Print Form

Coconino County Sheriff's Office

Bill Pribil, Sheriff

Applicant Nam e

Date

Position (check one): ☐ Detention Officer ☐ Detention Support Specialist ☐ Deputy Sheriff ☐ Other

Position Hours: ☐Full Time ☐Part-time, # of hours desired

How did you hear about the position you've applied for? (check all that applies)
☐ Newspaper ☐ Internet ☐ Radio ☐ TV ☐ Coconino County Human Resources
☐ Other

BACKGROUND QUESTIONNAIRE

FOLLOW DIRECTIONS CAREFULLY

1. Type or write the questionnaire
2. Write or print legibly
3. Read each question carefully
4. Answer each question completely and accurately
5. Answer all questions
6. If a question does not apply, write N/A in the space
7. If you need additional space, write on back of page
8. Sign the consent to polygraph examination form
9. Have notarized Page 15 of this application
10. When completed, return to:

Coconino County Sheriff's Department 951 E. Sawmill Rd. Flagstaff, AZ 86001
Coconino County Sheriff's Office # (928) 226-5069 or (928) 226-5018

Note: Failure to follow instructions or failure to complete any part of the required/requested information will eliminate you from the application process. Your complete background packet must be received by the application deadline. Please type or print legibly.

TO THE APPLICANT:

- Those who will be considering you for employment with the Coconino County Sheriff's Office will use this questionnaire for reference.
- An extensive background investigation of your personal history will be conducted
- Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that I will not receive, and I am not entitled to, a copy of the report or to know its contents, and I further understand that the contents will be used in an evaluation process for employment with the Coconino County Sheriff's Office. Further, no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given to me.

If I am not selected for employment, I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY & COMPLETELY.

The existence of any of the conditions listed on the following page "Standards for Disqualification" of this application may result in rejection from the selection process. These areas will be explored during an extensive background investigation, and polygraph examinations.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

Signature _____

Date _____

Have you read the job announcement? Yes

CIVILIAN AND DETENTION CRITERIA
STANDARDS FOR DISQUALIFICATIONS

1 NON-UNITED STATES CITIZEN AND NOT ELIGIBLE FOR WORK IN THE UNITED STATES.
2 FELONY CONVICTION WITHIN THE PREVIOUS 10 YEARS.
3 PARTICIPATION IN ANY SERIOUS CRIME.
4 YOUNGER THAN 18 YEARS OF AGE, OR 19 FOR DETENTION OFFICER.
5 MISDEMEANOR CONVICTION INVOLVING DOMESTIC VIOLENCE WITHIN THE PREVIOUS 5 YEARS.
6 UNLAWFUL SELLING OR MANUFACTURE OF ANY ILLICIT SUBSTANCES, e.g., DANGEROUS DRUGS, NARCOTICS, STEROIDS, PRESCRIPTION MEDICATIONS.
7 USED MARIJUANA WITHIN THE PAST TWELVE (12) MONTHS.
8 EXPERIMENTED WITH DANGEROUS DRUGS AND/OR NARCOTICS WITHIN THE PAST FIVE (5) YEARS.
9 USED DRUGS, NARCOTICS OR MARIJUANA FOR PURPOSES OTHER THAN EXPERIMENTATION.
10 MISUSE OF PRESCRIPTION DRUGS.
11 SEXUAL CONDUCT PROHIBITED BY LAW.
12 LACK OF FINANCIAL RESPONSIBILITIES AS INDICATED BY YOUR RESPONSES TO THE ATTACHED QUESTIONS.
13 HISTORY OF DISREGARD FOR TRAFFIC LAWS AND/OR A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.
14 NO HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DEVELOPMENT EQUIVALENT.
15 DISHONORABLE DISCHARGE FROM THE UNITED STATES ARMED FORCES.

ANY DISHONESTY OR FAILURE TO DISCLOSE INFORMATION DURING THE HIRING PROCESS WILL DISQUALIFY YOU

THE HIRE STANDARDS ARE EXPECTED TO BE MAINTAINED DURING EMPLOYMENT

Do you need an accommodation in the application or testing process due to a disability? Yes
If yes, please describe the desired accommodation

