Home Telephone Number:	12. Work Telephone Number:	13. Cell/Mobile Number:	
14. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> Please attach a 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"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet.		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.	
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 (Beginning with the most recent):

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. RESIDENCES: List all residences during the past five years. Use the Continuation Sheet if necessary.

From	To	Street Address	City	State/County

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Employment Verified and Results Documented		Certificates or Degrees, Documentation in File	
Residences Verified and Results Documented in File			

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS** List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

<p>26. CURRENT DRIVER'S LICENSE</p> <p>State: _____ Expiration Date: _____</p> <p>Current Drivers License Number: _____</p>	<p>27. PREVIOUS DRIVER'S LICENSE INFORMATION</p> <p>List all states/countries where you have been licensed:</p> <p>_____</p> <p>_____</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				

30. ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:
 In this section, disclose all illegal drug use (or criminal involvement) that was not for the purpose of treating or alleviating the symptoms of a medical condition.
 Drug use for medical purposes will be disclosed in a different portion of the application process.

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. **IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:**

a. How the drug was ingested or consumed, d. How the drug was obtained,
 b. The duration of usage, e. Why you stopped using the drug,
 c. The motivation for use, f. Any other factors you believe are relevant.

32. **CRIMINAL CONDUCT:**

a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES NO

b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES NO

If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? YES NO

If YES provide a full explanation on the Continuation Sheet.

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? YES NO

If YES provide a full explanation on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes <input type="checkbox"/> No <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other state(s)? YES NO

If YES provide the following information: Name of Agency	Dates of Employment		City	State
	From	To		

- a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.
- b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason?
If YES provide a full explanation on the Continuation Sheet. YES NO
- c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor?
If YES provide a full explanation on the Continuation Sheet. YES NO
- d. Have you received discipline for any improper 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 NO

36. Have you applied with any other law enforcement agencies in the past three years? YES NO

If YES provide the following information: Name of Agency	Date of Application	Was Polygraph taken?
		YES <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	

Applicant Name: _____ Agency: _____

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION		Please initial
Page 1	Code of Ethics read, signed and dated.	
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
In-Person Review of AZPOST PH with Applicant to confirm information		
Lateral Applicants – Prior Agency personnel file reviewed for past performance and/or prior misconduct		
Applicant has applied with other agencies – inquiry completed with agency to determine status and/or disqualifiers identified.		
Inconsistent information from applicant during background process, including polygraph, corrected by applicant on AZPOST PH form.		
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications.		Application Process Terminated
Reason for Disqualification:		
Medical Examination completed and in file and applicant meets standards.		
Medical Examination completed and in file and applicant does not meet standards		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. record checks has been submitted, no return yet.		
NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Polygraph completed and report in file and applicant passed		
Polygraph completed and report in file and applicant failed.		
Applicant does not meet all requirements.		Application Process Terminated
Reason for Disqualification:		
AGENCY CERTIFICATION:		
<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>		
NAME OF REVIEWER: _____		TITLE: _____
SIGNATURE OF REVIEWER: _____		DATE: _____

APPLICANT NAME: _____

WILLIAMS POLICE DEPARTMENT



Background Investigation Questionnaire

FOLLOW DIRECTIONS CAREFULLY

1. HAND-WRITE THIS QUESTIONNAIRE YOURSELF. USE AN INK PEN.
2. MISTAKES MAY BE CROSSED OUT BUT NOT CONCEALED.
3. MAKE NO ATTEMPT TO DUPLICATE THIS QUESTIONNAIRE.
4. WRITE LEGIBLY.
5. READ EACH QUESTION CAREFULLY.
6. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
7. ANSWER ALL QUESTIONS.
8. IF A QUESTION DOES NOT APPLY, WRITE **N/A** IN THE SPACE.
9. IF YOU NEED ADDITIONAL SPACE, WRITE ON BACK OF PAGE.
10. SIGN THE QUESTIONNAIRE AND **HAVE IT NOTARIZED.**
11. RETURN THIS COMPLETED, ORIGINAL QUESTIONNAIRE TO:

WILLIAMS POLICE DEPARTMENT
501 W. Route 66
Williams, Arizona 86046

NOTE:

Incomplete information or failure to follow instructions will delay the background process and may disqualify you. **Your incomplete packet may be rejected.**

- Include complete addresses: Street addresses, Cities, States & Zip codes.
- Include complete telephone numbers to include area code.

