

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION



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

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:

AZ POST Form PH (Sept. 2015) Page 1 of 10



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 appoint	ted and certified as a peace	e officer. I his includes, but is not						
limited to, all information related to my employment, pe	erformance, disciplinary his	tory, 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 im	imunity provided by statute	. I DO HEREBY RELEASE from any						
and all liability, all persons or entities disclosing inform	ation pursuant to this relea	se.						
Signature of Applicant:		Date:						
Sworn and Subscribed To Before Me This:	Day of							
By:								
By:								
State of:	County of:							
Signature of Notary Public:								

A STANDARDS AND	Arizona Peace Officer Standards and	SALANDARDS AND
	Training Board	
ALTON	STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION	Antonio -

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 Co			9:			
5.	Date of Birth (Month/Day/Year): 6.	Place of Birth (City, S	tate): 7.	Social Security Nur	nber:	·				
8.	8. List here any other names, DOB's or SSN's you have used:									
9.	Current Marital Status:		10.	Spouse's Name Bef	ore Marriage:					
11.	Home Telephone Number:	12. Work Telep	hone Number	:	13. Cell/Mobile Number:					
14.	Are you a citizen of the United States? Y	ES 🗆 NO 🗆 🛛 Ple	ase attach a co	opy of Birth Certificate o	r other verification	n of citizenship.				
15.	Do you have (Check One) G.E.D. Certified Please attach a copy of one of the above.	cate 🛛 High School D)iploma	16. When and whe	ere did you receiv	ve it?				
17.	MILITARY SERVICE: YES D NO D	f YES, attach the MEMB	ER 4 copy of t	he DD 214 and continue	e with this section.	. If NO skip to #18.				
	Branch of Service:			Date Entered: Date Separated:						
	Honorable Discharge: YES NO NO			Were you ever arrest	ed, cited or apprel	hended by military police?				
	If NO list type of discharge/separation and exp	lain on the Continuation	Sheet.	YES D NO D I	f YES, explain on	the Continuation Sheet.				
	Are you currently a member of a U.S. Reserve	or National Guard Unit?		Were you ever the subject of a report or investigation by military police or						
	YES NO If YES, list current assi	gnment:		other investigative service (i.e., CID, NIS, OSI)?						
				YES NO If YES, explain on the Continuation Sheet.						
	Did you ever receive a court martial or non-jue If YES explain on the Continuation Sheet.	licial punishment for a vio	plation of the U	niform Code of Military	Justice (UCMJ)?	YES D NO D				
AGE	INCY VERIFICATION:		INITIALS:	DATE:	1					
U.S.	Citizen (Documentation in File)			High School Diploma	/GED (Documenta	ation in File)				
21 Y	ears of Age			Military Service if app	licable (Documen	tation in File)				

AZ POST Form PH (Sept. 2015) Page 3 of 10

18.	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 Ac	dress, C	ity, State, Zip	Code	Home Telephone No.	Wo Telep No	hone	Years Known	
19.	EXCLUDING FAMILY MEMB Use the Continuation Sheet if	ERS, LIST ALL PERS necessary.	ONS YOU	U HAVE LIVE		THE PAST FIVE YE	ARS.			
	Name	Street Ac	ddress, C	Sity, State, Zip	Code	Home Telephone No.		Relatio	onship	
20.	FAMILY REFERENCES: List if necessary.	all immediate relatives	s, (i.e., pa	rents, siblings,	spouse, ex-spous	e(s) and all children). Use the	e Contir	nuation Sheet	
	Name	Relationship	Age	Sti	reet Address, City	y, State, Zip code		Tele	phone No.	
AG	ENCY VERIFICATION:			INITIALS:	DATE:				INITIALS:	
Per	sonal References Contacted an	d Results Documented	1		Residences and	Family References I	Listed			

AZ POST Form PH (Sept. 2015) Page 4 of 10

21. EMPLOYMENT HISTORY: Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.										
Dates of Employment Name and Address (Street, City, City		s of Employer , State)	Supervisor's and Phone N	s Name lumber	Job	Title/Duties	Reas	son foi	Leaving	
22. LIST		GES OR UNIVERSITI	ES YOU HAVE AT	TTENDED (Begir	ning with th	ne most re	ecent):			
	Scho	ool	Dates Attended		Course o	f Study		Degree Received or Total Credit Hours		ceived or lit Hours
23. RESI	DENCES: Li	st all residences during	g the past five yea	ars. Use the Cont	inuation She	eet if nec	essary.			
From	То		Street A	ddress City					Stat	e/County
	/ERIFICATIO	DN:		INITIALS:	DATE:					INITIALS:
Employmer	nt Verified an	d Results Documented	d		Certificate	s or Deg	rees, Documentatio	n in File		
Residences	s Verified and									