DEPUTY CRITERIA
STANDARDS FOR DISQUALIFICATIONS

1. BE A UNITED STATES CITIZEN
2. BE AT LEAST 21 YEARS OF AGE; EXCEPT THAT A PERSON MAY ATTEND AN ACADEMY IF THE PERSON WILL BE 21 BEFORE GRADUATING
3. BE A HIGH SCHOOL GRADUATE OR HAVE SUCCESFULLY COMPLETED A GENERAL EDUCATION DEVELOPMENT (G.E.D) EXAMINATION
4. UNDERGO A COMPLETE BACKGROUND INVESTIGATION THAT MEETS THE STANDARDS OF R13-4-106. A PERSON MAY BEGIN AN ACADEMY BEFORE THE RESULTS OF THE FINGERPRINT CHECK ARE RETURNED. HOWEVER, THE ACADEMY SHALL NOT GRADUATE THE PERSON AND THE BOARD SHALL NOT REIMBURSE THE ACADEMY FOR THE PERSON'S TRAINING EXPENSES UNTIL A QUALIFYING FINGERPRINT CHECK RETURN IS OBTAINED.
5. UNDERGO A MEDICAL EXAMINATION THAT MEETS THE STANDARDS OF R13-4-107 WITHIN ONE YEAR BEFORE APPOINTMENT. AN AGENCY MAY MAKE A CONDITIONAL OFFER OF APPOINTMENT BEFORE THE MEDICAL EXAMINATION. IF THE MEDICAL EXAMINATION IS CONDUCTED MORE THAN 180 DAYS BEFORE APOPOINTMENT, THE PERSON SHALL SUBMIT A WRITTEN STATEMENT INDICATING THAT THE PERSON'S MEDICAL CONDITION HAS NOT CHANGED SINCE THE EXAMINAITON
6. NOT HAVE BEEN CONVICTED OF A FELONY OR ANY OFFENSE THAT WOULD BE A FELONY IF COMMITTED IN ARIZONA
7. NOT HAVE BEEN DISHONORABLY DISCHARGED FROM THE UNITED STATES ARMED FORCES
8. NOT HAV EBEEN PREVIOUSLY DENIED CERTIFIED STATUS, HAVE CERTIFIED STATUS REVOKED, OR HAVE CURRENT CERTIFIED STATUS SUSPENDED
9. NOT HAVE ILLEGALLY SOLD, PRODUCED, CULTIVATED OR TRANSPORTED FOR SALE MARIJUANA
10. NOT HAVE ILLEGALLY USED MARIJUANA FOR ANY PURPOSE WITHIN THE PAST THREE YEARS
11. NOT HAVE EVER ILLEGALLY USED MARIJUANA OTHER THAN FOR EXPERIEMENTATION
12. NOT HAVE EVER ILLEGALLY USED MARIJUANA WHILE EMPLOYED OR APPOINTED AS A PEACE OFFICER
13. NOT HAVE ILLEGALLY SOLD, PRODUCED, CULTIVATED, OR TRANSPORTED FOR SALE A DANGEROUS DRUG OR NARCOTIC
14. NOT HAVE ILLEGALLY USED A DANGEROUR DRUG OR NARCOTIC, OTHER THAN MARIJUANA, FOR ANY PRUPOSE WITHIN THE PAST SEVEN YEARS
15. NOT HAVE EVER ILLEGALLY USED A DANGEROUR DRUG OR NARCOTIC OTHER THAN FOR EXPERIMENTATION
16. NOT HAVE EVER ILLEGALLY USED A DANGEROUR DRUG OR NARCOTIC WHILE EMPLOYED OR APPOINTED AS A PEACE OFFICER
17. NOT HAVE A PATTERN OF ABUSE OF PRESCRIPTION MEDICATION

18. UNDERGO A POLYGRAPH EXAMINATION THAT MEETS THE REQUIREMENTS OF R13-4-106, UNLESS PROHIBITED BY LAW
19. NOT HAVE BEEN CONVICTED OF OR ADJUDGED TO HAVE VIOLATED TRAFFIC REGULATIONS GOVERNING THE MOVEMENT OF VEHICLES WITH A FREQUENCY WITHIN THE PAST THREE YEARS THAT INDICATES A DISRESPECT FOR TRAFFIC LAWS OR A DISREGARD FOR THE SAFEY OF OTHER PERSONS ON THE HIGHWAY
20. READ THE COAD OF ETHICS IN SUBSECTION (F) AND AFFIRM BY SIGNATURE THE PERSON'S UNDERSTANDING OF AND AGREEMENT TO ABIDE BY THE CODE.

ANY DISHONESTY OR FAILURE TO DISCLOSE INFORMATION DURING THE HIRING PROCESS WILL DISQUALIFY YOU

THE HIRE STANDARDS ARE EXPECTED TO BE MAINTAINED DURING EMPLOYMENT

Do you need an accommodation in the application or testing process due to a disability? Yes
If yes, please describe the desired accommodation

Where necessary, use additional pages to complete answers throughout this questionnaire.