WILLIAMS POLICE DEPARTMENT

Background Investigation Conditions and Understanding

Position Applied For: _____

Date _____

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment or commission with the Williams Police Department. An extensive background investigation will be conducted into your personal history. Applicants will be required to take a polygraph examination to support the accuracy and/or thoroughness of information in this questionnaire, and to determine other items of background information. If you do not wish for any part of your personal history to be revealed in this investigation, you should reconsider applying for this position.

I, _____, hereby understand and agree to the following about my Background Investigation and Report:

- * I will not receive, nor am I entitled to, a copy of any document pertaining to this Background Investigation.
- * I will not be permitted to view the Background Report or receive any information about the contents therein.
- * The contents of the Report will be evaluated for consideration of employment with Williams Police Department.
- * No documents submitted by me or any other party for purposes of the Background Investigation will be returned.
- * If I am not selected for the position, I WILL NOT BE ADVISED OF THE REASON and will not inquire.
- * Where written explanations are required in this form, information MUST be listed TOTALLY and COMPLETELY.
- * 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, including psychological and polygraph examinations.

CRITERIA STANDARDS FOR DISQUALIFICATION:

1. COMMISSION OF ANY FELONY. NO TIME LIMIT.
2. PARTICIPATION IN ANY SERIOUS CRIME, DETECTED OR NOT.
3. ANY MISDEMEANOR CONVICTION INVOLVING ILLEGAL DRUG USE.
4. ANY UNLAWFUL SELLING OF DRUGS.
5. ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS (INCLUDES LSD, PCP, PEYOTE, Mescaline, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIN, METHAMPHETAMINES, SPEED, COCAINE, HASH, BARBITURATES, ETC.)
6. ANY RECENT UNLAWFUL USE OF MARIJUANA.
7. ANY EXCESSIVE USE OF MARIJUANA.
8. ANY HISTORY OF FREQUENT DISREGARD FOR TRAFFIC LAWS INDICATING A DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS.
9. ANY SEXUAL ACT OF POOR MORAL CHARACTER, WHETHER PROHIBITED BY LAW OR NOT.
10. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY.

NOTE: 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 removal from the hiring process. Remember, your ability to dress appropriately is part of the evaluation process.

CONFIRM THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

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.

Where necessary, use the reverse side of page to complete answers throughout this questionnaire

1. PERSONAL DATA

List your full name as it appears on your birth certificate:

Last Name First Middle (Full) Home Phone

List your full, current legal name if it differs from what appears on your birth certificate:

Last Name First Middle (Full)

List any other legal names you have used:

List and explain any other names and/or dates of birth you have used to identify yourself to any business or lawful entity:

Current Employment work hours Days Off Work Phone

Are you a United States Citizen? Yes No

Current Street Address (Street & Number) City State Zip-code

Current Mailing Address (if different from above) City State Zip-code

Length of time at street address: Social Security Number:

Height Weight Hair Eyes Date of Birth Place of Birth

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

List all E-mail addresses you currently use or share:

List all E-mail addresses you have used in the past:

List any Internet websites, web pages or domain names from which you or a member of your household may profit (including but not limited to Ebay stores):

List all residences in the last ten years:

Address (Street & Number) City State Zip-code Date from – to

Address (Street & Number) City State Zip-code Date from – to

Address (Street & Number) City State Zip-code Date from – to

Address (Street & Number) City State Zip-code Date from – to

2. MARITAL STATUS

I am: Married Single Single & Cohabiting Separated Divorced Widowed

If currently married: No previous marriage I have ____ prior marriage(s); Former spouse names listed below:

If male and currently married, list wife's maiden name: _____

Spouse's Name Date of Birth Spouse's Occupation

Child's Name Date of Birth Address

Child's Name Date of Birth Address

Child's Name Date of Birth Address

List ALL persons with whom you have lived during the past five years. DO NOT include family members

Name	Street Address	City, State, Zip Code	Telephone (area code)	Relationship

FAMILY REFERENCES: List all immediate relatives: parents, siblings, in-laws and ex-spouses.

Name	Relationship	Age	Street Address	City, State, Zip Code	Telephone (area code)

3. EMPLOYMENT HISTORY

List all places of employment and unemployment, beginning with the present or most recent employer and going backwards. List everything in proper sequence. OMIT NONE!

