ARIZONA DEPARTMENT OF PUBLIC SAFETY

Street Address: 2102 West Encanto Blvd. Phoenix, Arizona

Address: PO Box 6638 Phoenix, AZ 85005-6638

Telephone: (602) 223-2290

ARIZONA LAW ENFORCEMENT MERIT SYSTEM COUNCIL

APPLICATION FOR EMPLOYMENT

FOR DPS USE ONLY					PAGE 1 of 8
MEET MQ's ☐ Yes ☐ No		TEST	SCORE	W	FACTORED
Remarks					
Polygraph Date/Time	Rank on List	Analyst	Total Points Earned		
			Preference Points	+	
			FINAL SCORE		

The Arizona Department of Public Safety (DPS) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, sex, age, or disability. No question in this application is intended to secure information to be used for such discrimination. Replies to all questions will be held in strict confidence, unless otherwise required by statute or Federal law. DPS is a drug-free workplace. **Pre-employment drug testing is required.**

INSTRUCTIONS

1. Please print clearly, using black ink or typewriter.
2. Write "DNA" if areas on the application do not apply to you.
3. Complete an application for each position for which you wish to apply.
4. **Be sure to sign and date the Certificate of Applicant on page 2.**

NOTE: For Police Communications Dispatcher applicants only

Please check locations of interest: → ☐ Phoenix ☐ Tucson ☐ Flagstaff

DATE	POSITION APPLIED FOR	
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		
HOME TELEPHONE (INCLUDE AREA CODE) ( ) -	WORK TELEPHONE (INCLUDING AREA CODE) ( ) -	

EDUCATION AND TRAINING

HIGH SCHOOL NAME, CITY AND STATE	DID YOU GRADUATE? ☐ YES ☐ NO	IF NO, DO YOU HAVE A GED? ☐ YES ☐ NO ISSUED BY: DATE:

COLLEGES/UNIVERSITIES, CITY AND STATE	DATES ATTENDED FROM -- TO	MAJOR/MINOR	GRADUATED? YES	NO	EARNED CREDITS	TYPE OF DEGREE	DATE AWARDED
	-		☐	☐			
	-		☐	☐			
	-		☐	☐			

BUSINESS, TRADE, TECHNICAL, MILITARY SCHOOLS, CITY AND STATE	DATES ATTENDED FROM -- TO	MAJOR/MINOR	GRADUATED? YES	NO	EARNED CREDITS	TYPE OF DEGREE	DATE AWARDED
	-		☐	☐			
	-		☐	☐			
	-		☐	☐			

PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED FOR POSITION	SERIAL NUMBER	ISSUED BY	DATE ISSUED	EXPIRATION DATE

DATE:

MI:

FIRST NAME:

PLEASE PRINT LAST NAME:

CERTIFICATE OF APPLICANT

All information contained in this application is subject to verification. Any omissions, misstatements, or falsifications in this application may be cause for rejection of this application, elimination from futher competition, removal of your name from an eligibility list, or discharge from employment.

A polygraph and background investigation is required for successful applicants. I voluntarily give my consent for officers, agents or employees of the DPS to conduct a background investigation using those means necessary to conduct and finalize the investigation. I release, hold harmless and promise not to sue those persons, who in good faith, provide information or opinions to those persons who conduct the investigation.

I certify that all statements in this application are true and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the Arizona Department of Public Safety under Arizona Law Enforcement Merit System Council Rules.

Signature: _____ Date: _____

EMPLOYMENT HISTORY

List your work record for the last ten years or since age 16, beginning with the most recent experience. Include self-employment, part-time employment and military service information. Explain any gaps between employment periods. **If required for the position which you are applying for, please include any relevant experience prior to the last ten years. Describe work experience clearly and accurately. The information you provide on this application will be used to determine your qualifications for employment. Review the functions and tasks listed on the Classification Description and describe your experience in terms of these duties**. (If a Classification Description is not included with this application, you may contact the DPS Human Resources for a copy). Please provide complete information – do **not** refer to a resume. If you need additional space, attach another sheet using the same format as below.

