ARIZONA DEPARTMENT OF PUBLIC SAFETY

AGENCY SUPPORT DIVISION - Human Resources Bureau

# APPLICATION - Detention Transport Officer

M. D. 1100, P. O. BOX 6638, PHOENIX, ARIZONA 85005-6638

| H.R. USE ONLY | |
|---|---|
| INPUT DATE | JOB CODE |
| ANALYST | REVIEW DATE |
| MEETS MQ'S ☐ Yes ☐ No | |

| **LAST** NAME (maximum 25 characters) | **FIRST** NAME (max. 15 characters) | **M.I.** | SOCIAL SECURITY NO. |
|---|---|---|---|
| | | | |

| **STREET** ADDRESS (maximum 235 characters) | APT NO. | CITY (maximum 18 characters) | STATE | ZIP CODE |
|---|---|---|---|---|
| **MAILING** ADDRESS (if different from above address) | APT NO. | CITY | STATE | ZIP CODE |

| **HOME** PHONE NO. | **WORK** PHONE NO. | **CELL** PHONE NO. | EMAIL ADDRESS |
|---|---|---|---|
| | | | |

| DATE OF BIRTH (mm/dd/yyyy) | **PLACE OF BIRTH** | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | *OR* | |

LIST ANY OTHER NAMES, DATES OF BIRTH, OR SOCIAL SECURITY NUMBERS YOU HAVE USED: (maximum 74 characters)

HOW DID YOU HEAR DPS IS HIRING?

☐ DPS Employee ☐ Family / Friends ☐ DPS Internet Site ☐ Recruiter ☐ TV / Internet ☐ Radio

☐ Newspaper ☐ Magazine ☐ Job Fair (where / date) _____

☐ School / College _____ ☐ Other _____

| MARITAL STATUS | **CURRENT** SPOUSE FIRST NAME | M.I. | LAST NAME | **CURRENT** SPOUSE DATE OF BIRTH |
|---|---|---|---|---|
| ☐ Married | | | | |
| ☐ Single | DATE OF MARRIAGE | DATE OF DIVORCE | MAIDEN NAME (if applicable) | |
| ☐ Separated | | | | |
| ☐ Divorced | **PREVIOUS** SPOUSE NAME | | | |
| ☐ Widowed | | | | |

| YES | NO | | |
|---|---|---|---|
| ☐ | ☐ | 1. | Have you at anytime in your life been known by any names other than those which appear on your application? If **YES**, what were those names? _____ |
| ☐ | ☐ | 2. | Have you lived / worked in any other states or countries? If **YES**, please list. _____ |
| ☐ | ☐ | 3. | Do you know anyone who works or worked for the Arizona Department of Public Safety (DPS)? If **YES**, please list all the names. _____ |
| ☐ | ☐ | 4. | Have you been on a DPS ride-a-long? If **YES**, with whom? _____ |

## CAREER GOALS

5. Why do you want to be a detention transport officer with the Arizona Department of Public Safety (DPS)?

6. When did you first decide to pursue a career in law enforcement?

7. If you are currently in law enforcement, detention / corrections, why do you desire to change agencies?

8. How will working for the Arizona Department of Public Safety (DPS) be different from where you are currently working?



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| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## CAREER GOALS - continued

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 9. Are you at least 21 years old? |
| ☐ | ☐ | 10. Are you a citizen of the United States of America? *Please attach a copy of your verification of citizenship.* |
| ☐ | ☐ | 11. Do you have a high school diploma or GED?<br>When and where did you receive it? _____ |
| ☐ | ☐ | 12. Do you have, or will you be able to obtain, a valid Arizona driver license prior to beginning employment? |
| ☐ | ☐ | 13. Are you currently authorized to enforce immigration laws as a federal officer or under Immigration and Customs Enforcement Section 287 (g) / delegation of authority? |
| ☐ | ☐ | 14. Some assignments in this classification may be required to complete immigration enforcement training. Can you speak Spanish fluently? |

## ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES QUESTIONNAIRE

If you answer "**YES**" on any of the areas listed below, please provide a **full** explanation on the attachment provided at the end of this form. Include, if applicable, the following: **1)** how the drug was ingested or consumed, **2)** the duration of usage, **3)** the motivation for use, **4)** how the drug was obtained, **5)** why you stopped using the drug, **6)** and any other factors you believe are relevant.

| TYPE OF DRUG | Have you ever sold, produced, or transported for sale? | Have you ever tried or used? | If "YES," how many times? | How many times after age "21"? | Year / Date "First Used" (mm/yyyy) | Year / Date "Last Used" (mm/yyyy) |
|---|---|---|---|---|---|---|
| Marijuana | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Hashish | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Cocaine / Crack | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Amphetamines | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Methamphetamines | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Ecstasy | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Rush | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Barbiturates | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Heroin | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Opium | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Morphine | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| LSD / Acid | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| PCP / Acid | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Peyote | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Mescaline | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Mushrooms | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| Steroids (No. of cycles) | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |

**Vaporous Substances** (Please list, if more than one, please use attachment page provided at the end of this form.)

| | | | | | | |
|---|---|---|---|---|---|---|
| | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |

**Any other Illegal Drugs** (Please list, if more than one, please use attachment page provided at the end of this form.)

| | | | | | | |
|---|---|---|---|---|---|---|
| | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |

**Illegal use of Prescription Drugs** (Please list, if more than one, please use attachment page provided at the end of this form.)

| | | | | | | |
|---|---|---|---|---|---|---|
| | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |

☐ See attachment page provided at the end of this form for a full explanation of any question answered with a "**YES**."



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| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## ILLEGAL USE OF DRUGS - continued

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 15. Have you ever bought, sold, transported, and / or manufactured any illegal drugs and / or any component of an illegal drug? |
| ☐ | ☐ | 16. Have you ever used a prescription drug that was not prescribed for you? |
| ☐ | ☐ | 17. Have you ever administered / injected any illegal drug into another individual's body? |
| ☐ | ☐ | 18. Have you ever operated a motor vehicle while impaired to the slightest degree by alcohol and / or drugs? |
| ☐ | ☐ | 19. Have you ever been arrested for Driving Under the Influence (DUI) in any state or country? |
| ☐ | ☐ | 20. Have you ever resided with anyone who was cultivating, manufacturing, distributing or selling marijuana or any other illegal substance? |
| ☐ | ☐ | 21. Do you consume alcoholic beverages? |
| ☐ | ☐ | 22. Have you ever consumed alcohol while at work? |
| ■ | ■ | 23. How much alcohol do you consume in a month? _____ |

## DOMESTIC VIOLENCE

Domestic Violence is defined in the law as certain criminal acts committed between person who have been involved in a relationship and who live together in the same household (or who have lived together in the past), or persons who have a child in common or are expecting a child (regardless of whether they have resided in the same household), and the victim is related to the defendant's spouse by blood or court order as a parent, grandparent, child, grandchild, sibling, or by marriage as a parent-in-law, step-parent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law.

The specific acts defined in the law are: assault, criminal damage, endangerment, imprisonment, intimidation, kidnapping, trespassing, disorderly conduct and reckless display or discharge of a deadly weapon or dangerous instrument.

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 24. Has any law enforcement agency ever responded to your residence, temporary or permanent, for any reason relating to domestic violence? |
| ☐ | ☐ | 25. Have you ever committed an act of domestic violence according to the definition provided? |
| ☐ | ☐ | 26. Are you currently, or have you ever been, delinquent with child support payments? |