(Use the following page if necessary)

.....
CURRENT OR MOST RECENT EMPLOYER:

Month and Year:

From: _____
 To: _____

Name of Employer		Supervisor			
Employer Address		City	State	Zip	Phone

Salary:

Start: _____
 End: _____

Your job title – Describe your duties: _____

Reason for leaving:

Still Employed. If still employed, are you the subject of any impending investigation or inquiry that could potentially lead to your disciplinary action or termination? _____ If 'Yes', explain on back of this sheet.

Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left or why you wish to leave:

.....
SECOND-MOST RECENT EMPLOYER:

Month and Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Employer Address

City

State

Zip

Phone

Salary: _____

Your job title – Describe your duties:

Start: _____

End: _____

Reason for leaving:

Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left: _____

.....
THIRD-MOST RECENT EMPLOYER:

Month and Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Employer Address

City

State

Zip

Phone

Salary: _____

Your job title – Describe your duties:

Start: _____

End: _____

Reason for leaving:

Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left: _____

.....
PAST EMPLOYER:

Month and Year: _____

Name of Employer

Supervisor

From: _____

To: _____

Employer Address

City

State

Zip

Phone

Salary: _____

Your job title – Describe your duties:

Start: _____

End: _____

Reason for leaving:

Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left: _____

PAST EMPLOYER:

Month and Year:

Name of Employer Supervisor

From: _____

To: _____

Employer Address City State Zip Phone

Salary:

Your job title – Describe your duties:

Start: _____

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Reason for leaving: Voluntary Resignation Layoff Retirement Involuntary Termination

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Explain why you left: _____

PAST EMPLOYER:

Month and Year:

Name of Employer Supervisor

From: _____

To: _____

Employer Address City State Zip Phone

Salary:

Your job title – Describe your duties:

Start: _____

End: _____

Reason for leaving: Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left: _____

PAST EMPLOYER:

Month and Year:

Name of Employer Supervisor

From: _____

To: _____

Employer Address City State Zip Phone

Salary:

Your job title – Describe your duties:

Start: _____

End: _____

Reason for leaving: Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left: _____

PAST EMPLOYER:

Month and Year: _____

From: _____

To: _____

Name of Employer **Supervisor**

 Employer Address City State Zip Phone

Salary: _____

 Your job title – Describe your duties:

Start: _____

End: _____

Reason for leaving: Voluntary Resignation Layoff Retirement Involuntary Termination

Resignation/retirement in Lieu of Potential Sanction or Disciplinary Action

Explain why you left: _____

.....

4. REFERENCES

A) Write down three (3) references (not related, or former employers) who are responsible adults, and who have known you well during the past five (5) years. INCLUDE PHONE NUMBERS WITH AREA CODES

Name Street City State Zip Home Phone

 How long known? Occupation & Business Address Work Phone

Name Street City State Zip Home Phone

 How long known? Occupation & Business Address Work Phone

Name Street City State Zip Home Phone

 How long known? Occupation & Business Address Work Phone

B) List the names of any acquaintances employed by Williams Police Department.

C) Have you ever applied to, or been employed by the Williams Police Department or City of Williams as a paid employee or a volunteer? Yes _____ No _____

If Yes, date and position: _____

D) List the number of occasions you have applied for a job with a law enforcement agency without being hired: _____. List all agencies for which you have applied below. Use back of page for any additional.

Date Agency Name and State Status of application

Date Agency Name and State Status of application

Date Agency Name and State Status of application

E) Have you ever had any involvement or association with another law enforcement agency, 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 Status

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 (include foreign languages)

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 unit? Yes _____ No _____ If Yes, explain:

Entry Date	Rank/Branch/Organization	Discharge Type	Date
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B) Are you registered with the Selective Service? Yes _____ No _____ N/A _____

Local Board #	Address	Draft Class	Date Classified
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8. ARREST HISTORY

Have you ever been issued a citation, summoned, arrested, charged or questioned for any offense, violation of any statute or ordinance, law regulation by any civil or military authority (including when you were a juvenile) ? Yes _____ No _____ If Yes, describe them below:

Date	Location	Arresting Agency	Original Charge	Final Charge (if reduced)	Court Action or Disposition

9. DRIVING HISTORY

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

Date	Location	Issuing Agency	Original Charge	Final Charge (if reduced)	Accident Related? (Yes or No)

A) Have you ever operated a motor vehicle while under the influence of alcohol? Yes _____ No _____
 If Yes, list the number of occasions in the past ten years: _____
 If Yes, when was the last occasion you drove while under the influence? _____

B) List all driver or chauffeur licenses you currently hold. Include state, license #, class and expiration:

C) List all driver licenses or state ID cards you have had in the past. Include state(s), license # and class.

