

Navajo County Sheriff's Office



P.O. Box 668  
Holbrook, Arizona 86025  
(928) 524-4300

**FOR OFFICE USE ONLY**

Meet MQ's: Yes No

Remarks:

File: Hold for Exam \_\_\_\_\_ Eligibility List \_\_\_\_\_ Outdated/Rejected \_\_\_\_\_

**READ** the following information before completing this application and sign where indicated.

- All information contained on this application is subject to verification.
- A background investigation are required of successful applicants.
- Any omissions, misstatements or falsifications may be cause for rejection of this application, elimination from further competition, removal of your name from an eligibility list, or discharge from employment or volunteer positions.
- The information you provide on this application will be used to determine your qualifications for employment or volunteer positions.

**INSTRUCTIONS**

1. Use black ink and print clearly.
2. Write "DNA" if areas on the application do not apply to you.
3. Under "Employment History" include all work experience.
4. Use separate blocks if duties, responsibilities or salary changed while working for the same employer.
5. A resume may be submitted; however, your eligibility will be determined from information provided on the application.
6. Complete an application for each position for which you wish to apply.

**CERTIFICATE OF APPLICANT**

**READ CAREFULLY BEFORE SIGNING**

**I hereby certify that all statements in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights as a volunteer with the Navajo County Sheriff's Office.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT, PLEASE COMPLETE 1 THRU 4**

1. Volunteer Organization Applied For (Sheriff's Auxiliary Volunteers, Search & Rescue, Hashknife, White Mtn Sheriff's Posse, Armed Patrol Posse):

2. Name:

3. Mailing Address:

4. City, State and Zip:

The Navajo County Sheriff's Office is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, sex, age or disability. No question in this application is intended to secure information to be used for such discrimination. Replies to all questions will be held in strict confidence, unless otherwise required by statute or Federal Law.

Position:
Date:

Name	Last	First	Middle Name or Initial
Street Address			
City		State	Zip Code
Mailing Address (if different than street)			
Home Phone Number ( )		Message Phone Number ( )	

**REFERENCES**

List three (3) references (not a relative or former employer) who are responsible adults and have known you well during the past five years.

Name	Years known	Address	Phone (home/work) ( ) ( )

**EDUCATIONAL BACKGROUND**

High School Name, City and State	Graduated	If no, do you have a GED? Issued by:	Yes Date	No	
Colleges/Universities	City and State	Major	Credit Hours	Degree	Month/Year

**EMPLOYMENT HISTORY**

List all work experience, beginning with our most recent employer. Include periods of self-employment, part-time employment and military service information. Provide explanation for periods of unemployment. Describe work experience clearly and accurately. The information you provide on this application will be used to determine your qualifications for the position applied for.

**Consent to Contact Present Employer**

I give my consent for the Sheriff's Office to contact my present employer: Yes \_\_\_\_\_ No (If no, please explain)

\_\_\_\_\_

\_\_\_\_\_

**Prior Discharges or Forced Resignations**

Employer	Date Discharged	Reason for Discharge (Exclude answers which would indicate disability, race, religion, color, sex or national origin)

Present or Most Recent Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

**EMPLOYMENT HISTORY (Continued)**

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, subversive, or which has adopted or demonstrates a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona or which seeks to alter the form of government of the USA or Arizona by unconstitutional means?

No \_\_\_\_\_ Yes \_\_\_\_\_ , explain:

**SKILLS**

List any other skills, abilities, professional organizations, etc., that you feel would be useful for us to know in evaluating your qualifications for employment (exclude answers that would indicate race, religion, color, age, sex, national origin or disability.)

## DRUG USE/ARREST QUESTIONNAIRE

TYPE OF DRUG	HAVE YOU EVER TRIED? <u>Answer "Yes" or "No"</u>	IF "YES, HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN? <u>Answer "Yes" or "No"</u>
MARIJUANA						
HASHISH						
COCAINE/CRACK						
METHAMPHETAMINE/SPEED						
HEROIN						
OPIUM						
MORPHINE						
LSD/ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTION DRUGS						

IF YOU ANSWERED "YES" TO ANY OF THE AREAS ABOVE, PROVIDE FULL EXPLANATION ON CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>a. How the drug was ingested or consumed.</li> <li>b. The duration of usage.</li> <li>c. The motivation for use.</li> </ul> | <ul style="list-style-type: none"> <li>d. How the drug was obtained.</li> <li>e. Why you stopped using the drug.</li> <li>f. Any other factors you believe are relevant.</li> </ul> |
|--|---|

### ARREST INFORMATION

Have you ever been arrested, charged, or convicted of any violations of law (other than minor traffic offenses), either as an adult or a juvenile? If "YES" give details for EACH arrest or charge including original charge, final charge, date, originating agency, court, final disposition, and details of the incident which led to the arrest. PRINT ALL INFORMATION. **Use continuation sheet, if necessary.**

No \_\_\_\_\_ Yes \_\_\_\_\_


I hereby certify that all statements in this questionnaire are true, and I agree and understand that any misstatements or omissions of material facts herein will be cause for forfeiture on my part of all rights to becoming a volunteer with the Navajo County Sheriff's Office.

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

## BACKGROUND INFORMATION

A thorough personal history background investigation will be completed prior to becoming a volunteer. Although the following information is optional at the time of application; this information must be provided prior to the background investigation and volunteer position offer. This information will remain confidential and will be used for background investigation purposes and as allowed by law.

Social Security Number	Date of Birth
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### MILITARY RECORD

Branch of Service	Serial Number	Date Entered	Separated
Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No, Type of Separation _____		Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____

### DRIVING RECORD

Do you possess an Arizona operator or commercial driver's license?	
No _____ Yes _____	Operator No. _____ Commercial No. _____
Do you possess an operator, chauffeur or commercial driver's license issued by another state?	
No _____ Yes _____	State _____ License No. _____
Have you ever had our driver's license suspended or revoked?	
No _____ Yes _____	When _____ Reason _____

### PAST RESIDENCES

Start with your present residence. List all cities and states since high school or the last 10 years.

City and State	Date From	Date To





**CERTIFICATE OF APPLICANT**

**Please read the statements below and sign before a Notary Public prior to submitting the questionnaire to the Sheriff's Office.**

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

I authorize the Navajo County Sheriff's Office to make inquiries of employers and references listed on the questionnaire regarding my integrity, reputation, and character.

I realize that it is necessary for the Navajo County Sheriff's Office to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment or a volunteer position with the department, I expressly waive all my legal rights and causes of action to the extent that the Navajo County Sheriff's Office investigation (for purposes of evaluating my suitability or application for a volunteer position) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action to the Navajo County Sheriff's Office, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ }  
  }  
County of \_\_\_\_\_ }

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My commission expires: \_\_\_\_\_