CITY OF PRESCOTT
Everybody's Hometown

ANNOUNCEMENT OF EMPLOYMENT

RECRUIT POLICE OFFICERS and LATERAL CERTIFIED POLICE OFFICERS

Police officer pay range $42,660 - $60,736 annually
All applicants meeting the standards are ENCOURAGED to apply.

State certified police officer entry pay ranges from $42,660 (Step 1) to $56,139 (Step 8) DOE/Q with earning potential to $60,736 (Step 10) annually via a step plan program plus potential specialty pay and overtime. Lateral officers may receive consideration for prior years of service up to Step 8 in our current compensation pay plan.

The City of Prescott Police Department delivers quality Community Based Policing in active partnership with the citizens we serve. We are seeking career and community oriented individuals who desire to be a professional, positive influence in their community. We serve a family-friendly community of approximately 40,000 residents, located adjacent to Prescott National Forest. Our beautiful town square is in the heart of historic downtown and is the site of year-round community activities. For questions regarding our selection process, working conditions, or any other aspect of Prescott Police Department, contact our Training/Recruiting Section, Officer David Fuller, at (928) 777-1915 or dave.fuller@prescott-az.gov. For details about City of Prescott benefits, contact the City of Prescott Human Resources Department at (928) 777-1284 or (928) 777-1315

WORK SCHEDULE: Officers work rotating schedules which may include days, nights, weekends and/or overtime. Work schedules are subject to change according to the needs of the community.

MINIMUM QUALIFICATIONS: MUST meet all Arizona Peace Officer Standards and Training Board conditions for certification which include: at least 21 years of age before end of certification training; high school graduate or equivalent; United States citizen; possess a valid Arizona motor vehicle operator's license with a good driving record. Must be able to pass a rigorous background investigation and other selection process criteria. Lateral applicants must successfully maintain certification as and be able to perform the essential functions of an AZPOST Certified Full Authority Peace Officer.

RESIDENCE REQUIREMENT: After hire, employees must reside within 45 minutes driving time (under normal conditions) to the Police Department at 222 South Marina St, Prescott, AZ.

SELECTION PROCESS: Includes written test and physical fitness test to be held on June 21 and 22 (descriptions and standards are included in this application package), verbal review board and staff interview(s). Applicants successful in the selection process may be placed on an eligibility list for further consideration. The list expires one year after testing. Candidates considered for employment must successfully complete a physical examination (including drug screening), psychological evaluation, polygraph interview, and a comprehensive background investigation. Additional interview(s) may be scheduled with Chief of Police or his designee.

Deadline: June 17, 2013

APPLICATION PROCESS

Full application packet available at www.cityofprescott.net, by phone request 928-777-1284, (929)-777-1315 or 800-748-6205 or pick up in the lobby of City Hall.
City of Prescott, Human Resources, 201 S. Cortez Street, Prescott AZ 86303
Human Resources Phone Number: 928-777-1284, 800-748-6205, TDD: 928-777-1100, Fax: 928-777-1213
After acceptance of your application, you will be sent notification advising you of the test time and location on 6/21 and 6/22.

MAJOR BENEFITS FOR FULL-TIME REGULAR EMPLOYEES: Fourteen (14) days paid time off; Ten paid holidays; Employee Health and Life Insurance; Short Term Disability; Retirement benefits; Deferred Compensation Plans; Social Security benefits; other optional benefits.
PROBATION: A twelve-month probationary period must be satisfactorily served by each officer employee.

NOTICE

This application packet is to be used
by candidates who are applying for a position as a
Police Officer Recruit or who are already
Certified Full Authority Peace Officers
to apply for a position as a
POLICE OFFICER with the
CITY of PRESCOTT, ARIZONA

The forms contained in Part A must be
completed, signed and **RECEIVED** in the
Prescott Police Department
Training Section
222 South Marina
Prescott, AZ 86303

DEADLINE: JUNE 17, 2013

Candidates with CORRECTLY COMPLETED
APPLICATIONS (PART A) **ON FILE**
Should contact David Fuller at
928.777.1915
to make an appointment for testing.

PRESCOTT POLICE DEPARTMENT

SELECTION PROCESS

Essential Steps and Sequence

PART A OF THE APPLICATION PACKET

Complete, sign and submit the forms in Part A of the Application Packet immediately. These forms include:

- the City of Prescott Application for Employment
- the Prescott Police Department AzPOST Peace Officer Certification Standards statement.
- **INCLUDE A COPY OF YOUR AzPOST Peace Officer Certification**

These must be completed, signed and returned to the Prescott Police Department immediately. Your *original signature* must appear where requested on all forms submitted to us.

DO **NOT** INCLUDE ANY OTHER PAPERWORK, PHOTOS or RESUMÉ with the forms in Part A.

PART B OF THE APPLICATION PACKET

Immediately make an appointment with a physician. The appointment with the physician is at YOUR EXPENSE. Show the physician all of Part B of the Application Packet.

We do NOT ask that a physician do a complete physical examination. We do NOT need the physician or physician's staff to conduct the physical fitness test events described in the materials. The description is provided for the physician to evaluate your risk in participating in the fitness testing. What IS necessary is for a physician to affirm that you are physically capable of participating in the described events without risk to yourself. You will not be permitted to participate in our physical fitness testing without a waiver signed by a physician. AT THE TIME OF TESTING, you must provide the waiver of liability form *signed by a physician*.

