



Gila County Sheriff's Office

Sheriff J. Adam Shepherd

Volunteer Application and Background



Applicant Name: _____ Date: _____

Position Applied for:

- Gila County Sheriff's Reserve Posse (Globe) Globe Search & Rescue Globe CERT
- Gila County Sheriff's Posse (Payson) Tonto Rim Search & Rescue Payson CERT
- Pine/Strawberry CERT Other _____

Thank you for your interest in becoming a volunteer with the Gila County Sheriff's Office. This packet contains a Gila County Employment Application and a Gila County Sheriff's Office Background Questionnaire. Please complete these forms in their entirety. If you do not recall or remember content as it relates to a question, please document your response accordingly. Your honesty is paramount as this is the basis for your application process which may be verified in a polygraph examination. If at any time you recall information as it relates to the background questionnaire, contact the Sheriff's Office Human Resource Liaison at 928-402-8580 or at sheriffs-hr@gilacountyaz.gov. You will be directed to the background investigator assigned to your background process.

When completing the packet, use blue or black ink. If a question does not apply to you, write "DNA" in the space provided for that question. If you need additional space, write your response on the back of the paper. Failure to follow instructions, filling out the packet with false information or incomplete information will delay the background process or eliminate you from further processing. All information provided by the applicant will be verified.

Please attach the following documentation to this packet. The application will not be processed without the following:

- Birth Certificate
- Social Security Card
- Driver's license
- Marriage License (if applicable)
- Proof of High School Diploma or GED Certificate or proof of College Degree
- DD-214 Military Discharge Form (if applicable)

Criteria for Consideration of Disqualification

- Any misleading or untruthful statements during any portion of your processing.
- Any felony convictions. No time limit.
- Participation in any serious criminal act.
- Any misdemeanor conviction involving narcotics, drugs or marijuana.
- Any selling of narcotics, drugs or marijuana.
- Any illegal use of opiates, hallucinogens or dangerous drugs, including LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin, Cocaine, Hash, Speed, barbiturates, etc.
- Any recent illegal use of marijuana.
- Any excessive illegal use of marijuana.
- Dishonorable discharge from the U.S. Military.
- Any history of disregard for traffic laws with such frequency to indicate disrespect for traffic laws and a disregard for the safety of other people on the roadway.
- Any sexual conduct prohibited by law.

Background Information

- An extensive background investigation will be conducted into your personal history. Applicants may be required to take a polygraph examination to confirm the information in this packet and to determine other items of background information.
- The applicant is not entitled to and will not receive a copy of the background investigation report or to know its contents. The background investigator report will be used in the evaluation process for employment with the Gila County Sheriff's Office. No documents submitted will be returned and no copies of any other reports or documents utilized during the application process for employment will be furnished to the applicant.
- You will not be advised of the reason for non-selection.
- Where written explanations are required in this packet, it is required that the information be listed completely.

Please confirm that you have read, understand and agree to the aforementioned conditions and criteria by signing below.

Applicant Signature: _____ Date: _____

Waiver of Liability and Release Form



In consideration of the Gila County Sheriff's Office, hereinafter referred to as the Office, processing of my application for employment, I hereby irrevocably agree to the following terms and conditions.

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Office, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Office.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any deputy, agent or employee of the Office who may conduct my background investigation.
3. I hereby release from liability and promises to hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the deputies, agents or employees of the Office who conduct my background investigation.
4. I authorize any person or entity contacted by the Office's deputies, agents or employees during the course of my background investigation, to furnish to such deputies, agents or employees any information or opinions they may have and hereby expressly waive any and all legal privileges I may have including but not limited to attorney-client privilege, the physician-patient privilege, the psychotherapists-patient privilege, the clergy-penitent, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Office or any of its deputies, agents or employees for any statements, acts or omissions in the course of my background investigation.
6. I expressly waive all of my legal rights and cause of action to the extent that the Office background investigation may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Office, realizing that such information must of necessity remain confidential.

I release from liability given by me to the political division, the Office, its deputies, agents and employees, all others as mentioned above, shall apply to any rights of action arising from the denial of employment opportunity of the Office, based on information received from the background investigation. Read carefully before signing.