I. PERSONAL INFORMATION

Last Name	**First Name**		**Middle (Full)**	
Social Security Number	**Date of Birth**		**Place of Birth**	
Height	**Weight**		**Hair Color**	**Eye Color**
Current Physical Address		**City**	**State**	**Zip**
Time at Address	**Home Phone Number**		**Message Phone Number**	
Mailing Address (if different)		**City**	**State**	**Zip**

List any previous names or personal information used

Last	**First Name**	**Describe Use (eg, maiden name, legal name change, etc.)**
Other SSN or Date of Birth	**Describe use**	

What current work hours / shift do you work?

What are your current days off?

Are you willing to work various shifts? Yes

List all Residences in the Last Ten (10) Years, list most current first:

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

Physical Address	**City**	**State**	**Zip**
Starting Date	**Ending Date**		

II. FAMILY & RESIDENTIAL INFORMATION

Marital Status ☐Married ☐Single ☐Separated ☐Widowed ☐ Co-Habitat

Spouse's Information

Spouse Last Name	**Spouse First Name**	**Spouse Maiden Name**
Spouse Date of Birth	**Spouse Occupation**	**Spouse Phone Number**

Children's Information

Last Name	**First Name**			
Date of Birth	**Occupation (if applicable)**		**Phone Number**	
Physical Address		**City**	**State**	**Zip**

Last Name	**First Name**			
Date of Birth	**Occupation (if applicable)**		**Phone Number**	
Physical Address		**City**	**State**	**Zip**

Last Name	**First Name**			
Date of Birth	**Occupation (if applicable)**		**Phone Number**	
Physical Address		**City**	**State**	**Zip**

Last Name	**First Name**			
Date of Birth	**Occupation (if applicable)**		**Phone Number**	
Physical Address		**City**	**State**	**Zip**

List all persons with whom you have lived during the past five (5) years. Do not include family members.

Last Name	**First Name**		**Relationship**	
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**		**Age**
Address	**City**	**State**	**Zip**	**Phone Number**	

Last Name	**First Name**		**Relationship**		**Age**
Address	**City**	**State**	**Zip**	**Phone Number**	

Last Name	**First Name**		**Relationship**		**Age**
Address	**City**	**State**	**Zip**	**Phone Number**	

Last Name	**First Name**		**Relationship**		**Age**
Address	**City**	**State**	**Zip**	**Phone Number**	

Last Name	**First Name**		**Relationship**		**Age**
Address	**City**	**State**	**Zip**	**Phone Number**	

Last Name	**First Name**		**Relationship**		**Age**
Address	**City**	**State**	**Zip**	**Phone Number**	

Family References: List all immediate relatives (e.g., parents, siblings, in-laws, ex-spouses)

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

Last Name	**First Name**		**Relationship**	**Age**
Address	**City**	**State**	**Zip**	**Phone Number**

III. EMPLOYMENT HISTORY

List all places of employment and unemployment in the past ten (10) years, beginning with the present or most recent employer and going backwards (omit none). Use additional pages if necessary.

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

Starting Date	**Ending Date**	**Starting Salary**		**Ending Salary**
Name of Company/Organization		**Position Title**		**Supervisor's Name**
Employer Address	**City**	**State**	**Zip**	**Employer Phone**
		Yes		
Reason for Leaving (i.e., resigned, fired, laid-off)		**May we contact this employer?**		

IV. REFERENCES

List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five (5) years. Include phone numbers with area code.

Last Name	**First Name**	**Length of Time Known**	
Occupation	**City, State of Work**	**Work Phone**	**Home Phone**
Address	**City**	**State**	**Zip**

Last Name	**First Name**	**Length of Time Known**	
Occupation	**City, State of Work**	**Work Phone**	**Home Phone**
Address	**City**	**State**	**Zip**

Last Name	**First Name**	**Length of Time Known**	
Occupation	**City, State of Work**	**Work Phone**	**Home Phone**
Address	**City**	**State**	**Zip**

List the names of any acquaintances employed by the Coconino County Sheriff's Office.

Last Name	**First Name**	**Relationship**

Have you ever applied to or been associated with the Coconino County Sheriff's Office in any capacity (including paid employee or volunteer)? Yes **If yes, complete the below information.**

Date	Position Title	Status of Application / Status of Employment or Volunteer position

Have you ever applied to or been associated with any other law enforcement agency in any capacity (including paid or volunteer)? Yes **If yes, complete the below information.**

Date	**Position Title**	**Name & Location of Agency**
Status of Application / Status of Employment or Volunteer position		

Date	**Position Title**	**Name & Location of Agency**
Status of Application / Status of Employment or Volunteer position		

Status of Application / Status of Employment or Volunteer position		

Date	**Position Title**	**Name & Location of Agency**
Status of Application / Status of Employment or Volunteer position		

V. EDUCATION AND TRAINING

Have you ever received any law enforcement training? Yes **If yes, complete the below information.**

Date	Type of Training	Agency Providing Training

List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED date if applicable:

Start Date	**End Date**	**Major Course of Study**	**Degree Completed**
School Name (include City, State)			

Start Date	**End Date**	**Major Course of Study**	**Degree Completed**
School Name (include City, State)			

Start Date	**End Date**	**Major Course of Study**	**Degree Completed**
School Name (include City, State)			

Start Date	**End Date**	**Major Course of Study**	**Degree Completed**
School Name (include City, State)			

List special skills or abilities possessed (include foreign languages):

VI. MILITARY STATUS

Are you registered with selective service? Yes

Local Board # and Location	Draft Class	Date Classified

Have you ever served in the United States Armed Forces in any capacity? Yes
If yes, complete the below information.

