



VOLUNTEER BACKGROUND APPLICATION

Dear Applicant:

Thank you for applying for a civilian position in the Phoenix Police Department. To expedite the hiring process, we ask that you adhere to the following guidelines:

- FORMS MUST BE LEGIBLY PRINTED BY YOUR OWN HAND IN **BLACK INK**.
- THE 1ST PAGE OF THE APPLICATION MUST BE NOTARIZED BEFORE SUBMISSION.
- READ EACH QUESTION CAREFULLY.
- MAKE CERTAIN THAT EACH QUESTION IS ANSWERED **COMPLETELY AND ACCURATELY**. IF ADDITIONAL SPACE IS NEEDED, USE THE SUPPLEMENTAL PAGES. YOU MAY WISH TO MAKE EXTRA COPIES OF THE SUPPLEMENTAL PAGE PRIOR TO COMPLETING THIS DOCUMENT.
- DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE **DNA** IN THE SPACE.
- **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT ALL APPLICABLE ADDRESSES, ZIP CODES AND PHONE NUMBERS COMPLETED.**

After you have answered all of the questions on the **CIVILIAN BACKGROUND APPLICATION**, include in the envelope provided photocopies of all the **IMPORTANT DOCUMENTS** listed below along with **2 passport photos** and return/mail to:

**Phoenix Police Department Employee Services Bureau
620 W. Washington Street
Phoenix, AZ 85003-2108.**

You must bring the original documents (See Page 2), to your first scheduled appointment. Once we receive your application, we will review it and call you to schedule an appointment for an interview. Please provide phone numbers that have message machines so we can leave a message if you are not available at the time of our call.

Your interview will be conducted at **Phoenix Police Headquarters, 620 W. Washington RM# 107, Employment Services Bureau, Phoenix.** This appointment may last several hours so please plan accordingly.

Parking is your responsibility. There is free parallel parking in the area of 7th Ave. and Adams (SWC), also a city parking garage is available on Jefferson between 3rd & 4th Avenues, north side of the street. If you park in the garage, bring the ticket with you and have the front desk Officers stamp it to receive a discount.

If you have any questions, please feel free to contact a Civilian Background Investigator at 602-262-6925.



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IMPORTANT DOCUMENTS

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS / ITEMS WHICH APPLY, WHEN RETURNING YOUR COMPLETED APPLICATION:

- *BIRTH CERTIFICATE (Certified issued by the Health Department)*
- *DIPLOMAS, GED, DEGREES, EDUCATIONAL CERTIFICATES*
- *DRIVER'S LICENSE*
- *SOCIAL SECURITY CARD*
- *PROOF OF AUTO INSURANCE*
- *MARRIAGE LICENSE*
- *DIVORCE DECREE*
- *BANKRUPTCY DISCHARGE*
- *DD-214, MEMBER 4 COPY, MILITARY DISCHARGE*
- *THE TWO MOST RECENT WRITTEN JOB PERFORMANCE RATINGS*
(From your current employer and any from past employers you may have)
- **TWO PASSPORT PHOTOGRAPHS (2" x 2")**
(These can be obtained from Walgreens, CVS, Kinkos, Alpha Graphics, Costco or similar type businesses)

PLEASE REMEMBER TO BRING THE ORIGINAL DOCUMENTS WITH YOU AT YOUR FIRST SCHEDULED INTERVIEW. THEY WILL BE EXAMINED AND RETURNED TO YOU.



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AUTHORIZATION FOR RELEASE OF INFORMATION & CERTIFICATION

I hereby certify under penalty of A.R.S. 13-2704, 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 a knowing and willful false statement on this form constitutes a violation of the law.

SIGNATURE OF APPLICANT: _____ DATE: _____

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 employed with the City of Phoenix Police department. 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 **PHOENIX POLICE DEPARTMENT**. 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.

I authorize the Phoenix Police Department to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exception, if any:

EXCEPTION: (Make note if you do not want your present employer contacted, and why).

Signature of Applicant: _____ Date: _____

Sworn and Subscribed To Before Me This _____ Day of _____,

By: _____

State of: _____

County of: _____

Signature of Notary Public: _____



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STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR EMPLOYMENT

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"(does not apply) in that answer block. Incomplete or unsigned statements **cannot** be processed. If additional space is required, use the attached 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:
Age:	Height:	Weight:	Hair Color:	Eye Color:
8. List here any other names, Date of Births or Social Security Numbers 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.				



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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 E-Mail address: <i>if available</i>	Home Telephone No.	Work Telephone No.	Years Known
	E-Mail :			
	E-Mail			
	E-Mail :			
	E-Mail			

19. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST TEN YEARS.
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship



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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.

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, Zip & State)	Supervisor's Name and Phone Number E-Mail: <i>if available</i>	Job Title/Duties	Reason for Leaving
From	To				
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		



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Dates of Employment		Name and Address of Employer (Street, City, State Zip Code)	Supervisor's Name and Phone Number E-Mail: <i>if available</i>	Job Title/Duties	Reason for Leaving
From	To				
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		

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



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

From	To	Street Address	City	State/Zip Code/County

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



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26. FINANCIAL: Please use Continuation Sheet if necessary				
Have you ever been served with a delinquency notice or served with a garnishment regarding any of your financial obligations within the last five years? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, explain on the supplemental sheet provided.</i>				
If a credit check is run on your past credit history, will any negative information be revealed? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, explain on the supplemental sheet provided.</i>				
27. CURRENT DRIVER'S LICENSE: State: _____ Expiration Date: _____ License Number: _____		28. PREVIOUS DRIVER'S LICENSE INFORMATION List all states/countries where you have been licensed:		
29. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.				
30. 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"/>	
			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"/>	



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31. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:												
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"/>										
32. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #31, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> a. How the drug was ingested or consumed b. The duration of usage c. The motivation for use </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> d. How the drug was obtained e. Why you stopped using the drug f. Any other factors you believe are relevant </td> </tr> </table>							a. How the drug was ingested or consumed 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				
a. How the drug was ingested or consumed 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											
33. CRIMINAL CONDUCT:												
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; padding: 5px;"> a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet. </td> <td style="width: 15%; text-align: right; padding: 5px;">YES <input type="checkbox"/></td> <td style="width: 15%; text-align: right; padding: 5px;">NO <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"> b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? If YES provide a full explanation on the Continuation Sheet. </td> <td style="text-align: right; padding: 5px;">YES <input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">NO <input type="checkbox"/></td> </tr> </table>							a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
34. 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 <input type="checkbox"/> NO <input type="checkbox"/>							
If YES provide a full explanation on the Continuation Sheet.												
35. 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 <input type="checkbox"/> NO <input type="checkbox"/>							
If YES provide a full explanation on the Continuation Sheet.												



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36. Do you have prior police agency employment in Arizona or any other states? 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. Have you ever been employed with another police agency? If YES, answer the following questions:				
b. Have you, while on duty as a police agency employee, 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"/>
c. Have you received discipline for any improper conduct as a police agency employee? 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"/>
37. 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"/>	
38. 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 employment.				
SIGNATURE OF APPLICANT: _____			DATE: _____	