DO NOT mail this form to us. Bring the form with you, signed by a physician, on test day.

After you have the Waiver signed by a physician, CALL David Fuller at 928.777.1915 and make appointment(s) for physical fitness test and oral board interview at mutually agreeable date(s) and time(s).

PART C OF THE APPLICATION PACKET

Complete and KEEP these forms:

- the AzPOST Statement of Personal History & Application for Certification (Form PH) and
- the Prescott Police Department Background Questionnaire.

DO NOT MAIL THESE ANYWHERE. Keep the forms contained in Part C. Complete the forms, sign them where indicated, have them notarized where indicated and BRING them with you on the day of your oral board interview. We will collect those forms ONLY IF YOU PASS THE INTERVIEW. A list of other documents that must be copied and submitted is provided in Part C of the Application Packet. *You may, if you wish, include resumé, certificates, other supporting documents (these are entirely optional).*

Written test is waived for those applicants who are AzPOST Certified Full Authority Peace Officers. If you score less than the 40th percentile on ANY EVENT during physical fitness testing, you will be eliminated from further consideration or testing. The panel interview is a pass/fail event. If you fail, you will be eliminated from further consideration.

If you pass all these events and submit all paperwork properly, as requested, you will be eligible for consideration for all peace officer positions that become open at Prescott Police Department during one year following the date of interview. ***It is our intent to select the best candidate available to us at any given time***. If you pass all parts of the selection process you will be included on our eligibility list for one year. We may immediately begin a background investigation using the information you have provided to us. Fingerprints and other identifying information (like date of birth, place of birth, gender, race, ethnic origin, social security number) will be used only during the background investigation to confirm your identity.

Part A

Oral board interviews will be conducted only for those who pass the fitness testing. Some polygraph interviews may be conducted immediately. All testing and subsequent events will be scheduled as the needs of the Prescott Police Department demand. You will be scheduled for testing events IF YOU HAVE A CORRECTLY COMPLETED APPLICATION PART A **ON FILE** at Prescott Police Department, Training Section.

COMPLETE, SIGN, AND MAIL TO US the attached forms, which include:

- the *City of Prescott Application for Employment*,
- the *AzPOST Peace Officer Certification Standards* statement,
- Copy of AzPOST Full Authority Peace Officer Certification,

Return them together to Prescott Police Department, Training Section, 222 South Marina, Prescott, AZ 86303. **DO NOT** INCLUDE ANY OTHER MATERIALS, PICTURES or RESUMÉ.

Your complete application Part A must be on file, correctly completed and signed, in Prescott Police Department, Training Section.

Incomplete applications will **NOT** be returned. You will **NOT** be notified if your application is incomplete. It is critical that information be provided completely, truthfully and legibly.

When we receive your complete application and you have the Waiver signed by a physician, you need to call David Fuller, 928.777.1915, to make appointment(s) for physical agility test and oral board interview.

Attachments:

- City of Prescott Application for Employment
- Prescott Police Department / AzPOST Peace Officer Certification Standards

Position Applied For: _____

Date: _____

201 S. Cortez Street
Prescott, AZ 86303
www.prescott-az.gov
Email: HR@prescott-az.gov

City of Prescott

Application for Employment

Telephone (928) 777-1315
Telephone (928) 777-1284
Toll Free (800) 748-6205
Fax (928) 777-1213

The City of Prescott is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, the City of Prescott is a drug free and non-smoking workplace.

Please type or print. This application must be legible, fully completed, signed and dated for consideration.

Name: _____ Last _____ First _____ Middle

Other Names Used: _____

Address: _____ City State Zip

Home Telephone # _____ Cell Phone # _____

Email Address _____ Best Time to Call _____

May we contact you at work? ☐ Yes ☐ No ☐ N/A

If yes: Work Telephone # _____ Best Time to Call _____

Have you ever been employed by the City of Prescott? ☐ Yes ☐ No

If yes, give dates: _____ to _____ as a _____ in the _____ Dept.

Do you have relatives working for the City of Prescott? ☐ Yes ☐ No

If yes, please list employee's name, relationship and department: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

Date available for work: _____

Do you have a valid driver's license? ☐ Yes ☐ No

License # _____ Class _____ State _____ Expiration Date _____

Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No
If yes, please explain. Include dates, places, and nature of offenses.

_____

_____

Are you presently under indictment for, or have you ever been convicted, received deferred adjudication, or entered a guilty plea or nolo contendere for any offense which would be considered or equate to a felony or misdemeanor offense? ☐ Yes ☐ No

Note: a "yes" answer will not automatically disqualify you from employment with the City of Prescott; each case will be evaluated in relation to the position. Omission, misstatements or falsification of facts will be sufficient cause for cancellation of this application and/or separation from employment.
If yes, please explain. Include dates, places, and nature of offenses.

_____

_____

Have you ever been dismissed from any job? ☐ Yes ☐ No
If yes, please explain.

_____

_____

Name: (Last) (First) (Middle)

Phone: (Home) (Message)

Position Applied For:

Education and Training

Check highest grade completed: High School: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED College: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Graduate Work: ☐Yes ☐No

College/University/Trade School	City/State	# Units	Degree Diploma	Major

US Military Service	Branch	Dates of Service	Type of Discharge
☐ **Yes** ☐ **No**			

If you are fluent in any languages other than English, please list. _____

Professional License/Certification/Registration (e.g. Engineer, Technician, Contractor, Water or Wastewater, CDL, etc.)	**Date Acquired**	**Status: Current/Void/Expired**

List any courses or workshops you have attended that relate to the position for which you are applying:

List computer hardware, software and other office equipment you can operate and years of experience: Typing: WPM

List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any additional comments and/or information you would like us to consider:

Employment History

List your complete employment history for the past **ten** years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided.