Printed Name: _____

Signature: _____ Date: _____

Rick Husk
Director
rhusk@gilacountyaz.gov · Ext. 8722



Angelo J. Cutter
Benefits & HRIS Administrator
acutter@gilacountyaz.gov · Ext. 8723

Lorissa Talamantes
Human Resources Analyst
ltalamantes@gilacountyaz.gov · Ext. 4361

Gila County Human Resources

Juley Bocardo-Homan, SHRM-CP, PHR
Deputy Director
jbocardo@gilacountyaz.gov · Ext. 8724

Risk Management
1400 E. Ash Street, Globe, AZ 85501

(928)425-3231 · TDD: 711 · Fax (928)946-8043

Valerie Taylor
Human Resources Assistant Sr.
vtaylor@gilacountyaz.gov · Ext. 4253

Welcome to Gila County!

Please complete the enclosed forms and submit the entire packet to Gila County Human Resources. If you have any questions or concerns, please feel free to contact Human Resources.

Gila County Volunteer Record Form

| | | | |
|---|---------------------------------|----------------------|--------------------|
| <u>Volunteer Name:</u> | | | |
| <u>Home Address:</u> | <u>City:</u> | <u>State:</u> | <u>ZIP:</u> |
| <u>Mailing Address:</u> | <u>City:</u> | <u>State:</u> | <u>ZIP:</u> |
| <u>Home Phone:</u> | <u>Message/Cell No.:</u> | | |
| <u>Name of Emergency Contact Person:</u> | | | |
| <u>Relationship to Volunteer:</u> | | | |
| <u>Address of Contact Person:</u> | | | |
| <u>Phone No:</u> | | | |

Volunteer Signature

Date



Gila County Volunteer Service Agreement

I, **(Please Print)** _____ do hereby provide my services as a volunteer for Gila County Government.

I understand that as a volunteer, I am not entitled to any form of compensation including but not limited to, cash, health care insurance, retirement, Social Security or life insurance. I agree to abide by the rules and policies of Gila County government.

I understand that as a volunteer I am not entitled to any of the rights and privileges as described in the Gila County Merit System Rules and Policies. Furthermore, I understand that participation as a volunteer does not entitle nor guarantee me future employment with Gila County, and that no tangible compensation will be provided. I understand that not everyone will be selected as a volunteer. If selected I agree to adhere to the rules and instructions of my volunteer assignments.

I understand that I, or my Appointing Authority, may discontinue my participation in this program at any time during the period of service.

I understand that Gila County, to the extent allowed by law, will assume liability for any injury sustained by myself in performing tasks assigned to me as a volunteer, provided I am acting in the course and scope of the duties assigned to me and I am engaged in an authorized activity. I understand that injuries sustained while performing official duties will be covered under Gila County's Workers' Compensation program and agree that Workers' Compensation will be my sole remedy.

This coverage does not extend to injuries sustained by myself due to willful misconduct, gross negligence, or bad faith.

Volunteer Signature

Date



Gila County Volunteer Statement of Use & Confidentiality

I acknowledge that any information acquired during the performance of my volunteer services with Gila County, in the course of my assigned duties or in contact with any of the County's business affiliates, must be kept confidential. This applies to all Health Insurance Portability Accountability Act Protected Health Information (HIPAA-PHI) as well as personal information, financial information, and County business related information.

Each individual volunteering for the County is responsible for protecting the privacy of County clients, personnel information, financial information and business information. They must also take care to preserve the confidentiality of such information in conversations, and in handling, copying, storing and disposing of documents and any and all electronic media that contains such information.

Access to County networking systems, HIPAA-PHI systems, personal information systems, financial information systems and other business affairs systems is permitted only on a need to know basis for the required performance of assigned responsibilities. Any violation of this acknowledgement is strictly prohibited.

Each volunteer is responsible for maintaining confidentiality by never discussing confidential information with others, never sharing passwords or access to information systems and always locking or logging off a terminal or workstation when leaving an area. Each person is accountable for all activity under their password account. Such activity may be monitored.

