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 §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

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:** _____

Arizona Peace Officer Standards and Training Board

AUTHORIZATION FOR RELEASE OF INFORMATION

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 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 (agency) _____. 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.

Signature of Applicant:	**Date:**
Sworn and Subscribed To Before Me This	**Day of** ,
By:	
State of:	**County of:**
Signature of Notary Public:	

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 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" in that answer block. 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 Code:**
5. **Date of Birth** (Month/Day/Year):	6. **Place of Birth** (City, State):	7. **Social Security Number:**	
8. **List here any other names, DOB's or SSN's 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 ☐ NO ☐ PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. **Do you have** (Check One) ☐ G.E.D. Certificate ☐ High School Diploma Please attach a copy of one of the above.		16. **When and where did you receive it?**	
17. **MILITARY SERVICE:** YES ☐ NO ☐ If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____ Honorable Discharge: YES ☐ NO ☐ _____ If NO list type of discharge/separation and explain on the Continuation Sheet.		Date Entered:	Date Separated:
		Were you ever arrested, cited or apprehended by military police? YES ☐ NO ☐ If YES explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES ☐ 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, NIS, OSI)? YES ☐ 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)? YES ☐ NO ☐ If YES explain on the Continuation Sheet.			

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
U.S. Citizen (Documentation in File)		High School Diploma/GED (Documentation in File)	
21 Years of Age		Military Service if applicable (Documentation in File)	

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	Home Telephone No.	Work Telephone No.	Years Known

19. **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	Home Telephone No.	Relationship

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.

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

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, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

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

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

From	To	Street Address	City	State/County

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

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

26. **CURRENT DRIVER'S LICENSE:**

State: _____ Expiration Date: _____

License Number: _____

27. **PREVIOUS DRIVER'S LICENSE INFORMATION**
List all states/countries where you have been licensed:

28. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?** YES ☐ NO ☐
If YES provide a full explanation on the Continuation Sheet.

29. **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 ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	
			YES ☐ NO ☐	

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

30. 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 ☐ NO ☐	YES ☐ NO ☐				
COCAINE/CRACK	YES ☐ NO ☐	YES ☐ NO ☐				
METHAMPHETAMINE/SPEED	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 ☐				
PEYOTE	YES ☐ NO ☐	YES ☐ NO ☐				
MESCALINE	YES ☐ NO ☐	YES ☐ NO ☐				
HASHISH	YES ☐ NO ☐	YES ☐ NO ☐				
STEROIDS	YES ☐ NO ☐	YES ☐ NO ☐				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES ☐ NO ☐	YES ☐ NO ☐				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES ☐ NO ☐	YES ☐ NO ☐				

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.

32. CRIMINAL CONDUCT:

a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES ☐ NO ☐
If YES provide a full explanation on the Continuation Sheet.

b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES ☐ NO ☐

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? YES ☐ NO ☐
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? If YES provide a full explanation on the Continuation Sheet. YES ☐ NO ☐

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes No		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other states? YES ☐ NO ☐

If YES provide the following information: Name of Agency	Dates of Employment From	To	City	State

a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.

b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? If YES provide a full explanation on the Continuation Sheet. YES ☐ NO ☐

c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet. YES ☐ NO ☐

d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion. YES ☐ NO ☐

36. Have you applied with any other law enforcement agencies in the past three years? YES ☐ NO ☐

If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐

37. 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 in File	
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File	
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	

Arizona Peace Officer Standards and Training Board

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

Continuation Sheet

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 No.	

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
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.	
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.		
ME and MH 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. Fingerprint check has 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: _____
(Printed)

SIGNATURE OF REVIEWER: _____ DATE: _____

Arizona Peace Officer Standards and Training Board
P.O. Box 6638 Phoenix, Arizona 85005-6638 Phone (602) 223-2514 FAX (602) 244-0477

LAW ENFORCEMENT 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, 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, without favor, malice or ill will, and without 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.

OTHER LEGISLATION

_____ Federal law prohibits a person from possessing a firearm if he/she has been convicted of a domestic violence offense, as defined by federal law.

_____ Arizona Revised Statute 25-518 provides that the court can order the indefinite suspension of all state licenses, including peace officer certification, for failure to pay child support.

_____ Arizona Revised Statute 13-3101 prohibits a person from possessing firearms if the person is on probation or release under any basis.

I certify that I have read the above information related to certification and decertification of peace officers, and that these laws have been explained to me. By signing below, I indicate that I am aware of each expectation and the consequence that comes with violating an expectation, including suspension or permanent revocation of my peace officer certification. **I also understand that the statutes and rules <u>will change</u> in the future and the new or different standards will apply to me whether AZ POST or my agency has notified me of the changes or not.** I acknowledge that it is my **sole responsibility** to stay current on the rules and laws that may affect my ability to be employed as a peace officer.

_____ _____

Signature Date

_____ _____

Printed Name Agency

Arizona Peace Officer Standards and Training Board

P.O. Box 6638 Phoenix, Arizona 85005-6638 Phone (602) 223-2514 FAX (602) 244-0477

DISCIPLINARY RULES CHECKLIST

Arizona Revised Statutes §41-1823(B) states that, except for elected Sheriff's, "no person may exercise the authority or perform the duties of a peace officer unless he is certified by [AZ POST]."

POST may deny, suspend, revoke or cancel the certification of an officer who is not in compliance with the AZ POST rules. Arizona Revised Statutes §41-1822(C)(1).

THE AZ POST RULE, Arizona Administrative Code R13-4-109(A), provides that the Board may deny, suspend, or revoke the certification of a peace officer for:

Initial

_____ 1. Failure to satisfy a minimum qualification for appointment as set forth in Section R13-4-105;

_____ 2. Willfully providing false information in connection with obtaining or reactivating certified status;

_____ 3. A physical or mental disability which substantially impairs the person's ability to perform the duties of a peace officer;

_____ 4. A violation of a restriction or requirement for certified status imposed pursuant to Arizona Administrative Codes: R13-4-109.1, R13-4-107(J), or R13-4-118(A)(1), relating to medical or disciplinary restrictions;

_____ 5. The unlawful use of narcotics or drugs;

_____ 6. Unauthorized use of or being under the influence of spirituous liquor on duty;

_____ 7. The commission of a felony, an offense which would be a felony if committed in this state, or an offense involving dishonesty, unlawful sexual conduct or physical violence;

_____ 8. Malfeasance, misfeasance or nonfeasance in office;

_____ 9. Any other conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the law enforcement profession.

_____ **Mandatory Revocation** Upon the conviction of a felony. (This includes conviction of open-ended, class 6 felony/class 1 misdemeanor offenses).

_____ **Cancellation** If the Board determines that the officer was not qualified when certified.

_____ **Restriction** of duties if the Board determines the officer cannot safely perform the full range of duties of a peace officer, or has failed to complete the required ongoing training.