Current Employer	☐ **Not Currently Employed**	**Date Job Started**		**Date Job Ended**	
Company:	Supervisor:				
Job Title:	Phone:	$	☐Hourly	$	☐Hourly
Address:			☐Annually		☐Annually
Summarize your job responsibilities:					
Reason for leaving:		May we contact this employer?		☐Yes	☐ No

Previous Employer		**Date Job Started**		**Date Job Ended**	
Company:	Supervisor:				
Job Title:	Phone:	$	☐Hourly	$	☐Hourly
Address:			☐Annually		☐Annually
Summarize your job responsibilities:					
Reason for leaving:		May we contact this employer?		☐Yes	☐ No

Previous Employer		**Date Job Started**		**Date Job Ended**	
Company:	Supervisor:				
Job Title:	Phone:	$	☐Hourly	$	☐Hourly
Address:			☐Annually		☐Annually
Summarize your job responsibilities:					
Reason for leaving:		May we contact this employer?		☐Yes	☐ No

Previous Employer		**Date Job Started**		**Date Job Ended**	
Company:	Supervisor:				
Job Title:	Phone:	$	☐Hourly	$	☐Hourly
Address:			☐Annually		☐Annually
Summarize your job responsibilities:					
Reason for leaving:		May we contact this employer?		☐Yes	☐ No

Employment History
(continued)

Previous Employer		Date Job Started		Date Job Ended	
Company:	Supervisor:				
Job Title:	Phone:	$	☐Hourly	$	☐Hourly
Address:			☐Annually		☐Annually
Summarize your job responsibilities:					
Reason for leaving:		May we contact this employer? ☐Yes ☐ No			

Previous Employer		Date Job Started		Date Job Ended	
Company:	Supervisor:				
Job Title:	Phone:	$	☐Hourly	$	☐Hourly
Address:			☐Annually		☐Annually
Summarize your job responsibilities:					
Reason for leaving:		May we contact this employer? ☐Yes ☐ No			

References

Professional/Work References:

List name and telephone number of three **professional/work** references who are not related to you. Please include one previous **supervisor**.

Name, Company, Address	Telephone

Where did you hear about us? Check all that apply...

- ☐ Posting at City Hall
- ☐ City's Website
- ☐ Chamber of Commerce Website
- ☐ Trade Website
- ☐ Prescott Daily Courier
- ☐ The Employment Network
- ☐ Friend/Relative in the Area
- ☐ City Employee
- ☐ Other _____

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize the City of Prescott to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the Human Resources Department.

Signature of Applicant	Date

THANK YOU FOR COMPLETING THIS APPLICATION FORM
AND FOR YOUR INTEREST IN WORKING FOR THE CITY OF PRESCOTT!

PRESCOTT POLICE DEPARTMENT
AzPOST PEACE OFFICER CERTIFICATION STANDARDS

TO THE APPLICANT:

You must meet each of the conditions listed below to become an Arizona Certified Peace Officer. These areas will be explored in depth during extensive background investigation, polygraph and psychological examinations. By signing below, you indicate that you have read these requirements and recognize ***that if you do not meet these requirements, it will be extremely difficult for you to become (re remain) certified as a peace officer*** and ***we will be unable to offer you a position as a police officer***.

By signing below, I affirm that:

- I am a United States Citizen.
- I am at least twenty-one years of age, or will be prior to completion of approved certification training.
- I am a high school graduate or have successfully completed a General Education Development (G.E.D.) examination.
- I have **never** been convicted of any felony or any offense which would be a felony if committed in Arizona.
- I have **never** been dishonorably discharged from any branch of the Armed Forces of the United States.
- I have **never** had peace officer certification denied, revoked or suspended.
- I have **never** illegally sold, produced, cultivated or transported marijuana for sale.
- I have not illegally used marijuana for ANY purpose within the past **three** years.
- I have not illegally used marijuana other than for experimentation and use of marijuana does not exceed twenty times total, and does not exceed five times since reaching 21 years of age.
- I have **never** illegally used marijuana while employed or appointed as a peace officer.
- I have **never** illegally sold, produced, cultivated or transported for sale, any dangerous drugs or narcotics.
- I have not illegally used dangerous drugs or narcotics for ANY purpose within the past **seven** years.
- I have not illegally used dangerous drugs or narcotics other than for experimentation and use of dangerous drug or narcotic does not exceed five times total, and does not exceed one time since reaching 21 years of age.
- I have **never** illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.
- I do not have a pattern of abuse of prescription medication.
- I have not, during the past **three** years, been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such frequency as to indicate a disrespect for traffic laws or a disregard for the safety of other persons on the highway.
- I have not been negligent in maintaining financial responsibility.

Confirm that you have *Read, Understand,* and *Meet* the described criteria by signing below.

_____
APPLICANT *PRINT* FULL NAME

_____
DATE

_____
APPLICANT *Signature*

SIGN & RETURN THIS FORM
WITH YOUR APPLICATION

Part B

AFTER YOU HAVE MAILED PART A TO PRESCOTT POLICE DEPARTMENT, TRAINING SECTION, make an appointment with a physician. Give the physician the attached *Physical Fitness Test - Cooper Protocol* description sheet, *Physical Fitness Testing Standard* sheet, and the *Waiver of Liability* form.