Disclosure of confidential information is prohibited except when it is required for the performance in the scope of assignment. Disclosure of confidential information as described above is prohibited indefinitely, even after termination of volunteer services, contract or any business agreement/relationship unless specifically waived in writing by an authorized representative of the County.

I certify that I have received and read this Statement of Use and Confidentiality Acknowledgement and understand the requirements set forth in it. I understand that I may be subject to criminal legal action and/or civil monetary penalties up to \$25,000 per person, per year for violations of the confidentiality of HIPAA-PHI (45CFR160.404). Any volunteer who violates the privacy and confidentiality of patient health information as well as personal client information, financial information, and County business related information, through disclosure or otherwise, may be subject to further legal action.

Volunteer Name (**Please Print**)

Signature

Date



Gila County Human Resources Department Background Authorization

I hereby give Gila County Human Resources the right to make a thorough investigation of my background including:

- Criminal Record
- Driving Record
- Personal References
- Social Media
- Past Employment/Volunteer Status
- Educational/Professional Status
- Credit Check (if duties will involve handling large sums of money)

And any other persons or sources as appropriate for the position for which I have expressed an interest.

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Gila County from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determine my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described position and such other information, as they deem appropriate.

Signed: _____ Date: _____

Name: _____

Social Security # _____ - _____ - _____

DOB: _____ / _____ / _____

Driver's License # _____

State issued: _____

Marital Status: _____

Sex (please check one): M F

Race (please select one):
 H W B I A

please note this is for EEO statistical purposes only

**BOARD OF SUPERVISORS
Gila County, Arizona
Office of Human Resources Director**

LOYALTY OATH

I, the undersigned, hereby execute this document in compliance with Chapter 108 (House Bill 115) Laws 1961, First Regular Session, Sec. 38-231, Arizona Revised Statutes:

OFFICERS AND EMPLOYEES REQUIRED TO TAKE LOYALTY OATH; FROM; PENALTY

A. In order to ensure the state wide application of this section on a uniform basis, each board, commission, agency and independent office of the state, any of its political subdivisions, and of any county, city, town, municipal corporation, school district, and public educational institution, shall immediately upon the effective date of this act completely reproduce section 39-231 as set forth herein, to the end that the form of written oath or affirmation required herein shall contain all of the provisions of said section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. For the purpose of this section, the term officer or employee means any person elected, appointed or employed either on a part-time basis, by the state, or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution, or any board, commission or agency of any of the foregoing.

C. Any officer or employee elected, appointed, or employed prior to the effective date of this act shall not later than ninety days after the effective date of this act take and subscribe the form of oath or affirmation set forth in this section.

D. Any officer or employee within the meaning of this section who fails to take and subscribe the oath or affirmation provided by this section within the time limits prescribed by this section shall not be entitled to any compensation unless and until such officer or employee does so take and subscribe to the form of oath or affirmation set forth in this section.

E. Any of the persons referred to in Article XVIII, Section 10 of the Arizona Constitution as amended, related to the employment of aliens, shall be exempted from any compliance with the provisions of this section.

F. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee before any officer or employee enters upon the duties of his office or employment, he shall take and subscribe the following oath or affirmation:

STATE OF ARIZONA)
 : ss.
COUNTY OF GILA)

I, _____ do solemnly swear (or affirm) that I will support the United States and the Constitution
(type or print name)
and laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of an employee of the _____ according to the best of my ability, so help me God (or so I do affirm).
(name of office)

(Signature of officer or employee)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public in and for the County of Gila
State of Arizona

My Commission Expires:

(SEAL)

Personal History

1. **FULL NAME** (Last, First Middle)

2. **PLACE OF BIRTH** _____

3. **OTHER NAMES USED SUCH AS MARRIED AND MAIDEN NAMES, NICKNAMES, AND ALIASES**

4. **PRESENT HOME ADDRESS** (Full address including City, State, Zip)

5. **MAILING ADDRESS IF DIFFERENT FROM ABOVE**

6. **E-MAIL ADDRESS** (include all e-mail addresses that you use)

7. **SPOUSE'S FULL NAME AND BIRTH DATE** (Include information on ex-spouses)