## CRIMINAL HISTORY

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 27. Have you ever had contact with any law enforcement official? |
| ☐ | ☐ | 28. Have you ever been detained by a law enforcement official? |
| ☐ | ☐ | 29. Have you ever been charged with a crime? |
| ☐ | ☐ | 30. Have you ever been accused of a crime? |
| ☐ | ☐ | 31. Have you ever been arrested? |
| ☐ | ☐ | 32. Have you ever been booked into jail? |
| ☐ | ☐ | 33. Have you ever been convicted of a crime? |
| ☐ | ☐ | 34. Have you ever received a non-motor vehicle related civil or criminal citation? |
| ☐ | ☐ | 35. Have you, your spouse / partner, or any member of your immediate family ever been convicted or held in a detention facility, jail or prison? |
| ☐ | ☐ | 36. Do you now or have you ever had any gambling debt? |
| ☐ | ☐ | 37. Have you ever gambled with an employer's money? |
| ☐ | ☐ | 38. Have you ever worked for a gambling operation or booked any bets? |
| ☐ | ☐ | 39. Has any law enforcement officer or agency ever responded to your residence for any reason? |
| ☐ | ☐ | 40. Are you now or have you been in the past associated with or a member of a group, who participates in any criminal activities? (If **YES**, identify what type of group, identify any names used by the group to identify it and what period of time you were associated with or a member of the group on the attached page provided). |

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."



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| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## CRIMINAL HISTORY - continued

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 41. Have any family members or friends either now or in the past been associated with or a member of a group who participates in any criminal activities? (If **YES**, identify what type of group, identify any names used by the group to identify it and what period of time they were associated with or a member of the group.) |
| ☐ | ☐ | 42. Do you have any body tattoos, brands, markings or piercings associated with or identifying you as being a past or present member of a group that has been or is participating in criminal activities? (If you have any body tattoos, brands, markings or piercings of this type, identify what they are, what they represent and when they were acquired.) |
| ☐ | ☐ | 43. Have you every been involved in, **committed**, **witnessed**, **participated in**, been **arrested** for or **detained** for investigative purpose for any of the following: |

| | Date | City, State or Country | Involvement / Disposition |
|---|---|---|---|
| ☐ Homicide / Attempted Homicide | | | |
| ☐ Manslaughter | | | |
| ☐ Kidnapping | | | |
| ☐ Hit and Run Accident | | | |
| ☐ Arson | | | |
| ☐ Illegal Explosives | | | |
| ☐ Auto Theft | | | |
| ☐ Shoplifting | | | |
| ☐ Switching Price Tags on Store Merchandise | | | |
| ☐ Assault or Aggravated Assault | | | |
| ☐ Fraud | | | |
| ☐ Use of Fake or Altered I.D. | | | |
| ☐ Burglary | | | |
| ☐ Robbery | | | |
| ☐ Criminal Damage | | | |
| ☐ Graffiti | | | |
| ☐ Fighting or Disorderly Conduct | | | |
| ☐ Providing Alcohol to Minors | | | |
| ☐ Weapons Violation | | | |
| ☐ Written / Issued Bad Check or Altered Check | | | |
| ☐ Possession of Stolen Property | | | |
| ☐ Bribery | | | |
| ☐ Perjury | | | |
| ☐ Illegal Immigration | | | |
| ☐ Bomb Threat | | | |
| ☐ False Reporting | | | |
| ☐ Terrorist Acts | | | |
| ☐ Harboring a Fugitive | | | |
| ☐ Sexual Misconduct with a Minor | | | |
| ☐ Soliciting Prostitution | | | |

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."



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| **LAST** NAME | **FIRST** NAME | **M.I.** |
|---|---|---|
| | | |

## CRIMINAL HISTORY - continued

| | Date | City, State or Country | Involvement / Disposition |
|---|---|---|---|
| ☐ Prostitution | | | |
| ☐ Indecent Exposure | | | |
| ☐ Sexual Assault / Date Rape | | | |
| ☐ Crimes Against Children | | | |
| ☐ "Peeping Tom" | | | |
| ☐ Gang Activity | | | |
| ☐ Anti-Government Agenda | | | |
| ☐ Computer Hacking | | | |
| ☐ Viewed or Downloaded Child Pornography | | | |
| ☐ Hate Crimes | | | |

## EMPLOYMENT HISTORY

Show complete experience in each position beginning with your current or last position, including military experience. A resume may be attached, but will **not** be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

| **CURRENT** EMPLOYER (maximum 40 characters) | | | | | | JOB TITLE (maximum 33 characters) | | |
|---|---|---|---|---|---|---|---|---|
| STREET ADDRESS (maximum 40 characters) | | | | | | CITY (maximum 20 characters) | STATE | ZIP CODE |
| TELEPHONE NO. *(Include Area Code)* | EMPLOYMENT DATE: **TO** | | | **FROM** | **TOTAL TIME EMPLOYED:** | YEARS | MONTHS | HOURS PER WEEK |
| NO. OF EMPLOYEES SUPERVISED | **SALARY:** | STARTING | PER | ENDING | PER | SUPERVISOR (maximum 22 characters) | | |

Description of Work: (maximum 938 characters)

| May we contact your employer? | Reason for Leaving (be specific): (maximum 171 characters) |
|---|---|
| ☐ Yes<br>☐ No | |

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."



