



VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of this form is **voluntary**. You may skip this page to begin application process on the next page.

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or any other protected class.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment.
It is considered confidential information that will not be used in any hiring decision.
Upon receipt it is filed separately from the employment application.

Position applied for: _____ Date: _____

Name: _____

Referral Source:

Walk-in	Newspaper Advertisement	Magazine Advertisement	Government Employment Agency
Other	Web Site	Employee	Private Employment Agency
	Job Fair	Relative	
	Name of Source: _____		

Sex: Male Female

Age: (check only if) Under 18 or Over 40

Race/Ethnic Group: (check only one)

Black: All persons having origins in any of the Black racial groups of Africa.

Hispanic/Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

Native American: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Meets Bureau of Indian Affairs definition standards)

Two or more races: Not Hispanic or Latino

White: (or not covered above)

Check One, if Applicable:

Veteran

Vietnam Era Veteran

Disabled Veteran

Individual with a disability

Please continue to the next page to begin application.

Position Applied For: <input type="checkbox"/> Dispatcher <input type="checkbox"/> Police Assistant <input type="checkbox"/> Other	CITY OF SHOW LOW POLICE DEPARTMENT APPLICATION FOR CIVILIAN EMPLOYMENT	For Office Use Only

Application Instructions

Print or type ALL answers. Please use BLACK INK ONLY. 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 blocks. Incomplete or unsigned statements cannot be processed. If additional space is required, attach additional sheets. Use the "Remarks" section to amplify, clarify or explain your answers. All information provided is subject to verification.

1. Personal Information

Name (Last, First, Middle)		Today's Date	
Mailing Address		Date of Birth	
City, State, ZIP		Social Security Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone Number	Home Phone Number	Message Phone Number	
Marital Status	Your Maiden Name		
Prior Dispatch Experience (Dates, Agency)			
Email Address			

2. Education

Dates	Name of School or Institution, City and State	Graduation Date	Degree/Diploma

3. Military Involvement

Branch of Service		You MUST attach a copy of your Form DD-214	
Date Entered	Date Separated	Rank/Class at separation	
Did you receive an Honorable Discharge?	If not an Honorable Discharge, what type?		
If NOT Honorably Discharged, why?			
Are you now a member of the Reserve or Guard?		What Unit/Location	

4. Employment

List your employment for the last ten (10) years, starting with the most recent, including military experience. Use additional paper if needed.

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities: _____

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities: _____

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities: _____

Reason for leaving: _____ May we contact for reference Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities: _____

Reason for leaving: _____ May we contact for reference Yes No Later

5. Residence

List ALL places of residence for the past five (5) years			
Dates To/From	Street/Mailing Address	City	State, ZIP

6. References

List at least three (3) people who have known you for more than one (1) year. Do not list relatives or former employers.				
Name	Address	City, State ZIP	Telephone	Years Known

7. Persons Lived With

List ALL persons with whom you have lived during the past five (5) years.					
Name	Relationship	Age	Address	City, State, ZIP	Telephone

8. Driver's License

List ALL License for the past five (5) years	State	Date Expired

9. Traffic Citations/Violations

List ALL Citations/Violations you have received involving a motor vehicle during the past five (5) years.				
Date	Police Agency and State	Violation	Disposition	Accident?

Has your Driver's License or driving privilege ever been suspended, cancelled, revoked or refused? Yes No
 If YES, please explain in "REMARKS" section

10. Arrest Record

List ALL incidents in which you were arrested, accused or charged with a crime. Include any DUIs.				
Date	Incident Location	Arresting Agency	Original Charge	Disposition

11. Y N **DRUG USE:** Have you ever used any form of a prescription-only drug, e.g., tranquilizer, barbiturate, amphetamine, steroids, antihistamine, antibiotic, NOT prescribed for you by a physician? **If yes, describe in "REMARKS" section (include drug type and how many times used).**

12. Y N **ILLEGAL SUBSTANCES:** Have you ever used or experimented with ANY illegal drug or controlled substance or any derivative thereof, e.g., marijuana, hashish, cocaine, LSD? **If yes, describe in "REMARKS" section (include drug type, when was last time used and how many times).**

13. Y N **ORGANIZATIONS:** 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 use of force or violence to deny other persons their Rights under the Constitution of the United States of America or State of Arizona, or seeks to alter or overthrow the form of government of the United States of America by unconstitutional or illegal means? **If yes, describe in "REMARKS" section.**

14. Y N **HISTORY:** Do you have any knowledge or information, in addition to that specifically required in this application, 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, physical or mental condition, temperance, habits, employment, education, subversive activities, family associations, undetected criminal offense, traffic violations or places of residences? **If yes, describe in "REMARKS" section.**

15. Y N **DISABILITY:** Do you have a disability, under the American with Disabilities Act, which will need a reasonable accommodation that you wish to disclose now? **If yes, describe in "REMARKS" section.**

16. Y N **SMOKING:** Do you smoke? **If yes, describe how much/how many packs in "REMARKS" section.**

17. Y N **LIQUOR:** Do you drink? **If yes, describe how much in "REMARKS" section.**

18. Y N **POLYGRAPH:** If given a conditional offer of employment and at any time after being employed, do you understand and agree that a polygraph (lie detector) examination may be required of you and do you agree to submit to such polygraph examination? **If no, describe why in "REMARKS" section.**

23. Certification, Penalty, Waiver of Liability and Release

NOTICE: Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of eligibility and other penalties or causes of action

In consideration of the Show Low Police Department's processing of my application, I do hereby irrevocably agree to the following terms and conditions:

- The term "Background Investigation," as used in this document, refers to any and all information and sources of information that the police department, in its sole discretion, may deem necessary to obtain or contract to determine my fitness as a candidate for employment with the City of Show Low Police Department.
- I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officers, agents or employees of the City of Show Low and the Show Low Police Department who may conduct my background information.
- 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 City of Show Low or the Show Low Police Department who may conduct my background investigation.
- I authorize any person or entity contacted by the City of Show Low or the Show Low Police Department's officers, agents or employees during the course of my background investigations 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, including, but not limited to, the attorney-client privilege, the psycho therapist-patient privilege, the clergyman-parishioner privilege, the husband-wife privilege and the accountant-client privilege.
- I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, the political subdivision of the City of Show Low, the Show Low Police Department or any of its officers, agents or employees for any statements, acts or omissions made in the course of my background investigation.
- I expressly waive all of my legal rights and causes of action to the extent that the City of Show Low Police Department's background investigation may violate or infringe upon these legal rights and causes.
- I understand that any non-volunteer employment is contingent upon a Conditional Offer of Employment form being executed, as provided for under the Americans with Disabilities Act, which may entail the satisfactory completion of a medical examination, polygraph examination, psychological examination and/or any other test or tests deemed necessary by the City of Show Low, or the Show Low Police Department to determine the applicant's ability to perform the essential aspects of the job being applied for.

I hereby certify under penalty of Arizona Revised Statutes §13-2704 and/or §39-161, that the entries made herein are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand a knowing or willful false statement on this application may constitute a violation of law and may cause forfeiture of eligibility.

Signature of Applicant

Date

Notary Signature/Seal (required)

Date