If the physician finds that you **are physically fit enough to perform the described series of strenuous exercises (at an altitude of 5,000+ feet) without fear of injury**, have the physician complete and sign the top part of the *Waiver of Liability* form.

DO NOT MAIL THIS FORM TO US!.

Bring the Waiver of Liability form (signed by a physician) with you on test day. You will NOT be able to participate in the testing without the *Waiver of Liability* form, completed and signed by a licensed physician.

Attachments:

- Physical Fitness Test – Cooper Protocol & Physical Fitness Testing Standard
- Waiver of Liability

PRESCOTT POLICE DEPARTMENT

PHYSICAL FITNESS TESTING STANDARD APPLICANTS for POLICE OFFICER

All applicants need to be aware that Prescott Police Department will test all applicants for Police Officer using the Cooper Testing Protocol. The minimum passing score for EACH EVENT in this test is the 40th percentile. If you fail to pass ANY event with a score of AT LEAST the 40th percentile, you fail the entire testing. At any point the participant fails, he/she will not be permitted to continue in the physical fitness testing OR the selection process.

Applicants should also be aware that the Northern Arizona Regional Training Academy (NARTA) has an academy *exit* level on the Cooper Testing Protocol of the 60th percentile. Those unable to reach this level during the academy are in jeopardy of failing to achieve Az POST peace officer certification.

Further, officers of the Prescott Police Department are evaluated twice a year (using the same Cooper Protocol) and are expected to maintain physical fitness sufficient to consistently succeed at at least the 40th percentile.

Prescott Police Department and NARTA are at approximately one mile altitude.

Prescott Police Department uses a current undifferentiated (one performance standard for all candidates regardless of age or gender) chart provided by the Cooper Institute. An extract from that chart is provided:

%ile	**Flexibility** (Sit & Reach)	**Pushups** One Minute	**Sit-ups** One Minute	**Run** 1.5 Mile
99	26 3/4	70	58	10:00
90	22 3/4	53	46	12:15
80	20 7/8	45	40	13:12
70	19 3/4	40	37	13:48
60	18 3/4	36	34	14:23
50	17 7/8	32	32	14:59
40	16 7/8	27	29	15:24

APPLICANT: Give this to the physician you are asking to sign your Waiver of Liability form.

PHYSICIAN NOTE: We are **not** asking you or your staff to conduct these tests. We are **not** asking you to do a complete physical examination of the applicant. The applicant needs you to determine *if the applicant can safely participate in the described events in Prescott, Arizona, at an altitude of about one mile*. It yes, please complete and sign the physician's statement at the top of the attached Waiver of Liability form.

Sit-ups (Muscular Endurance) Test

The person testing starts by lying on their back, knees bent, heels flat on the floor and hands interlocked behind the neck or grasping their shoulders. A partner holds the participant's feet down in a manner indicated by the participant. The participant must touch elbows to knees and then return to a fully reclined position (shoulder blades must touch the mat) before starting the next sit-up. The participant performs as many correct sit-ups as possible in one minute. Partner will count only sit-ups that are correctly and fully completed.

Push-ups (Muscular Endurance) Test

Participant's partner places a closed fist on the floor below the participant's chest. Participant must keep back straight at all times, hands shoulder width apart and feet together resting on their toes. From the up position, the participant will lower their trunk toward the floor until their chest touches their partner's fist, then return to the up position. In the up position, the participant's arms must reach a fully straight, extended position each on each return. The participant performs as many correct push-ups as possible in one minute. Any resting must be done in the UP position. Partner will count only push-ups that are fully and correctly completed.

Flexibility Test

Shoes must be removed. The participant is allowed three attempts with only the best effort scored. The participant sits in an upright position with the heels of both feet placed flat against a twelve-inch high block. Knees may NOT be bent. Hands are placed one on top of the other. The participant leans forward, reaching as far as possible past the toes. Keeping the hands one on top of the other and using the finger tips, the participant pushes a wooden block as far as possible along the measuring device. The movement is made in an even, smooth motion. The measurement begins with 15 inches at the feet of the participant.

Run/Walk (Aerobic Power) Test

On a relatively flat, pre-measured course, the participants will run/walk 1.5 miles. During the test, walking or stopping will seriously jeopardize a passing score. The participant will be timed with a stop-watch to the nearest second. The total time is recorded.

PRESCOTT POLICE DEPARTMENT

WAIVER of LIABILITY

I, the undersigned, am a licensed physician and find the applicant _____ on this date, to be in fit enough physical condition to perform a series of strenuous exercises without fear of injury to him/herself.

Signature of Physician

Date

Print Physician Name

Physician's Telephone Number

Physician's Business Address

I, _____, understand that I am taking part in a potentially stressful physical fitness test to be considered for a position as police officer with the Prescott Police Department.

By signing this "Waiver of Liability," I release the City of Prescott, Prescott Police Department, and all instructors, training personnel, employees and agents, both personally and as agents and employees, conducting these tests, from any and all liability whatsoever.

Furthermore, in the event that I am disabled and/or unable to determine my destiny, I do not want anyone on my behalf to enter into any litigation in order to recover damages for me or my dependents.