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| | | |

## EMPLOYMENT HISTORY - continued

| PREVIOUS EMPLOYER (maximum 40 characters) | | | | | | JOB TITLE (maximum 33 characters) | | |
|---|---|---|---|---|---|---|---|---|
| STREET ADDRESS (maximum 40 characters) | | | | | | CITY (maximum 20 characters) | STATE | ZIP CODE |
| TELEPHONE NO. *(Include Area Code)* | EMPLOYMENT DATE: **TO** | | **FROM** | | **TOTAL TIME EMPLOYED:** | YEARS | MONTHS | HOURS PER WEEK |
| NO. OF EMPLOYEES SUPERVISED | **SALARY:** | STARTING | PER | ENDING | PER | SUPERVISOR (maximum 22 characters) | | |

Description of Work: (maximum 737 characters)

May we contact your employer?

☐ Yes

☐ No

Reason for Leaving (be specific): (maximum 171 characters)

| PREVIOUS EMPLOYER (maximum 40 characters) | | | | | | JOB TITLE (maximum 40 characters) | | |
|---|---|---|---|---|---|---|---|---|
| STREET ADDRESS (maximum 40 characters) | | | | | | CITY (maximum 20 characters) | STATE | ZIP CODE |
| TELEPHONE NO. *(Include Area Code)* | EMPLOYMENT DATE: **TO** | | **FROM** | | **TOTAL TIME EMPLOYED:** | YEARS | MONTHS | HOURS PER WEEK |
| NO. OF EMPLOYEES SUPERVISED | **SALARY:** | STARTING | PER | ENDING | PER | SUPERVISOR (maximum 22 characters) | | |

Description of Work: (maximum 737 characters)

May we contact your employer?

☐ Yes

☐ No

Reason for Leaving (be specific): (maximum 171 characters)

| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## EMPLOYMENT HISTORY - continued

| PREVIOUS EMPLOYER (maximum 40 characters) | | | | | | JOB TITLE (maximum 40 characters) | | |
|---|---|---|---|---|---|---|---|---|
| STREET ADDRESS (maximum 40 characters) | | | | | | CITY (maximum 20 characters) | STATE | ZIP CODE |
| TELEPHONE NO. *(Include Area Code)* | EMPLOYMENT DATE: **TO** | | **FROM** | | **TOTAL TIME EMPLOYED:** | YEARS | MONTHS | HOURS PER WEEK |
| NO. OF EMPLOYEES SUPERVISED | **SALARY:** | STARTING | PER | ENDING | PER | SUPERVISOR (maximum 22 characters) | | |

Description of Work: (maximum 603 characters)

| May we contact your employer? | Reason for Leaving (be specific): (maximum 171 characters) |
|---|---|
| ☐ Yes<br>☐ No | |

☐ See attachment page provided at the end of this form for additional "**Employment History.**"

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 44. Have you had any jobs not listed on this application? If **YES**, please explain. |
| ☐ | ☐ | 45. Do you have any gaps in employment? If **YES**, please explain. |
| ☐ | ☐ | 46. Have you ever been dismissed, asked to resign or laid off from any employment? If **YES**, please explain. |
| ☐ | ☐ | 47. Have you ever left a place of employment because you thought you were going to be dismissed or asked to resign? If **YES**, please explain. |
| ☐ | ☐ | 48. Have you ever taken any items from an employer? If **YES**, please explain. |
| ☐ | ☐ | 49. Are the addresses and phone numbers listed for each employer current and correct? If **NO**, please explain. |
| ☐ | ☐ | 50. In any employment setting, have you ever received a verbal or written reprimand, suspension or demotion? If **YES**, please explain. |

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."



