

Name: _____
SSN #: _____



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. 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:

Name: _____
SSN #: _____



Arizona Peace Officer Standards and Training Board AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons,
(print name)

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 _____. This release is in addition to,
(print agency name)

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 _____, 20_____

BY:

STATE OF:

COUNTY OF:

SIGNATURE OF NOTARY PUBLIC:

Name: _____
 SSN #: _____



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 in ink 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 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. Email Address	
3. Physical Address		4. City	5. State/Zip Code
6. Mailing Address		7. City	8. State/Zip Code
9. Date of Birth (Month/Day/Year)	10. Place of Birth (City, State, Country)		11. Social Security Number
12. List here any other names, DOB's or SSN's you have used:			
13. Current Marital Status		14. Spouse's Name Before Marriage	
15. Home Telephone Number	16. Work Telephone Number	17. Cell/Mobile Number	
18. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please attach a copy of Birth Certificate or other verification of citizenship. If naturalized, please provide date: _____	
19. Do you have (check one) (please attach copy of one of the below) (If G.E.D. please explain why on continuation sheet). <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> Home School		20. Institution, when and where did you receive it?	
21. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO, provide Selective Service # _____ and skip to #22.	
Branch of Service		Date Entered	Date Separated
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If NO, list type of discharge/separation and explain on the Continuation Sheet.</small>		Were you ever arrested, cited or apprehended by military police? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list current assignment:		Were you ever the subject of a report or investigation by Military Police or other investigative service (i.e., CID, NCIS, OSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on the Continuation Sheet.	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on the Continuation Sheet.			
AGENCY VERIFICATION:		INITIALS:	DATE:
U.S. Citizen (Documentation on File)			High School Diploma/GED (Documentation on File)
21 Years of Age			Military Service if applicable (Documentation on File)

Name: _____
 SSN #: _____

22. 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.
Use the Continuation Sheet if necessary.

NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	
NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	
NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	
NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE NO.	YEARS KNOWN
EMAIL:		WORK TELEPHONE NO.	

23. 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	Primary Telephone No.	Relationship

24. FAMILY: List ALL immediate relatives (living and deceased) (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	Primary Telephone No.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Personal References Contacted and Results Documented		Residences and Family Listed	

Name: _____
 SSN #: _____

25. EMPLOYMENT HISTORY: Show ALL employment beginning with your most recent employer. Use the Continuation Sheet if necessary.

Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving
Start Date	End Date	Name of Employer	Employer Address (include city, state, zip code)
Supervisor Name		Supervisor's Phone Number	Supervisor's Email Address
Job Title		Duties	Reason for Leaving

26. 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 (AA, BA, BS, MA, etc.)

27. RESIDENCES: List ALL residences during the past TEN years. Use the Continuation Sheet if necessary.

Dates of Residence		Street Address	City, State	Zip/County/Country
From	To			

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

Name: _____

SSN #: _____

28. POLICE CONTACTS: List ANY and ALL incidents in which you had contact with police or were cited, arrested, accused, questioned about, suspected of, 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

29. CIVIL ACTIONS: List ALL civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits, restraining orders, injunctions prohibiting harassment, etc.). **Use the Continuation Sheet if necessary.**

Date	Location/Court	Action or Proceeding	Disposition / Court Action

30. CURRENT DRIVER'S LICENSE		31. PREVIOUS DRIVER'S LICENSE INFORMATION	
State	Expiration Date	List all states / countries where you have been licensed and provide driver's license number if known:	
License Number		_____	_____
		_____	_____

32. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?
 Yes No If YES, provide a full explanation on the Continuation Sheet .

33. MOTOR VEHICLE OPERATION: List ALL moving violations for which you were stopped and/or cited. **Use the Continuation Sheet if necessary.**

Date	Location and Issuing Agency	Violation (not code)	Collision Related	Court Disposition
			<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"/> Yes <input type="checkbox"/> No	

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Police Contacts Queried and Results Documented in file		Civil Actions Queried and Results Documented in file	
Motor Vehicle Records Queried and Results Documented in file			

Name: _____

SSN #: _____

34. ILLEGAL / NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:
 In this section, disclose all illegal drug use, (or criminal involvement) prescription or otherwise. Prescribed 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, POSSESSED OR EXPERIMENTED WITH?		IF YES, NUMBER OF TIMES USED, POSSESSED OR EXPERIMENTED WITH?		TOTAL LIFETIME USE	DATE LAST USED
	UNDER AGE 21	AGE 21 AND OVER						
MARIJUANA (in any form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
COCAINE/CRACK	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
METHAMPHETAMINE /SPEED/ADDERALL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
HEROIN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
OPIUM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
LSD/ACID/ECSTASY	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
PEYOTE/MESCALINE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
STEROIDS/ TESTOSTERONE/HGH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
ANY OTHER ILLEGAL DRUG OR NARCOTIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
ILLEGAL USE OF PRESCRIPTION DRUGS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
ANY USE OF OTHER'S PRESCRIPTIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
SYNTHETIC/DESIGNER DRUGS (Spice, K2, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						

35. IF YOU ANSWERED YES, ON ANY OF THE AREAS IN QUESTION #34, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

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

36. CRIMINAL CONDUCT (includes detected and undetected crimes)

- 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 (i.e., shoplifting), unlawful sexual conduct or physical violence? Yes No

If YES to either 36a or 36b, provide a full explanation on the Continuation Sheet.

- 37.** 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.

- 38.** 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:
<input type="checkbox"/> Applicant Meets Drug Standards		ACIC / ACCH Checked	
<input type="checkbox"/> Applicant Does Not Meet Drug Standards			
Criminal History Check Completed and Documented		NCIC / III Checked	

Name: _____

SSN #: _____

39. DO YOU HAVE PRIOR PEACE OFFICER CERTIFICATION / EMPLOYMENT IN ARIZONA OR ANY OTHER STATE(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, provide the following information: NAME OF AGENCY	DATES OF EMPLOYMENT		CITY	STATE
	From	To		

- a. If prior Arizona certification, attach verification of most current AZ POST continuing training, proficiency training, and firearms qualifications.
- b. Have you ever been the subject of an internal investigation, resigned during an investigation or resigned to avoid an investigation? Yes No
If YES, provide a full explanation on the Continuation Sheet.
- c. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? Yes No
If YES, provide a full explanation on the Continuation Sheet.
- d. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? Yes No
If YES, provide a full explanation on the Continuation Sheet.
- e. Have you received discipline for any improper conduct as a peace officer? Discipline: Letter of reprimand/counseling, suspension, termination or demotion. Yes No
If YES, provide a full explanation on the Continuation Sheet.

40. Have you applied with any law enforcement agencies? Yes No
If YES, please provide ALL Agencies and Positions. Use Continuation Sheet if Necessary

Name of Agency	Position	Date of Application	Was Polygraph taken?
			<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

41. 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	
Training and Firearms Requirements Documentation on file		Valid Certification Verified and Documentation on file	
Improper Conduct Researched and Documentation on file		Fingerprint Card Submitted - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	

Name: _____

SSN #: _____

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	
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.	
M.E. and M.H. 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. record checks have 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:

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

NAME OF REVIEWER:	TITLE:
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SIGNATURE OF REVIEWER:	DATE:
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AUDITED BY AZ POST BY (name):	ON (date):
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