8. **ARE YOU A CITIZEN OF THE UNITED STATES?** YES NO

IF NO DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE US? YES NO

Military History

9. **HAVE YOU EVER SERVED IN THE US MILITARY FOR ANY LENGTH OF TIME?** YES NO

(Include reserve and guard duty)

| SERVICE BRANCH | DATE IN | DISCHARGE DATE | DISCHARGE TYPE |
|----------------|---------|----------------|----------------|
| | | | |
| | | | |
| | | | |

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|--|--|--|--|
| | | | |
|--|--|--|--|

10. DID YOU HAVE ANY "LOST TIME" YES NO _____

11. HAVE YOU EVER BEEN QUESTIONED AS PART OF ANY MILITARY CRIMINAL INVESTIGATION?

YES NO _____

12. HAVE YOU EVER BEEN THE SUBJECT OF ANY MILITARY DISCIPLINE PURSUANT TO THE UNIFORM CODE OF MILITARY JUSTICE, SERVICE REGULATION OR NON-JUDICIAL PUNISHMENT?

YES NO _____

13. WERE THERE ANY SPECIAL CIRCUMSTANCES WHICH LEAD TO YOUR DISCHARGE SUCH AS POOR EVALUATIONS, DELIBERATE ACTS TO GET OUT EARLY, ETC?

YES NO _____

14. LIST EVERY CITY AND STATE IN WHICH YOU HAVE LIVED, NO MATTER FOR HOW LONG, SINCE YOU WERE 17 YEARS OLD. INCLUDE MILITARY DUTY STATIONS.

| CITY | STATE | FROM - TO |
|------|-------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

15. HAVE YOU EVER BEEN FIRED, DISMISSED OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT OR ANY ORGANIZATION?

YES NO _____

16. HAVE YOU EVER LEFT ANY PLACE OF EMPLOYMENT OR ORGANIZATION BECAUSE YOU THOUGHT YOU WERE GOING TO BE FIRED, DISMISSED OR ASKED TO RESIGN OR HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL OR ADMINISTRATIVE INVESTIGATION?

YES NO _____

17. HAVE YOU EVER RECEIVED ANY DISCIPLINARY ACTION AT ANY PLACE OF EMPLOYMENT? (Include written and verbal reprimands, suspensions, corrective training and or counseling)

YES NO _____

18. HAVE YOU EVER BEEN INVOLVED IN A VERBAL OR PHYSICAL CONFRONTATION AT WORK WITH A COWORKER, SUPERVISOR OR CUSTOMER?

YES NO _____

19. HAVE YOU EVER BEEN SUSPECTED OR ACCUSED OF THEFT FROM ANY EMPLOYER OR ORGANIZATION?

YES NO _____

20. HAVE YOU EVER TAKEN ANYTHING FROM WORK, AN ORGANIZATION, COWORKER OR CUSTOMER THAT DID NOT BELONG TO YOU?

Criminal History

21. AS A JUVENILE OR AS AN ADULT, HAVE YOU EVER BEEN? (Do not include minor traffic offenses)

| ACTION | WHEN | WHERE | CHARGE / RESULT |
|--------|------|-------|-----------------|
|--------|------|-------|-----------------|

| | | | |
|-------------|--|--|--|
| ARRESTED | | | |
| APPREHENDED | | | |
| CHARGED | | | |
| ACCUSED | | | |
| WARNED | | | |
| DETAINED | | | |
| CONVICTED | | | |

EXPLANATION _____

22. HAVE YOU EVER BEEN A GANG MEMBER OR PARTICIPATED IN ANY GANG ACTIVITY?

YES **NO** _____

23. HAVE YOU EVER COMMITTED, WITNESSED OR PARTICIPATED IN ANY OF THE FOLLOWING?

| | WHEN | WHERE | EXPLANATION |
|------------------------------------|-------------|--------------|--------------------|
| MURDER | | | |
| ASSAULT | | | |
| KIDNAPPING | | | |
| CRIMINAL DAMAGE PROPERTY DAMAGE | | | |
| TRESPASS | | | |
| DISORDERLY CONDUCT | | | |
| FIGHTING | | | |
| ROBBERY | | | |
| BURGLARY | | | |
| THEFT | | | |
| SHOPLIFTING - CHANGING PRICES | | | |
| FORGERY FAKE ID | | | |
| BAD CHECKS | | | |
| FRAUD - SCAMS | | | |
| RACKETEERING | | | |