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| LAST NAME | FIRST NAME | M.I. |
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| | | |

## EMPLOYMENT HISTORY - continued

YES NO

☐ ☐ 51. In any employment setting, have you ever been involved in any incident involving discrimination or sexual harassment? If **YES**, please explain. _____

☐ ☐ 52. In any job that you've held, have you been involved in any physical or verbal confrontations with co-workers, supervisors, or customers? If **YES**, please explain. _____

☐ ☐ 53. Have you ever attended a law enforcement or detention / corrections training academy? If **YES**, please explain.

| Sponsoring Agency and Academy Attended | Date | Status |
|---|---|---|
| | | |
| | | |
| | | |

☐ ☐ 54. Are you currently AZ POST certified (Arizona Police Officer Standards and Training Board)? If **YES**, please indicate date of certification, current agency, and academy name (i.e., ALEA, NARTA, GCC, etc.).

| DATE | AGENCY | ACADEMY |
|---|---|---|
| | | |

☐ ☐ 55. List **all** law enforcement, and / or detention / corrections agencies you have applied with in your lifetime.

| Agency | What Position? | Date | Last Step Completed | End Result | Polygraph Taken? |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |

☐ See attachment page provided at the end of this form for additional "**Employment History.**"

## EDUCATION

List all colleges, universities and / or trade schools you have attended. Please begin with the most recent.

| Date Attended | Name of College / University | Course of Study | Total Credit Hours | Degree Received |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

YES NO

☐ ☐ 56. Have you ever been expelled, suspended or disciplined as a high school or college student? If **YES**, please explain.

☐ ☐ 57. Do you have any special licenses or certifications? If **YES**, please list (i.e., Pilot license, EMT, etc.).

Please list any other education or training acquired. _____

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."

| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## MILITARY STATUS

YES NO

☐ ☐ 58. Have you served in the U.S. Military? If **YES**, please attach the number 4 copy of the DD214 and complete this section.

| BRANCH OF SERVICE | HIGHEST RANK ACHIEVED | RANK AT DISCHARGE |
|---|---|---|
| | | |

☐ ☐ 59. Did you receive an Honorable Discharge? If **NO**, please list type of discharge / separation and what were the specific circumstances leading to your discharge.

_____

_____

☐ ☐ 60. Were you ever arrested, cited or apprehended by military police? _____

☐ ☐ 61. Did you receive any disciplinary action while in the military? _____

☐ ☐ 62. Have you ever been involved in combat while serving in the military? _____
*location and dates*

☐ ☐ 63. Are you currently a member of a U.S. Reserve or National Guard Unit? If **YES**, please list your current assignment.

_____

☐ ☐ 64. Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?

☐ ☐ 65. Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military?

## DRIVING HISTORY

YES NO

| LICENSE NO. | STATE |
|---|---|
| | |

☐ ☐ 66. Do you have a current driver license?

Previous driver license information - please list all states and countries where you have been licensed.

_____

☐ ☐ 67. Have you ever been involved in a collision while driving a motor vehicle?

☐ ☐ 68. Has your driver license ever been suspended, restricted, revoked, and / or canceled for any reason?

☐ ☐ 69. Motor Vehicle Operation: Please list all moving violations for which you were cited. Use the attachment page provided at the end of this form, if necessary.

| Violation Charged | Date | Location | Issuing Agency | Court Disposition | Collision Related? |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |

**The next section is ONLY for applicants who have ever worked in any branch of Law Enforcement, and / or detention / corrections. If you have NOT, please go to the following section, "Statement of Truthfulness."**

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."

| **LAST** NAME | **FIRST** NAME | **M.I.** |
|---|---|---|
| | | |

## This Section is ONLY for Applicants Who Have Ever Worked in Any Branch of Law Enforcement and / or detention / corrections.

