

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# PINETOP-LAKESIDE POLICE DEPARTMENT EMPLOYMENT APPLICATION

**FOLLOW DIRECTIONS CAREFULLY:**

USE INK TO COMPLETE QUESTIONNAIRE

COMPLETE IN YOUR OWN HANDWRITING OR PRINTING

WRITE OR PRINT LEGIBLY

READ EACH QUESTION CAREFULLY

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

ANSWER ALL QUESTIONS

IF A QUESTION DOES NOT APPLY, WRITE N/A IN THE SPACE

IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK OF THE PAGE

**SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED IN THE THREE  
REQUIRED AREAS. THE POLICE DEPARTMENT WILL NOT NOTARIZE  
YOUR APPLICATION**

ATTACH A COPY OF YOUR BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA,  
AZ.POST CERTIFICATION, DRIVERS LICENSE, AND DD-214 (IF APPLICABLE)

WHEN COMPLETED, RETURN TO:

PINETOP-LAKESIDE POLICE DEPARTMENT  
1360 N. NIELS HANSEN LANE  
PINETOP-LAKESIDE, AZ 85929

**NOTE:**

Failure to follow instructions, or complete information, will delay the background process or eliminate you from further processing. **Your incomplete packet will be rejected.**

Please print legibly.

- C Include complete addresses: Zip codes, Street addresses, City, State
- C Include complete telephone numbers: Area code and number.

**PINETOP-LAKESIDE POLICE DEPARTMENT**  
**EMPLOYMENT APPLICATION**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**POSITION APPLIED FOR:**

SWORN     RESERVE     CIVILIAN

**TO THE APPLICANT:**

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the **PINETOP-LAKESIDE POLICE DEPARTMENT**.

An extensive background investigation will be conducted into your personal history.

**Applicants will be required to take a polygraph examination to confirm the information on this questionnaire, and to determine other items of background information.**

I understand that I will not receive, and I am not entitled to a copy of the report or its contents, and I further understand that the contents will be used in evaluation process for employment with the town of Pinetop-Lakeside. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. Unless I am not selected for employment based on a single test, **I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.**

Where written explanations are required in this form, it is **MANDATORY** that the information be listed **TOTALLY AND COMPLETELY.**

**The existence of any of the conditions listed below may result in rejection from the selection process.** These areas will be explored during an extensive background investigation, and polygraph examination.

**CRITERIA STANDARDS FOR DISQUALIFICATIONS:**

**YES    NO**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | ANY FELONY. NO TIME LIMIT.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | PARTICIPATION IN A SERIOUS CRIME.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | ANY MISDEMEANOR CONVICTION INVOLVING ANY ILLEGAL DRUGS, OR MARIJUANA. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | ANY SELLING OF ANY DRUGS OR MARIJUANA.                                |

- | YES                      | NO                       |     |  |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5.  | ANY ILLEGAL USE OF OPIATE NARCOTICS OR HALLUCINOGENS (INCLUDES LSD, PCP, PEYOTE, Mescaline, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIN, COCAINE, HASH, SPEED, BARBITURATE, ETC.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.  | ANY ILLEGAL USE OF MARIJUANA (WITHIN PAST 3 YEARS)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.  | ANY EXCESSIVE ILLEGAL USE OF MARIJUANA (MORE THAN 5 TIMES SINCE AGE 21)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.  | ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE A DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.      |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.  | ANY SEXUAL CONDUCT PROHIBITED BY LAW.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY.  |

**PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.**

\_\_\_\_\_  
Signature Date

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
Notary Public

**PUBLIC DISCLOSURE OF INFORMATION**

Your Social Security Number is requested for identification and record keeping purposes. Disclosure if your Social Security number is for the purpose of conducting a thorough background investigation. The information included on this form may constitute a "public record of matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. 39-121 *et seq*



# 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 prior to a person being authorized to act in the capacity of a peace officer (A.R.S. §41-1823.B). 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 conditions listed below may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination.

1. ILLEGAL DRUG USE
2. PARTICIPATION IN CRIMINAL ACTIVITY OR BEHAVIOR
3. POOR DRIVING RECORD
4. DISHONESTY/PROVIDING FALSE INFORMATION

### III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your Social Security Number is for the purpose of conducting a thorough background investigation.