| | | | |
|------------------------|--|--|--|
| BRIBERY | | | |
| PERJURY | | | |
| ARSON | | | |
| FALSE REPORTS | | | |
| ILLEGAL WEAPONS | | | |
| ILLEGAL EXPLOSIVES | | | |
| GAME & FISH VIOLATIONS | | | |
| PROSTITUTION | | | |
| SEXUAL ABUSE | | | |
| RAPE | | | |
| INDECENT EXPOSURE | | | |
| CHILD PORNOGRAPHY | | | |

Continuation of #23 – Completely explain any YES answer

24. HAVE YOU HAD ANY SEXUAL CONTACT WITH A MINOR SINCE YOU TURNED 18 YEARS OLD?

YES NO _____

25. HAVE YOU EVER SHOWN PORNOGRAPHIC MATERIAL TO A PERSON UNDER THE AGE OF 18?

YES NO _____

26. HAVE YOU EVER FURNISHED ALCOHOL, TOBACCO, FIREARMS OR PORNOGRAPHIC MATERIAL TO A MINOR?

YES NO _____

27. HAVE YOU EVER PURCHASED, SOLD OR OBTAINED ANY PROPERTY YOU THOUGHT WAS STOLEN?

YES NO _____

28. DO YOU HAVE ANY KNOWLEDGE OF ANY CRIME YOU HAVE NOT REPORTED TO THE POLICE?

YES NO _____

29. HAVE YOU EVER ASSISTED OR SMUGGLED ILLEGAL ALIENS? YES NO

30. HAVE YOU EVER COMMITTED ANY CRIME FOR WHICH YOU WERE NEVER CAUGHT?
YES NO _____

31. HOW MANY FIGHTS HAVE YOU BEEN IN SINCE AGE 18? _____

32. HAVE YOU EVER LIED OR OMITTED REQUIRED INFORMATION FROM ANY EMPLOYMENT APPLICATION?
YES NO _____

33. HAVE YOU EVER DAMAGED AN EMPLOYER'S PROPERTY AND FAILED TO REPORT IT OR FALSIFIED THE REPORT?
YES NO _____

34. HAVE YOU EVER PURPOSELY OMITTED OR ALTERED THE FACTS IN AN OFFICIAL REPORT OR DOCUMENT?
YES NO _____

35. HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER OR BEEN PLACED ON PROBATION OR PAROLE?
YES NO _____

36. HAVE YOU EVER BEEN SUED IN ANY COURT FOR ANY REASON, INCLUDING ACTIONS THAT ARE PENDING OR WERE LATER DISMISSED OR WITHDRAWN FOR ANY REASON?
YES NO _____

Driving History

37. LIST ANY DRIVER LICENSES AND PERMITS YOU HAVE EVER HELD IN ANY STATE.

| STATE | LICENSE NUMBER | DATES HELD |
|-------|----------------|------------|
| | | |
| | | |

| | | |
|--|--|--|
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| | | |

38. EXCLUDING PARKING TICKETS – LIST EVERY TRAFFIC TICKET OR TRAFFIC SUMMONS YOU HAVE RECEIVED, WHETHER DISMISSED OR YOU TOOK TRAFFIC SCHOOL (Include any motor carrier safety, DVER equipment violations and any driver out of service violations).

| CITY OR STATE | WHEN | ORIGINAL VIOLATION TYPE | DISPOSITION |
|---------------|------|-------------------------|-------------|
| | | | |
| | | | |
| | | | |
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| | | | |
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39. HAS YOUR LICENSE OR RIGHT TO DRIVE EVER BEEN SUSPENDED, CANCELLED, REVOKED OR REFUSED FOR ANY REASON? YES NO

| STATE | WHEN | WHY |
|-------|------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |

40. LIST EVERY AUTO ACCIDENT YOU HAVE BEEN INVOLVED IN AS A DRIVER, INCLUDING AS A JUVENILE.

| CITY and STATE | WHEN | BRIEF DESCRIPTION |
|----------------|------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Narcotic/Drug History

41. LIST ALL ILLEGAL DRUGS OR NARCOTICS THAT YOU HAVE EVER USED. LIST THE DATE OR AGE YOU FIRST USED AND LAST TIME USED. INDICATE THE TOTAL NUMBER OF TIMES YOU USED THE DRUG.

| DRUG | 1ST USE | LAST USE | MAXIMUM USES |
|----------------------|----------------|-----------------|---------------------|
| MARIJUANA | | | |
| AMPHETAMINES | 1ST USE | LAST USE | MAXIMUM USES |
| SPEED | | | |
| ICE | | | |
| CRYSTAL | | | |
| BEANIES | | | |
| WHITE CROSSES | | | |
| BLACK BEAUTIES | | | |
| PINK HEARTS | | | |
| CHRISTMAS TREES | | | |
| DIET PILLS | | | |
| HALLUCINOGENS | 1ST USE | LAST USE | MAXIMUM USES |
| ACID | | | |
| LSD | | | |
| BLOTTER | | | |
| MESCALINE | | | |
| ANGEL DUST | | | |
| THAI STICKS | | | |
| ECSTACY | | | |
| MUSHROOMS | | | |
| PEYOTE | | | |
| HASH | | | |
| DOWNERS | 1ST USE | LAST USE | MAXIMUM USES |
| BARBITURATES | | | |
| VALIUM | | | |
| YELLOW JACKETS | | | |
| QUAALUDES | | | |
| NARCOTICS | 1ST USE | LAST USE | MAXIMUM USES |
| COCAINE | | | |
| CRACK | | | |
| MORPHINE | | | |
| HEROIN | | | |
| OPIUM | | | |
| INHALANTS | 1ST USE | LAST USE | MAXIMUM USES |
| PAINT | | | |
| THINNERS | | | |
| GLUE | | | |
| NITROUS OXIDE | | | |

42. HAVE YOU EVER USED SOMEONE ELSE'S PRESCRIPTION MEDICINE?

YES NO

| MEDICATION NAME | 1ST USE | LAST USE | MAXIMUM USES |
|-----------------|---------|----------|--------------|
| | | | |
| | | | |
| | | | |

43. HAVE YOU EVER PURCHASED, POSSESSED, SOLD, EXCHANGED OR GIVEN ANYBODY ILLEGAL DRUGS OR NARCOTICS? YES NO

| DRUG NAME | 1ST TIME | LAST TIME | # OF TIMES | AMOUNT |
|-----------|----------|-----------|------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

44. HAVE YOU EVER CONTRIBUTED TOWARD THE PURCHASE OF ANY ILLEGAL DRUGS OR NARCOTICS? YES NO

| DRUG NAME | 1ST TIME | LAST TIME | # OF TIMES | AMOUNT |
|-----------|----------|-----------|------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

45. HAVE YOU EVER USED ANY NARCOTIC OR ILLEGAL DRUG WHILE AT WORK OR TAKEN ANY ILLEGAL DRUG OR NARCOTIC AND THEN REPORTED TO WORK?

YES NO _____

46. HAVE YOU EVER USED A DRUG WITHOUT KNOWING WHAT IT WAS OR SUSPECT YOU WERE GIVEN A SUBSTANCE WITHOUT YOUR KNOWLEDGE?

YES NO _____

47. HAVE YOU EVER DRIVEN WHILE IMPAIRED BY ALCOHOL OR DRUGS?

YES NO _____

48. WHEN WAS THE LAST TIME YOU DROVE WHILE IMPAIRED BY ALCOHOL OR DRUGS?

49. HAVE YOU EVER BEEN GIVEN A FIELD SOBRIETY TEST?

YES NO _____

50. HAVE YOU EVER BEEN GIVEN A BREATH, BLOOD OR URINE TEST TO DETERMINE THE DRUG OR ALCOHOL CONTENT OF YOUR BLOOD?

YES (RESULTS) _____ NO

51. HAVE YOU EVER CONSUMED ALCOHOL AT WORK IN VIOLATION OF EMPLOYER RULES OR CONSUMED ALCOHOL AND THEN REPORTED TO WORK?

YES NO _____

52. HAVE YOU EVER DRIVEN AN EMPLOYER'S OR COMPANY VEHICLE AFTER CONSUMING ALCOHOL OR AFTER USING ILLEGAL DRUGS OR NARCOTICS?