PRIOR DISCHARGES OR FORCED RESIGNATIONS

EMPLOYER	DATE DISCHARGED	REASON FOR DISCHARGE (Exclude any answers which would indicate disability, race, religion, color, sex or national origin.)

CONSENT TO CONTACT PRESENT EMPLOYER

I give my consent for DPS to contact my present employer:

☐ YES ☐ NO, Please explain:

NAME OF PRESENT OR MOST RECENT EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ( ) -	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

EMPLOYMENT HISTORY (Continued)

NAME OF PREVIOUS EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

NAME OF PREVIOUS EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ( ) -	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

NAME OF PREVIOUS EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ( ) -	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

EMPLOYMENT HISTORY (Continued)

NAME OF PREVIOUS EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ( ) -	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

NAME OF PREVIOUS EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ( ) -	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

NAME OF PREVIOUS EMPLOYER				FROM MO/YR	TO MO/YR
STREET ADDRESS			SALARY/WAGE $ PER	JOB TITLE	HOURS PER WEEK
CITY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ( ) -	NAME OF SUPERVISOR	
REASON FOR LEAVING					
DESCRIBE YOUR DUTIES					

JOB FACTORS

CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS:	YES	NO	
Are you willing to work any shift?	☐	☐	**If no, explain:**
Are you prepared to work irregular hours, beyond scheduled work hours or overtime, if required?	☐	☐	**If no, explain:**
Are you able to perform the essential functions of the positions as described?	☐	☐	**If no, explain:**
Are you legally entitled to work in the United States?	☐	☐	**If no, explain**
Have you ever filed an application with DPS before?	☐	☐	**If yes, list date and position:**
-If the answer to the previous question is yes, were you disqualified or your application rejected?	☐	☐	**If yes, explain:**
Have you ever been employed by the Arizona Department of Public Safety?	☐	☐	**If yes, list dates and ID number:** **ID#**

Are you now or have you ever been a member of any foreign or domestic organizaiton, association, movement, group or combination of persons which is totalitarian, fascist, communist, subversive, or which has adopted or demonstrates 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 or which seeks to alter the form of government of the USA or Arizona by unconstitutional means?

☐ NO ☐ YES, EXPLAIN BELOW:

Please complete applicable skills required for the position applied for.

SKILLS

SKILL	YES	NO	LEVEL OF SKILL	YEARS EXPERIENCE
TYPING	☐	☐	SPEED	
SHORT HAND	☐	☐	SPEED	
WORD PROCESSOR	☐	☐	TYPE	
OTHER KEYBOARD MACHINES (PERSONAL COMPUTER, ETC.)	☐	☐	TYPE	
COMPUTER SOFTWARE: -WORD PROCESSING	☐	☐	TYPE	
-DATABASE	☐	☐	TYPE	
- SPREADSHEET	☐	☐	TYPE	
- OTHER	☐	☐	TYPE	

LIST ANY OTHER SKILLS, ABILITIES, PROFESSIONAL ORGANIZATIONS ETC. THAT YOU FEEL WOULD BE USEFUL FOR US TO KNOW IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT (EXCLUDE ANSWERS WHICH WOULD INDICATE RACE, RELIGION, COLOR, AGE, SEX, NATIONAL ORIGIN OR DISABILITY.)

The laws of the state of Arizona require that preference points be added to the final examination of veterans and disabled persons, but **ONLY** if the applicant earns a passing grade without preference.

Submission of veteran and disability information is voluntary. It will be used only to award preference points and/or provide accommodation for testing and will otherwise remain confidential.