### 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, 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.

#### 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, 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 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:** Each candidate for appointment shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board prior to the start of the background investigation. The history statement shall contain questions which will aid in determining whether the person is eligible for certified status as a peace officer.

**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 amplify 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. **If you have ever used any other names, DOB's or SSN's, list here:**

9. **Current Marital Status:**

10. **Spouse's Name Before Marriage:**

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Are you a citizen of the United States?** Yes  No  PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP

14. **Do you have** (Check One)

G.E.D. Certificate       High School Diploma

\* Please attach copy of one of the above.

15. **When and Where did you receive it?**

16. **LIST ALL COLLEGES YOU HAVE ATTENDED:** (Beginning with the most recent)

SCHOOL	DATES ATTENDED	COURSE OF STUDY	DEGREE RECEIVED or TOTAL CREDIT HOURS

17. **EMPLOYMENT HISTORY:** (Show all employment beginning with most recent employer. Use Continuation Sheet if necessary)

Dates of Employment		Name and Address of Employer (street, city, state)	Supervisor's Name & Phone Number	Job Title / Duties	Reason for Leaving
FROM	TO				

18. **MILITARY SERVICE:** YES  NO  If "YES", attach copy of DD 214 showing type of discharge and continue with this section. If "NO", skip to #19.

<b>Branch of Service:</b>	<b>Date Entered:</b>	<b>Date Separated:</b>
<b>Honorable Discharge:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO", list type of discharge / separation below and explain on Continuation Sheet.  _____ <i>Other Type of Discharge / Separation</i>	Were you ever arrested or apprehended by military police?  YES <input type="checkbox"/> NO <input type="checkbox"/>  If yes, explain on Continuation Sheet.	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 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: _____ _____		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 Continuation Sheet.

19. **RESIDENCES:** (List all residences during the past five (5) years. Use Continuation Sheet if necessary)

FROM	TO	Street Address	City	State/County

20. **MOTOR VEHICLE OPERATION:** (List all moving violations for which you were cited. Use 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"/>	

<p>21. <b>CURRENT DRIVER'S LICENSE:</b></p> <p>State: _____ Expiration Date: _____</p> <p>License Number: _____</p>	<p>22. <b>PREVIOUS DRIVER'S LICENSE INFORMATION:</b> (List all states/countries where you have been licensed.)</p>
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23. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?** YES  NO   
(If, "YES", provide full explanation on Continuation Sheet).

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 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. **PERSONAL REFERENCES:** (List at least three people who have known you for over one year, excluding relatives or former employers.)

Name	Street Address	City, State, Zip code	Home Telephone No.	Work Telephone No.	Years Known

27. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS:** (Use Continuation Sheet if necessary)

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

28. **FAMILY REFERENCES:** List all immediate relatives, i.e. parents, siblings, spouse, ex-spouse, and all children. (Use Continuation Sheet if necessary)

Name	Relationship	Age	Street Address	City, State, Zip code	Telephone No.

29. 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 DRUGS	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"/>				

30. IF YOU ANSWERED "YES" ON ANY OF THE AREAS IN QUESTION #30, **PROVIDE A FULL EXPLANATION ON 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

31. Do you have prior peace officer certification / employment in Arizona or any other state? YES  NO

	Dates of Employment				
	Name of Agency	From		City	State
		To			
If "YES" to #31 above, provide the following information...					

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

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. YES  NO

**32. CRIMINAL CONDUCT:**

r. Have you ever committed 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  NO

s. 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? If "YES", provide a full explanation on the Continuation Sheet. YES  NO

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

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

If "YES" to #35 above, 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"/>

**36. CERTIFICATION:**

I hereby certify under penalty of law, that the entries on this statement and 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:** \_\_\_\_\_

**37. AGENCY CERTIFICATION:**

I hereby certify that I have reviewed this application for completeness and required documentation.

