

**Benson Police Department
City of Benson**

****NON-SWORN PERSONNEL****

To: Applicants

Applicants are advised that a drug test will be given, and a Polygraph examination may be given as a part of the total application/background procedure. The questions may include, but are not limited to the following areas:

1. Your work history.
2. Your usage of alcohol and drugs.
3. Your honesty.
4. Your criminal history and/or involvement in undetected crimes.

Attached is a 10 page questionnaire that you are required to complete in connection with the City of Benson, Arizona Police Department background check. The completed, signed questionnaire must be immediately returned to the City of Benson Human Resources Department.

Take special care to comply with the following:

1. List complete mailing addresses (including zip codes) and telephone numbers regarding past and present employers, as well as references.
2. Provide detailed explanations for all "yes" answers throughout the questionnaire; include dates and locations, where appropriate.
3. Read and sign the last page of the questionnaire.

FAILURE TO FOLLOW THE ABOVE DIRECTIONS COULD PROHIBIT YOU FROM BEING CONSIDERED FOR EMPLOYEMENT. ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION IS GROUNDS FOR DISQUALIFICATION, INFORMATION RECEIVED WILL BE VERIFIED.

Please attach copies of:

1. High School Diploma or GED.
2. Birth Certificate (not hospital/baptismal certificate).
3. College diploma, if applicable.
4. DD214 (Member 4), if you were in the military.

Do not attach a resume, in service training diplomas, classes attended, etc.

**Please Return to:
Human Resources Office
120 W. 6th St.
Benson, AZ 85602**

BENSON POLICE DEPARTMENT



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 an employee of the Benson Police Department. To be considered for employment under the rules of the Benson Police Department, you must complete this application and RETURN IT TO THE HR OFFICE.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER A.R.S. 13-2704, 31-2907.01 AND 39-161 AND IS CAUSE TO DENY EMPLOYMENT.

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 on criminal activity or behavior
- c. Poor driving record
- d. Dishonesty/providing false information

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required and is requested for information and record keeping purposes. **Benson Police Department 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.

SIGNATURE OF APPLICANT: _____ DATE: _____

**BENSON POLICE DEPARTMENT
NON-SWORN
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 **BENSON POLICE DEPARTMENT**. 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 Me This: _____ **Day of** _____

By: _____

State of: _____ **County of:** _____

Signature of Notary Public: _____

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE SPACES BLANK.** 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 (Physical and Mailing):**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth (Month/Day/Year):**

5. **Place of Birth:**

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 a copy of the Birth Certificate or other verification of citizenship

15. **Do you have (Circle 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:

Date Entered:

Date Separated:

Were you ever arrested, cited or apprehended by military police? YES NO

If YES, explain on the Continuation Sheet

Honorable Discharge: YES NO

If NO list type of discharge/separation and explain on the Continuation Sheet

Are you currently a member of the U.S. Reserve or National Guard? 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, and 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

AGENCY VERIFICATION:

INITIALS & DATE:

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 REFERENCE:** 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 Phone No.	Work Phone No.	Years Known

19. **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 Phone No.	Work Phone No.	Years Known

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:

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 From To	Name & Dates of Employer (Street, City, State)	Supervisor's Name and Phone No.	Job Title/Duties	Reason for Leaving

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 AND DATE:
Employment Verification & Results Documented	
Residences Verified & Results Documented in File	
Certificates or Degrees, Document	

30. ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:

In this section, disclose all illegal drug use (or criminal involvement) that was **not** for the purpose of treating or alleviation the symptoms of a medical condition. Drug use for medical purposes will be disclosed in a different portion of the application process.

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 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 DRUG OR NARCOTIC	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"/>				

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, | d. How the drug was obtained, |
| b. The duration of usage, | e. Why you stopped using the drug, |
| c. The motivation for use, | 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
- b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES NO

If YES to either 32a or 32b, provide a full explanation on the Continuation Sheet.

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

AGENCY VERIFICATION:	INITIALS AND DATE:
Applicant Meets Drug Standards/Does Not Meet Standards YES <input type="checkbox"/> NO <input type="checkbox"/>	
Criminal History Check Completed and Documentation in File	
ACIC/ACCH Checked	
NCIC/III Checked	

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 <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"/>

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 and 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 AND DATE:
Previous Agencies Applied To Queried and Results Documented	
Training and Firearms Requirements Documentation in File	
Improper Conduct Researched and Documentation in File	
Certification History Verified and Results Documented in File	
Valid Certification Verified and Documentation in File	
Fingerprint Card Submitted – AZ DPS	
Fingerprint Card Submitted – FBI	
Signature and Date Completed	

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. 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:		
<p>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.</p>		
NAME OF REVIEWER: _____		TITLE: _____
SIGNATURE OF REVIEWER: _____		DATE: _____