AZ POST Form PH (Sept. 2015) Page 5 of 10

incide	24. POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Includ 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 Age	ncy		Original Ch	narge	Disp	osition/Court Ac	tion
25. CIVIL ACTIONS List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):									
Date	Location	A	ction or I	Proc	eeding		Disp	osition/Court Ac	tion
26. CURI	RENT DRIVER'S LICENSE			27.	PREVIOUS	DRIVER'S	LICENSE IN	FORMATION	
State:	Expiration Date:			List all states/countries where you have been licensed:					
	ers License Number:								
	you ever had your Driver's Lice								on Sheet.
	OR VEHICLE OPERATION: List al								
Date	Location and Issuing	Agency	Violati	ion (Charged	Collisior	on Related Court Disp		sition
						YES 🗆			
						YES 🗆	№ 🗆		
						YES 🗆	NO 🗆		
						YES 🗆	№ 🗆		
AGENCY V	ERIFICATION:		INITIAL	.S:	DATE:				INITIALS:
	acts Queried and Results Docume				Civil Actions	Queried and	d Results Do	cumented in Files	
Motor Vehic	le 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 <u>not</u> 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?		U EVER USED, TI ERIMENTED WIT		IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA		YE	S NO					
COCAINE/CRACK		YE	s I no I					
METHAMPHETAMINE/SPEED		YE	в по П					
HEROIN		YE	s 🗆 no 🗆					
OPIUM		YE	в по П					
MORPHINE		YE	в Поп					
LSD/ACID		YE	в Поп					
PEYOTE		YE	в Поп					
MESCALINE		YE	в по П					
HASHISH		YE	в Поп					
STEROIDS		YE	в по П					
ANY OTHER ILLEGAL DRUG OR NARCOTIC		YE	S NO D					
ILLEGAL USE OF PRESCRIPTION DRUGS		YE	в Поп					
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, 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. 								
b. Have you ever commi	itted a felony or an offense which v itted a criminal offense involving di 2b, provide a full explanation on t	shonesty,	theft, unlawful	sexual		ysical violence?	YES YES	
 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? 								
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?								
AGENCY VERIFICATION:	ation on the Continuation Sheet.		INITIALS:	DATE	E:			INITIALS:
Applicant Meets Drug Standards/	Does Not Meet Standards Yes □	No 🗆		ACIC	ACCH Checke	ed		
Criminal History Check Completed	d and Documentation in File			NCIC	/III Checked			

AZ POST Form PH (Sept. 2015) Page 7 of 10

35. Do you have prior peace office	35. Do you have prior peace officer certification/employment in Arizona or any other state(s)?							
If YES provide the following info	ormation:	Dates of En	nployment	014		04-4-		
Name of Agency		From	То	City		State		
a. If prior Arizona certified, attac	ן א verification of most current A	Z POST cor	itinuing and	I proficiency training and firearms qualified	cations.			
 b. Has your peace officer certific If YES provide a full explanation 		d, canceled	or denied fo	r any reason?	YES 🗌 NC			
c. Have you, while on duty as a p If YES provide a full explanatio		ization, use	d or been un	der the influence of spirituous liquor?	YES 🗌 NC			
d. Have you received discipline Continuation Sheet. Discipline				S provide a full ex planation on the on or demotion.	YES D NC			
36. Have you applied with any othe	er law enforcement ageno	cies in the	past three	years?	YES D NC			
If YES provide the following Name of	information: Agency			Date of Application	Was Polygr	aph taken?		
					YES D NC			
					YES D NC			
37. CERTIFICATION:			1		1			
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	S: DATE:			INITIALS:		
Previous Agencies Applied To Queried and F	esults Documented			ation History Verified and Results Doc				
Training and Firearms Requirements Docume	entation in File		Valid C	Certification Verified and Documentation	n in File			
Improper Conduct Researched and Documer	tation in File		Finger	print Card Submitted - AZ DPS				
Signature and Date Completed			Finger	print Card Submitted - FBI				

AZ POST Form PH (Sept. 2015) Page 8 of 10



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

Continuation Sheet							
Please sta answers f	Please state the applicable question number for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.						
Question Number	Explanation, Clarification, etc.						

Agency:

	AGENCY VERIFICATON 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 Ap	plicants – 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.				
Inconsiste form.	ent information from applicant during background process, including polygraph, corrected by applicant on AZPOST PH				
Applicant	meets minimum qualifications and documentation is complete and in file.				
Applicant	does not meet minimum qualifications. Application Process Terminated				
Medical Ex	kamination completed and in file and applicant meets standards.				
Medical Ex	kamination completed and in file and applicant does not meet standards				
ME and M	H 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/A	ACIC/ACCH records check completed and in file and no record found.				
NCIC/III/A	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 f	or 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 patter 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:				
SIGNATU	RE OF REVIEWER: DATE:				

AZPOST Form PH (September 2015) Page 10 of 10