YES NO _____

Domestic Violence History

53. HAVE YOU EVER BEEN CONVICTED OF A DOMESTIC VIOLENCE OFFENSE? (Whether felony, misdemeanor, dismissed, expunged, Diversion Program or First Offender Program) YES NO

| LOCATION | DATE | CHARGE | DISPOSITION |
|----------|------|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

54. HAVE YOU EVER HAD A CIVIL ORDER, SUCH AS AN ORDER OF PROTECTION, INJUNCTION AGAINST HARASSMENT OR RESTRAINING PLACED AGAINST YOU? YES NO

| LOCATION | DATE | TYPE OF ORDER | DISPOSITION |
|----------|------|---------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

55. HAVE THE POLICE EVER COME TO THE PLACE YOU LIVED OR WORKED BECAUSE OF A DOMESTIC DISPUTE OR FAMILY FIGHT SITUATION?

YES NO _____

56. HAVE YOU EVER BEEN INVOLVED IN A DOMESTIC DISPUTE OR FAMILY FIGHT SITUATION AND THE POLICE DID NOT RESPOND OR WERE NOT CALLED?

YES NO _____

57. HAVE YOU EVER BEEN VERBALLY OR PHYSICALLY ABUSIVE TOWARD YOUR SPOUSE, CHILDREN, RELATIVES, BOYFRIENDS, GIRLFRIENDS, PARENTS OR ANYBODY ELSE?

YES NO _____

58. HAVE YOU EVER BEEN INVESTIGATED BY CHILD PROTECTIVE SERVICE OR FAMILY SERVICES?

YES NO _____

59. HAVE YOU EVER BEEN A PROHIBITED POSSESSOR OF A FIREARM AS A RESULT OF ANY CONVICTION, COURT ORDER OR DECLARATION?

YES NO _____

60. LIST EVERY TIME THE POLICE HAVE COME TO WHERE YOU LIVED FOR ANY REASON.

| WHEN | WHERE | WHY | WHAT HAPPENED |
|------|-------|-----|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

61. HAVE YOU EVER TAKEN A POLYGRAPH OR A COMPUTER VOICE STRESS ANALYSIS (CVSA) EXAM?

YES NO

| EXAM TYPE | WHERE OR WHO ADMINISTERED THE EXAM | REASON FOR EXAM/RESULTS |
|-----------|------------------------------------|-------------------------|
| | | |
| | | |
| | | |

62. DO YOU KNOW ANYBODY WHO WORKS FOR THE GILA COUNTY SHERIFF'S OFFICE? IF YOU DO, EXPLAIN WHO YOU KNOW, HOW YOU KNOW THEM AND YOUR RELATIONSHIP AND HOW LONG YOU HAVE KNOWN THEM.

Supplemental Questions for Prior Law Enforcement Related Jobs

1. Have you committed or been accused of any thefts from any department where you have worked, or where you are currently working?

2. Have you committed or been accused of any thefts from any prisoner?

3. Have you ever committed a sex act while on duty? While on call? While on break?

4. Have you ever been disciplined for sleeping on duty?

5. Have you ever falsified or been accused of falsifying any documents?

6. Have you ever committed, witnessed, participated in, or been accused of being involved in any of the following acts:

Perjury _____

Accepting gratuities _____

Bribery or pay offs _____

Use of excessive force _____

7. Have you ever been the subject of, or witness to any criminal or internal investigations?

8. Have you ever kept any items, evidence, or found property for personal use?

9. Have you ever been disciplined for, or accused of misuse or abuse of any departmental equipment?

10. Have you ever accidentally discharged your weapon?

11. Have you ever been accused of, or disciplined for committing any crime while employed in a law enforcement capacity?