READ CAREFULLY BEFORE SIGNING

Signature of Candidate (sign on test day in front of witness)

Date

Candidate Print Name

Social Security Number

Signature of Witness (at Prescott Police Dept.)

Witness Print Name

PRESCOTT POLICE DEPARTMENT
PHYSICAL FITNESS TESTING

Waiver of Liability must be completed and signed by applicant and signed by licensed physician before applicant participates in physical fitness testing.
Failure to have the Waiver properly completed eliminates the applicant from further consideration for employment.

APPLICANT NAME:

APPLICANT DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY TEST ADMINISTRATOR ONLY:

DATE OF TESTING:	

	RAW SCORE	PERCENTILE
NUMBER OF SITUPS CORRECTLY COMPLETED IN ONE MINUTE:		
NUMBER OF PUSHUPS CORRECTLY COMPLETED IN ONE MINUTE:		

FLEXIBILITY EXTENSION IN INCHES:

First Try:	Second Try:	Third Try:	Best of Three:	

TIME TO RUN 1.5 MILES:		

AVERAGE PERCENTILE SCORE:	

NOTES:

Signature of Instructor: _____

Part C

DO NOT SEND THESE DOCUMENTS ANYWHERE. HAVE THEM SIGNED AND NOTARIZED AS INDICATED. IF YOU ARE SCHEDULED FOR AN ORAL BOARD INTERVIEW, Bring these forms with you on the day of interview. IF YOU PASS THE INTERVIEW, THESE DOCUMENTS WILL BE COLLECTED FROM YOU.

Carefully read the instructions and complete the *AzPOST Statement of Personal History and Application for Certification*.

Carefully read the instructions and then complete the *Prescott Police Officer Background Questionnaire*.

> The *AzPOST Statement of Personal History and Application for Certification* and the *Prescott Police Officer Background Questionnaire* are TWO SEPARATE DOCUMENTS. DO NOT make references to contents, continuations or attachments of one for the other. Duplicate information wherever necessary. Ensure that numerical references used in all continuations and attachments are appropriate.

Sign the documents where required. Have the documents **notarized** where required.

Interviews will be scheduled ***only*** for applicants successful in both the written and the physical fitness tests.

Bring all the documents listed below with you *at the time of your oral board interview*, they will be collected from you if you pass the interview.

- ❑ complete & notarized *Prescott PD Background Questionnaire*
- ❑ complete & notarized *AzPOST Personal History & Application*
- ❑ *copy** of birth certificate or proof of U.S. citizenship
- ❑ *copy** of high school diploma or G.E.D.
- ❑ *copy** of college degree or transcript if you have attended any college
- ❑ *copy** of DD214 if you have ever been in the military
- ❑ state issued driver history covering the last 5 years from all states where you were licensed during the last 5 years
- ❑ *copy** of any court document that changed your name
- ❑ *copy** of AzPOST Peace Officer Certification if you are or have ever been certified

> * *Copy* means a reproduction NOT the original document.

Attachments:

- AzPOST Statement of Personal History and Application for Certification
- Prescott Police Officer Background Questionnaire

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		City	State
	From	To		

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: _____

PRESCOTT POLICE DEPARTMENT
POLICE OFFICER CANDIDATE

OFFICIAL USE ONLY

BACKGROUND QUESTIONNAIRE

READ VERY CAREFULLY

Your responses on these questionnaires are the basis of a thorough background investigation. Questions relating to age, height, weight and physical characteristics Social Security number, etc. are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatement of fact, or omission of material information requested in this questionnaire, may disqualify you from any employment with Prescott Police Department. INCOMPLETE or BLANK responses may be viewed as omission of information.

You will be administered a polygraph (or equivalent) examination to determine the truth and completeness of all information you have provided.

INSTRUCTIONS

A. Carefully **TYPE** or **PRINT** all answers with ink ~ Legibility is essential.

B. **Answer every question completely and truthfully**

C. Leave NO item blank. If information requested does not apply, print "**DNA**" in the space. If you cannot remember, or do not know, the requested information, print "*I can't remember*" or "*I don't know*" in the space.

D. If you need additional space, add continuation pages and ***number*** your responses to correspond to the number of the question/item. Attach continuation page(s) following the applicable page.

E. *Carefully and completely* read page 2 of the questionnaire. It is unlikely that you will be able to become a peace officer in Arizona unless you meet all the listed criteria.

F. Have your signature on page 2 notarized. Representatives of Prescott Police Department will NOT be able to notarize your signature.

G. Sign all other appropriate locations within the questionnaire.

H. Have this questionnaire completed, notarized and ready to submit following your interview.

I. If you have any questions, contact the Prescott Police Sgt. Dave Fuller at (928) 777-1915.

After reading these instructions, sign here: _____

PRESCOTT POLICE DEPARTMENT

POLICE OFFICER CANDIDATE

OFFICIAL USE ONLY

TO THE APPLICANT

This Background Questionnaire will be used for reference by those who conduct an extensive background investigation into your personal history. Note that we are NOT looking for perfect people. Perfect people do not exist. We can hire people with some history of error. HOWEVER, deception in the background questionnaire, interviews or other parts of the selection process will most certainly jeopardize your opportunity for employment with the City of Prescott. You will be required to take a polygraph (or equivalent) examination to confirm the information provided by you in this questionnaire and elsewhere, and to determine other items of background information.