D) Have you ever had a driver license revoked, suspended, or restricted (include any CDL privileges)? _____
 If Yes, list below:

State License Number and Type Date Suspended/Revoked Reason

E) Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation? Yes _____ No _____

Date Location/Jurisdiction What was the citation for?

10. UNLAWFUL DRUG HISTORY

Use reverse side if more space is needed to explain Yes answers. Include number and dates drug was used.

- 1) Have you ever smoked, ingested or otherwise used marijuana? Yes _____ No _____
- 2) Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or any other manner of ingestion? Yes _____ No _____

Type of Drug	Month/Year LAST tried	TOTAL times tried before Age 21 Check the appropriate box.					TOTAL times tried after Age 21 Check the appropriate box.				
		1	2-5	6-10	11-20	21+	1	2-5	6-10	11-20	21+
MARIJUANA											
HASH											
COCAINE											
CRACK											
SPEED											
HEROIN											
OPIUM											
MORPHINE											
LSD											
ACID											
PEYOTE											
MESCALINE											
STEROIDS											

	Type of Drug	Date you FIRST tried	Date you LAST tried	MAXIMUM times tried
Any other illegal drugs?				
Any prescription drugs not prescribed for your use?				
Obtained any prescription drug in an unlawful or illegitimate manner?				

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3) Have you ever GIVEN, SOLD, TRADED or otherwise PROVIDED prescription drugs, marijuana , methamphetamines, narcotics or any other illegal drugs? Yes_____ No_____ If Yes, explain:

4) Has anyone ever used illegal drugs in your family? Yes_____ No_____ If Yes, explain

11. ANSWER THE FOLLOWING

(Use page 13 for detailed explanations)

- A) Have you ever had your wages attached (garnishment)? Yes () No ()
- B) Have you ever been a party to a small or other court action? Yes () No ()
- C) Have you ever been involved with any civil court action? Yes () No ()
- D) Have you ever had judgement rendered against you? Yes () No ()
- E) Have you ever been refused credit? Yes () No ()
- F) Have you ever had any property repossessed? Yes () No ()
- G) Have you ever been fired, discharged or asked to resign from any position? Yes () No ()
- H) Have the police ever been called to your home? Yes () No ()
- I) Have you ever committed a criminal violation that has gone undetected? Yes () No ()
- J) Have you or your spouse ever been sued or summoned into court? Yes () No ()
- K) Have any relatives of you or your spouse ever been convicted of any crime or imprisoned? Yes () No ()
- L) Do you now or have you ever had any gambling debts? Yes () No ()
- M) Have you ever used an employer's money to gamble? Yes () No ()
- N) Have you ever worked for a gambling operation or booked any bets? Yes () No ()
- O) Have you ever had an F.B.I. fingerprint check done for any reason? Yes () No ()
- P) In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violation of company policy? Yes () No ()
- Q) Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality than yourself? Yes () No ()
- R) In any job that you've held, have you been involved in any physical or major verbal confrontations? Yes () No ()
- S) Would you be able to follow direct orders, even though you may not agree with them? Yes () No ()
- T) In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? Yes () No ()
- U) Have you ever quit your employment without giving two weeks notice? Yes () No ()

Police Officer or Reserve Applicants Only

If the necessity for you to shoot a human being, in the course of your duties as a Police Officer, should arise, would you have any reluctance to do so?

YES _____ NO _____ If YES, explain: _____

CERTIFICATION

I hereby certify under penalty of A.R.S. 13-2701 and 39-161, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willful false statement on this form constitutes a violation of the law, and shows cause to initiate action to suspend or revoke certified peace officer status.

Signature

Date

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If "YES" provide full information below.

YES _____ NO _____



WILLIAMS POLICE DEPARTMENT

501 W. ROUTE 66 • WILLIAMS ARIZONA 86046
(928) 635-4461
FAX (928) 635-1415



Chief of Police
Herman Nixon

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ DO HEREBY AUTHORIZE and release from any and all liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities including the City of Williams Police Department to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement work may be determined. This includes, but is not limited to my character, integrity, and reputation.

SIGNED

DATE

SOCIAL SECURITY NUMBER

HOME PHONE

CONTACT PHONE

NOTARY

DATE

COMMISSION EXPIRES

-SEAL-