| YES | NO | |
|---|---|---|
| ■ | ■ | 70. How many years of patrol experience do you have working as a certified police officer? _____ |
| ☐ | ☐ | 71. Has your peace officer certification been revoked, suspended, canceled, or denied for any reason? |
| ☐ | ☐ | 72. Have you committed or been accused of theft from where you have worked or where you are currently working? |
| ☐ | ☐ | 73. Have you committed or been accused of any theft from a prisoner / inmate? |
| ☐ | ☐ | 74. Have you ever had or solicited sex while you were on duty? |
| ☐ | ☐ | 75. Have you slept on duty or been disciplined for sleeping on duty? |
| ☐ | ☐ | 76. Have you falsified or been accused of falsifying any document? |
| ☐ | ☐ | 77. Have you ever consumed alcohol or illegal drugs while on duty? |
| ☐ | ☐ | 78. Have you, while on duty and without authorization, used or been under the influence of spirituous liquor? |
| ☐ | ☐ | 79. Have you ever consumed, inhaled, ingested or injected any illegal drug during the time you were employed in a law enforcement capacity? |
| ☐ | ☐ | 80. Have you ever committed, witnessed, participated in or been accused of perjury? |
| ☐ | ☐ | 81. Have you ever committed, witnessed, participated in or been accused of bribery or pay off? |
| ☐ | ☐ | 82. Have you ever committed, witnessed, participated in or been accused of accepting gratuities? |
| ☐ | ☐ | 83. Have you ever committed, witnessed, participated in or been accused of using excessive force? |
| ☐ | ☐ | 84. Have you ever been the subject of, or witness to, any criminal or internal investigations? |
| ☐ | ☐ | 85. Have you ever kept any items, evidence or found property, for personal use? |
| ☐ | ☐ | 86. Have you ever been disciplined for, or accused of, misuse or abuse of any employer equipment? |
| ☐ | ☐ | 87. Have you ever accidentally discharged your duty weapon? |
| ☐ | ☐ | 88. Have you ever been accused of, or disciplined for, committing any crime while employed in a law enforcement or detention / corrections capacity? |
| ☐ | ☐ | 89. Have you ever attempted to obtain or obtained any information from a criminal justice computer file for your personal use or someone else's personal use? |
| ☐ | ☐ | 90. Have you received discipline for any improper conduct as a peace officer or detention / corrections officer? If **YES**, please list. |

_____

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES**."



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| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## STATEMENT OF TRUTHFULNESS

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 91. Do you have any knowledge or information, in addition to that specifically asked for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or concerning your character, temperance, habits, employment, education, criminal record, etc.? If **YES**, please explain. |

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**DO NOT WAIT TO DISCLOSE INFORMATION YOU BELIEVE MAY BE DETRIMENTAL TO YOUR CHANCES OF OBTAINING EMPLOYMENT. INFORMATION THAT APPLICANTS HAVE FAILED TO DISCLOSE IN THE PAST MAY NOT HAVE ELIMINATED THEM HAD THEY ONLY BEEN HONEST DURING THE APPLICATION AND INTERVIEWING PROCESS. ALL ANSWERS WILL BE VERIFIED THROUGH VARIOUS RECORD CHECKS AS WELL AS A POLYGRAPH EXAMINATION.**

*I certify under penalty of law that the answers on this application are true and complete to the best of my knowledge. I understand I will be required to provide proof of age, citizenship and high school diploma or GED. I further understand if an investigation discloses untruthful or misleading answers, any lies, deception, misrepresentation or omission,* ***no matter how slight****, may result in my immediate disqualification from consideration.*

*I have read and understand all of the above statement.*

| _____ | X _____ | _____ |
|---|---|---|
| Applicant's Name Printed | Applicant's Signature | Date |

**NOTARY PUBLIC:**

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

_____
Notary Public

My commission expires: _____



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# EXPLANATION OF "YES" ANSWERS

| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

## EXPLANATION PROVIDED BELOW FOR THE FOLLOWING SECTION(S):

☐ Illegal Use of Drugs / Controlled Substances ☐ Domestic Violence ☐ Criminal History ☐ Employment History
☐ Education ☐ Military Status ☐ Driving History ☐ Statement of Truthfulness

**Please indicate each individual section(s) your explanation is referencing.** (maximum 2,485 characters)

☐ **Additional continuation page is attached.**



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