☐ Veteran (5 points): Any individual who has served for six months honorable active duty in the Armed Forces of the United States. Applicants need not meet the six month time limit if they honorably served for any length of time in the Armed Forces of the United States in an action defined in ARS 42-276. If, after adding preference points, a tie exists between a veteran and a non-veteran, the veteran shall be placed on the list before the non-veteran. Honorable active duty is full time duty in the Armed Forces which results in an honorable discharge or a release from active duty to the reserve component or National Guard under honorable conditions. **Receipt of veterans preference points requires official documentation of service. Attach a copy of the federal form DD-214, Separation from Active Duty, or any comparable official military document indicating time of active duty. Documentation must accompany the application or be submitted prior to testing.**

☐ Disabled Veteran (10 points): A former member of the Armed Forces of the United States on active duty for any period of time who is considered by the United States Department of Veteran Affairs, any branch of the Armed Forces, the United States Coast Guard, or the Public Health Service to have a service-connected disability. **Receipt of disabled veterans points requires official documentation of disability from the Veterans Administration. Attach a copy of docmumentation or submit prior to testing.**

☐ Spouse or Surviving Spouse (5 points): Spouse of veteran who at the time of application is listed by the Secretary of Defense as having, 1) died of a service-connected injury **OR** for not less than 90 days has been, 2) missing in action, 3) captured in the line of duty by a hostile force, 4) forcibly detained in the line of duty by a hostile foreign government, 5) totally, permanently disabled as a result of a service-connected disability. **Attach a copy of the veteran's documents and marriage/death certificate or submit prior to testing.**

☐ Disabled Person (5 points): Anyone who has a mental or physical impairment which substantially limits one or more major life functions (walking, seeing, hearing, speaking, breathing, learning, working, etc.) or has a record of such an impairment or is perceived as having such an impairment. **In order to be eligible for preference points, the form titled "Disabled Person's Notice to Employer and Release" must accompany the application or be submitted prior to testing. This form may be obtained from the DPS Human Resources.**

1. Have you ever used prescription narcotics that were not prescribed for you? ☐ NO ☐ YES, (Explain below)

2. Have you ever experimented with, used, purchased, sold, grown, tended, harvested, transported, posessed, manufactured, or provided marijuana, hashish, cocaine, crack, hallucinogens (LSD, PCP, peyote, magic mushrooms, etc.), heroin, vaporous substances (paint, glue, acetone, etc.), narcotics, barbiturates, amphetamines or steroids? ☐ YES ☐ NO

Note: This must be listed as specific number or number range (e.g.: 5, 12, 15-18).

PRINT ALL ANSWERS

DRUG	NO. OF TIMES USED	DATES & CIRCUMSTANCES

ARREST INFORMATION

Have you ever been arrested, charged, or convicted of any violations of law (or other than minor traffic offenses), either as an adult or a juvenile? If "**YES**" give details for **EACH** arrest or charge including original charge, final charge, date, originating agency, court, final disposition, and details of the incident which lead to the charge of arrest. **PRINT ALL INFORMATION.** ☐ NO ☐ YES

I hereby certify that all statements in this questionnaire are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the Arizona Department of Public Safety.

Signature: _____ Date: _____

BACKGROUND INFORMATION

A thorough personal history background investigation will be completed prior to any job offer. Although the following information is optional at the time of application, this information must be provided prior to the background investigation and job offer. This information will remain confidential and will be used for background investigation purpose and as allowed by law.

SOCIAL SECURITY NUMBER	DATE OF BIRTH

MILITARY RECORD

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	DATE SEPARATED

HONORABLE DISCHARGE? ☐ YES ☐ NO, TYPE OF SEPARATION: VIETNAM ERA VETERAN? ☐ YES ☐ NO

DRIVING RECORD

Do you possess an Arizona operator or commercial driver's license?

☐ NO

☐ YES ———— OPERATOR NO.: COMMERCIAL NO.:

Do you possess an operator, chauffeur or commercial driver's license issued by another state?

☐ NO

☐ YES ———— STATE: DATE ISSUED: LICENSE NO.:

Have you ever had your driver's license suspended or revoked?

☐ NO

☐ YES ———— WHEN: WHERE: REASON.:

PAST RESIDENCES

Start with your present residence. List all cities and states since high school or the last 10 years.

CITY & STATE	DATE FROM	DATE TO
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		