**NAME OF REVIEWER:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(type or print)

**SIGNATURE OF REVIEWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



- 1) Have you ever had your wages attached? YES( ) NO( )
- 2) Have you ever been a party to a small claims or other court action? YES( ) NO( )
- 3) Have you ever been involved with any civil court action? YES( ) NO( )
- 4) Have you ever had judgment rendered against you? YES( ) NO( )
- 5) Have you ever been refused credit? YES( ) NO( )
- 6) Have you ever had any property repossessed? YES( ) NO( )
- 7) Have you ever been discharged or asked to resign from any position? YES( ) NO( )
- 8) Have the police ever been called to your home for any reason other than as a victim? YES( ) NO( )
- 9) Have you or your spouse ever been sued or summoned into court? YES( ) NO( )
- 10) Have any relatives of you or your spouse ever been convicted of any crime or imprisoned? YES( ) NO( )
- 11) Do you now or have you ever had any gambling debts? YES( ) NO( )
- 12) Have you ever used an employer's money to gamble with? YES( ) NO( )
- 13) Have you ever worked for a gambling operation, or booked any bets? YES( ) NO( )
- 14) Have you ever had an F.B.I. fingerprint check done for any reason? YES( ) NO( )
- 15) In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? YES( ) NO( )
- 16) Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality? YES( ) NO( )
- 17) In any job that you've held, have you been involved in any physical or major verbal confrontations? YES( ) NO( )
- 18) Would you be able to follow direct orders, even though you may not agree with them? YES( ) NO( )
- 19) In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? YES( ) NO( )
- 20) Have you ever left a place of employment without giving two weeks notice? YES( ) NO( )

- 21) Have you ever committed any criminal violation that has gone undetected? YES( ) NO( )
- 22) Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been driving? YES( ) NO( )
- 23) Have you ever been extensively delinquent on any of your financial obligations? YES( ) NO( )
- 24) Have you ever filed for bankruptcy? YES( ) NO( )
- 25) Have you ever had any of your financial obligations turned over to a collection agency? YES( ) NO( )
- 26) Are you now current on your financial obligations? YES( ) NO( )
- 27) Have you ever been placed on court supervision or probation? YES( ) NO( )
- 28) Have you ever had any court proceedings expunged? YES( ) NO( )
- 29) Do you smoke? YES( ) NO( )
- 30) Do you drink alcoholic beverages? YES( ) NO( )

What kind? \_\_\_\_\_  
How often? \_\_\_\_\_

**PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS 1-30**  
**LIST THE QUESTION NUMBER AND DATE OF EACH OCCURRENCE**

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(use additional paper if needed)

**IMPORTANT: NOTARIZED SIGNATURE REQUIRED**

Please read statements below and sign before a notary public prior to submitting questionnaire to the police department.

I affirm that this questionnaire contains no misrepresentations of falsifications, omissions or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligibility list. If already appointed, I may be dismissed.

I authorize the Pinetop-Lakeside Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Pinetop-Lakeside Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the department, I expressly waive all of my legal rights and causes of action to the extent that the Pinetop-Lakeside Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Town of Pinetop-Lakeside Arizona Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, health, family, personal habits and reputation.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**PINETOP-LAKESIDE POLICE DEPARTMENT**

**WAIVER OF LIABILITY AND RELEASE FORM**

In consideration of the Pinetop-Lakeside Police Department, hereinafter referred to as the Agency, processing of my application for employment, I \_\_\_\_\_, hereby irrevocably agree to the following terms and conditions.

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in it's sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.

2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent or employee of the Agency who may conduct my background investigation.

3. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conduct my background investigation.

4. I authorize any person or entity contacted by the Agency's officer, agent or employee during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have and hereby expressly waive any and all legal privileges I may have.

5. I specifically authorize you as my former employer to provide to the Agency, any information you have concerning my education, training, experience, qualifications and job performance for the purpose of evaluating me as an applicant for employment. I specifically waive any rights I might have under A.R.S. 23-1361.B or otherwise to receive or examine a copy of any written communication regarding my employment sent by you in response to this request.

6. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of it's officers, agents or employees for any statements, acts of omissions in the course of my background investigation.

7. I expressly waive all of my legal rights and causes of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.

By signing this form, I authorize you to request information concerning my education, training, experience, qualifications and job performance from any former and current employer of mine, and I specifically waive any rights I have under A.R.S. 23-1361.B or otherwise to receive a copy or examine a copy of any written communication regarding employment furnished by any former or current employer of mine.

This release from liability given by me to the political subdivision, the Agency, it's officers, agents and employees, and all others as mentioned above, shall apply to any rights or action of any nature that might accrue to myself, my heirs or my personal representative. This form may be copied, and my copied signature shall be as effective as if this form were originally signed by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WitnessSignature

**READ CAREFULLY BEFORE SIGNING**