By signing below, you verify that you have read and understand that you will *not receive* and are *not entitled to* a copy of, nor knowledge of, any background information or reports and, further, you understand that this information is confidential and will be used only in the background investigation by the Prescott Police Department. Additionally, you acknowledge that no documents you submit will be returned to you and no copies of any other reports or documents utilized for, or during, your application or selection will be furnished or given to you. Unless you are not selected for employment based on a **single test**, *YOU WILL NOT BE ADVISED OF ANY REASON FOR NONSELECTION***.**

Where written explanations are required in this questionnaire, it is MANDATORY that the information be listed *TOTALLY* and *COMPLETELY*. Fill in all portions of the form leaving nothing blank.

You must meet all of the criteria listed below to become an AzPOST Certified Peace Officer. These areas will be explored in depth during extensive background investigation, polygraph (or equivalent) and psychological examinations.

With my signature, I affirm that...

- I am a citizen of the United States of America.
- I am at least twenty-one years of age, or will be prior to completion of approved certification training.
- I am a high school graduate or the equivalent.
- I have **never** been convicted of any felony or any offense which would be a felony if committed in Arizona.
- I have **never** been dishonorably discharged from any branch of the Armed Forces of the United States or of any other country.
- I have **never** had peace officer certification denied, revoked or suspended.
- I have **never** illegally sold, produced, cultivated or transported marijuana for sale.
- I have not illegally used marijuana for ANY purpose within the past **three** years.
- I have not illegally used marijuana other than for experimentation.
- I have **never** illegally used marijuana while employed or appointed as a peace officer.
- I have **never** illegally sold, produced, cultivated or transported for sale, any dangerous drugs or narcotics.
- I have not illegally used dangerous drugs or narcotics for ANY purpose within the past **seven** years.
- I have not illegally used dangerous drugs or narcotics other than for experimentation.
- I have **never** illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.
- I do not have a pattern of abuse of prescription medication.
- I have not, during the past three years, been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such frequency as to indicate a disrespect for traffic laws or a disregard for the safety of other persons on the highway.
- I have not been negligent in maintaining financial responsibility.
- I have never been convicted of any charge of domestic violence.

With your signature below, you confirm that you have *Read, Understand,* and *Agree* to the aforementioned conditions, and that you meet the listed criteria for AzPOST Peace Officer Certification.

Sworn and subscribed before me this

_____ day of _____, 20___.

APPLICANT *PRINT* FULL NAME

APPLICANT *Signature*

NOTARY PUBLIC

PERSONAL DATA

1	Last Name	First Name	Middle Name

2	Height (Feet & Inches)	Weight (Pounds)	Eye Color	Hair Color	Gender: Male Female
	Date of Birth	City, State of Birth	SSN		Ethnic Origin or Nationality

3 **PROVIDE ALL RESIDENCE ADDRESSES FOR THE PAST 5 YEARS. BEGIN W/ YOUR CURRENT ADDRESS, WORK BACK IN TIME.**

CURRENT PHYSICAL / STREET Address	City	County	State	Zip	
From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:			
If you owned this residence, "X" this box:		COMPLETE MAILING Address for Landlord:			
PREVIOUS PHYSICAL / STREET Address	City	State	Zip		
From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:			
If you owned this residence, "X" this box:		COMPLETE MAILING Address for Landlord:			
PREVIOUS PHYSICAL / STREET Address	City	State	Zip		
From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:			
If you owned this residence, "X" this box:		COMPLETE MAILING Address for Landlord:			
PREVIOUS PHYSICAL / STREET Address	City	State	Zip		
From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:			
If you owned this residence, "X" this box:		COMPLETE MAILING Address for Landlord:			
PREVIOUS PHYSICAL / STREET Address	City	State	Zip		
From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:			
If you owned this residence, "X" this box:		COMPLETE MAILING Address for Landlord:			
PREVIOUS PHYSICAL / STREET Address	City	State	Zip		
From (Date):	Until (Date):	Landlord Name and DAYTIME Phone Number:			
If you owned this residence, "X" this box:		COMPLETE MAILING Address for Landlord:			

4 **LIST AT LEAST 5 PERSONS *NOT* RELATED TO YOU & *NOT* FORMER EMPLOYER or SUPERVISOR, WHO HAVE KNOWN YOU FOR AT LEAST THE PAST 3 YEARS.**

Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone
Name	Occupation	Yrs Known	DAYTIME Phone
Mailing Address	City	State / Zip	EVENING Phone

5 **LIST ALL ADULT (18 years of age or older) IMMEDIATE RELATIVES (parents, grandparents, step-parents, sisters, brothers, step-sisters, step-brothers, spouse, ex-spouse, children, stepchildren, foster children, in-laws, etc.)**
If deceased, provide name, relationship and write "Deceased" in Occupation block.

Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #
Name	Relationship	Age:	DAYTIME Telephone #
Mailing Address	City	State & Zip	EVENING Telephone #

5	LIST ALL ADULT CLOSE RELATIVES Continuation			
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #
	Name	Relationship	Age:	DAYTIME Telephone #
	Mailing Address	City	State & Zip	EVENING Telephone #

MILITARY REFERENCES – If you have **NO** military experience mark the box then go on to the EDUCATION Section**.** ☐

6	**List past commanding officers or military acquaintances who are potential sources of relevant information pertaining to your character and military service / background. Please list all individuals who know you well enough to provide accurate information about you.**			
	Name	Mailing Address	Telephone #	Known From/To

7	Were you ever court martialed? If yes, add a page to describe details completely	No	Yes
8	Have you ever received any Article 15 or Captain's Mast? If yes, add a page to describe details completely.	No	Yes
9	Have you ever lost pay or rating/rank as a punishment? If yes, add a page to describe details completely.	No	Yes

EDUCATION HISTORY

10	**LIST ALL SCHOOLS ATTENDED AND ALL EDUCATION ATTEMPTED OR COMPLETED**					
	School Name		Mailing Address	City	State	ZIP
		ELEM				
		ELEM				

11	Where did you earn your high school diploma or G.E.D.? Circle one: **Diploma** **G.E.D.** list school where earned :				
	School Name	Mailing Address	City	State	ZIP

12	Post high school education List school & **complete mailing address**	**FROM Mo/Yr**	**TO Mo/Yr**	Major / Minor	Units OR Degree	G.P.A.

13	**If you have ever been SUSPENDED or EXPELLED from a school or were ever DENIED ADMISSION to a school, add a page to explain the circumstances, INCLUDING names of schools, dates and results**

CRIMINAL HISTORY

14	Have you ever been placed on court probation as an adult? If yes, add a page to explain the charge, court, location, date, disposition, and all other relevant information.	No	Yes
15	Have you ever been required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If yes, add a page to explain complete details regarding the act, court, place, date, disposition, etc.	No	Yes
16	Were you ever reported as a runaway juvenile or a missing person? If yes, add a page to provide the date, police agency involved, place, circumstances and disposition of the incident	No	Yes
17	Has any member of your immediate family ever been arrested, convicted or imprisoned for any felony? If yes, add a page to provide the name, relationship, charge, police agency involved, disposition, etc.	No	Yes

PHYSICAL HISTORY

18	Have you ever used marijuana while employed or appointed as a peace officer or while taking police science courses? If yes, add a page to explain details of each incident	No	Yes
19	Have you ever consumed alcohol on the job? If yes, add a page to explain details of each incident.	No	Yes

20 **List all instances when you were fingerprinted.**

Name of Agency	Date	Purpose

EMPLOYMENT HISTORY

21 **COMPLETE EMPLOYMENT HISTORY. Start with present position and work backwards.**
Use a block to explain EACH period of unemployment.
Do NOT include part-time jobs you held prior to the age of 18.

A

Name of CURRENT Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

B

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

C

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

D

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

21 EMPLOYMENT HISTORY Continuation

E

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

F

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

G

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

H

Name of Employer				Phone Number
Complete Mailing Address		City		State Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

21 EMPLOYMENT HISTORY Continuation

I

Name of Employer				Phone Number
Complete Mailing Address	City		State	Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

J

Name of Employer				Phone Number
Complete Mailing Address	City		State	Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

K

Name of Employer				Phone Number
Complete Mailing Address	City		State	Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

L

Name of Employer				Phone Number
Complete Mailing Address	City		State	Zip
Your Title or Duties				
Average # of Hours Worked Each Week	Circle All That Apply	Full Time	Part Time	Volunteer	Monthly Salary
Employed	From Mo/Yr.	To Mo/Yr.	Name of Supervisor	Phone Number
Names of Co-Workers				Phone Number
Reason for Leaving				

22	**Why do you wish to leave your present employer?**		
23	Would any problem result if we contact your present employer during the course of our background investigation? If yes, explain.	No	Yes
24	Have you ever been discharged or asked to resign from any employment? If yes, add page(s) and provide complete details of each event, dates and name of employer.	No	Yes

25 **List all instances where you have been a successful or unsuccessful candidate for any position requiring peace officer powers.**

Name of Agency	Date	Application Status

26	Have you ever been barred from taking a civil service (or similar) examination? If yes, please explain in detail.	No	Yes
27	Have you ever held a position which required supervisory or executive ability, the exercise of authority, OR ability to lead or control subordinates? if yes, add page(s) needed to explain each in detail.	No	Yes
28	Have you ever resigned from a job to avoid termination? If yes, add pages needed to explain each event.	No	Yes

29 **DESCRIBE ALL DISCIPLINARY ACTIONS TAKEN AGAINST YOU BY AN EMPLOYER.**

Name of Employer	Date	Incident And Outcome

FINANCIAL HISTORY

30	Have you ever been sued in court for any financial matter? If yes, add pages and explain in detail.	No	Yes
31	Have you ever filed for or declared bankruptcy? If yes, add pages and explain in detail.	No	Yes
32	Have you ever had any bills turned over for collection? If yes, add pages and explain in detail.	No	Yes
33	Are you now behind on any debt 30 days or more? If yes, add pages and explain in detail.	No	Yes
34	Are you now behind on any child support payment? If yes, add pages and explain in detail.	No	Yes
35	Have you ever had property repossessed? If yes, add pages and explain in detail.	No	Yes
36	Have your wages ever been garnisheed, seized or impounded? If yes, add pages and explain in detail.	No	Yes
37	Have you ever been delinquent in payment of income or other taxes? If yes, add pages and explain in detail.	No	Yes
38	Have you ever failed to file on your income tax? If yes, add pages and explain in detail.	No	Yes

DRIVING HISTORY

39	Have you ever been refused a driver's license by any state? Circle your answer. If yes, add pages & explain in detail.	No	Yes

40 **AZ requires that owners of motor vehicle be covered by automobile liability insurance or bond or deposit of $40,000 with the Department of Motor Vehicles. Therefore, PLEASE LIST THE CURRENT LIABILITY INSURANCE YOU HAVE FOR YOUR VEHICLES**

Insurance Company	Mailing Address	Policy Number	Expiration Date

41	Have you ever had vehicle insurance canceled, revoked or refused? Circle your answer. If yes, and pages and provide complete details.	No	Yes

42 **List every traffic accident during the past ten (10) years in which you were a driver.**

Date	Location (City & Intersection)	How Many Injured?	Name of Police Dept. that Investigated	What violations were you cited for?

43	Have you ever left the scene of an accident in which you were a driver without reporting the accident? If yes, add pages necessary to provide complete details about each incident.	No	Yes
44	Have you ever been a driver in an accident in which anyone died? If yes, add pages necessary to provide complete details about the incident.	No	Yes
45	Have you ever been sued as a result of an accident? If yes, add pages necessary to provide complete details about the incident.	No	Yes

GENERAL INFORMATION

46	If you become a member of the Prescott Police Department, do you agree to take a polygraph examination (or equivalent) when requested to do so by the Chief of Police or his/her designee in regard to any matter?	No	Yes
47	Do you agree to assist the Prescott Police Department in the investigation of complaints or incidents?	No	Yes
48	Do you agree to take a test to determine the alcohol content of your blood upon the request of a supervisor?	No	Yes
49	Do you agree to take other tests (i.e. Drug screening, psychological, medical) upon the request of a supervisor?	No	Yes
50	Have you falsified, omitted or minimized any information in this background questionnaire??	No	Yes

51 With your signature below, you indicate that you have read and understand this statement

I am aware that any misstatement of material fact or omission of material information requested in this questionnaire may disqualify me from employment by the Prescott Police Department.

APPLICANT'S Signature DATE

PRESCOTT POLICE DEPARTMENT

OFFICIAL USE ONLY

TO WHOM IT MAY CONCERN I am an applicant for a position with the Prescott Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Prescott Police Department.

I hereby authorize any representative of the Prescott Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Prescott Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Prescott Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph (or equivalent) examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of any duly accredited representative of the Prescott Police Department, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Prescott Police Department's acceptance and processing of my application for employment, I agree to hold your organization or company, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Prescott Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Prescott Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.
I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

APPLICANT ~ READ CAREFULLY IN TOTAL BEFORE SIGNING BELOW.

PRINT FULL NAME	
SIGNATURE	DATE
CURRENT ADDRESS	
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

PRESCOTT POLICE DEPARTMENT
EMPLOYEE SELECTION PROCESS

NOTICE to PROSPECTIVE EMPLOYEES WHO ARE TO BE FINGERPRINTED

I hereby acknowledge that the City of Prescott will fingerprint me as a part of the application process for the position listed below, and that my fingerprints will be used to check the criminal history records of the Arizona Department of Public Safety Criminal Records Section and the FBI. Identification records obtained from the ADPS and the FBI may be used solely for the purpose requested and may not be disseminated outside of City of Prescott Departments. If the information on the record is used to disqualify me from employment with the City of Prescott, the Prescott Police Department shall provide me with the opportunity to complete, or challenge the accuracy of, the information contained in the ADPS and/or FBI identification records. The City of Prescott shall not deny my employment based upon the information in the record until I have been afforded a reasonable time to correct or complete the information, or unless I have declined to do so. I will be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If I wish to correct the record as it appears in the Arizona DPS Criminal Records Section or the FBI's Identification Division Records System, the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

Position Applied for

PRINTED Name of Applicant

Social Security Number

Signature of Applicant

Date

PRINTED Name of Witness

Signature of Witness

Date

PRESCOTT POLICE DEPARTMENT

OFFICIAL USE ONLY - CREDIT INFORMATION DISCLOSURE

TO WHOM IT MAY CONCERN I am an applicant for a position with the Prescott Police Department. The department needs to thoroughly investigate my credit history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my credit history be disclosed to the Prescott Police Department.

I hereby authorize any representative of the Prescott Police Department to obtain any information in your files pertaining to my credit history and I hereby direct you to release such information upon request. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Prescott Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my credit history, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Prescott Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of any duly accredited representative of the Prescott Police Department, regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Prescott Police Department's acceptance and processing of my application for employment, I agree to hold your organization or company, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Prescott Police Department.

I understand my rights under The Federal Fair Credit Reporting Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Prescott Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

APPLICANT ~ READ CAREFULLY IN TOTAL BEFORE SIGNING BELOW.

PRINT FULL NAME	
SIGNATURE	DATE
CURRENT ADDRESS	
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

Disclosure of Intention to

Obtain a Consumer Report for Employment Purposes

In accordance with The Fair Credit Reporting Act, section 604(b)(2)(A), the City of Prescott Police Department, may obtain a consumer report on all individuals who apply for new employment, or current employees for retention or promotion.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 168M681u, at the Federal Trade Commission's web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights-

• **You must be told if information in your file has been used against you.**
Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

• **You can find out what is in your file**.
At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

• **You can dispute inaccurate information with the CRA.**
If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs ~ to which it has provided the data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

• **Inaccurate information must be corrected or deleted.**
A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

• **You can dispute inaccurate items with the source of the information.**
If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

• **Outdated information may not be reported.**
In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

• **Access to your file is limited.**
A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

• **Your consent is required for reports that are provided to employers, or reports that contain medical information.**
A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

• **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.**
Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• **You may seek damages from violators**.
If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051