Date Entered	**Branch**	**Rank**
Date Discharged	**Reason for Discharge**	**Explanation**

Date Entered	**Branch**	**Rank**
Date Discharged	**Reason for Discharge**	**Explanation**

Date Entered	**Branch**	**Rank**
Date Discharged	**Reason for Discharge**	**Explanation**

VII. ARREST HISTORY

Have you ever been given a Ticket, Arrested, Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, or law regulation by any civil or military authority (including any convictions or adjudications as a juvenile)? Yes **If yes, list below:**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

Date	**Location**	**Arresting Agency**
Original Charge	**Charge Reduced To**	**Disposition / Court Action**

VIII. CIVIL ACTIONS

Have you ever been a party in a civil action? Yes

If yes, list below:

Date	Court/Location	Action/Proceeding	Disposition/Court Action

IX. DRIVING HISTORY

Do you currently possess a valid Arizona Driver's License? Yes

Expiration Date	License Number	License Class/Type

Have you ever been licensed in another state? Yes

State	Reason	License Number	License Class/Type

Have you ever had your license revoked, suspended or restricted?. If yes, describe below

List any Traffic and/or Parking citations since you began driving.

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

Date	**Location**	**Issuing Agency**	**Accident Related?**
Original Charge		**Charge Reduced To**	**Disposition**

X. SUBSTANCE USE HISTORY

Type of Drug	Have You Ever Tried?	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?
MARIJUANA	Yes					
HASHISH	Yes					
COCAINE/ CRACK	Yes					
METHAMPHETAMINE/ SPEED	Yes					
HEROIN	Yes					
OPUIM	Yes					
MORPHINE	Yes					
LSD/ACID	Yes					
PEYOTE	Yes					
MESCALINE	Yes					
STEROIDS	Yes					
ANY OTHER ILLEGAL DRUGS	Yes					
ILLEGAL USE OF PRESCRIPTIONS	Yes					

If you answered "Yes" on ANY of the above, provide a full explanation including: 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) when you stopped using the drug, f) any other factors you believe are relevant. Use additional sheets if necessary.

Question	Yes/No	Date(s) of Each Occurrence	Explanation
A. Have you ever had your wages attached?	Yes		
B. Have you ever been a party to a small claims or other court action?	Yes		
C. Have you ever been involved with any civil court action?	Yes		
D. Have you ever had judgment rendered against you?	Yes		
E. Have you ever been refused credit?	Yes		
F. Have you ever had any property repossessed?	Yes		
G. Have you ever been fired, discharged or asked to resign from any position?	Yes		
H. Have the police ever been called to your home?	Yes		
I. Have you ever committed any criminal violation that has gone undetected?	Yes		
J. Have you or your spouse ever been sued or summoned into court?	Yes		
K. Have any of your, relatives ever had any gambling debts?	Yes		

L. Do you now or have you ever had any gambling debts?	Yes		
M. Have you ever used an employer's money to gamble with?	Yes		
N. Have you ever worked for a gambling operation or booked any bets?	Yes		
O. Have you ever had an FBI fingerprint check done for any reason?	Yes		
P. In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations?	Yes		
Q. Would you have any difficulty working or dealing with members of the opposite sex, different origin, race, religion or nationality?	Yes		
R. In any job that you've held, have you been involved in any physical or major verbal confrontation?	Yes		
S. Would you be able to follow direct orders, even though you may not agree with them?	Yes		
T. In any previous employment setting, were you ever exposed to high stress or an extreme emergency situation?	Yes		
U. Have you ever left a place of employment without giving two weeks' notice?	Yes		
V. Have you ever operated a motor vehicle while under the	Yes		

influence of alcohol or drugs, to the point that you knew you should not have been driving?	Yes		
W. Have you ever been extensively delinquent on any of your financial obligations?	Yes		
X. Have you ever filed for bankruptcy?			
Y. Have you ever had any of your financial obligations turned over to a collection agency?	Yes		
Z. Are you now current on your financial obligation?	Yes		
AA. Have you ever been placed on court supervision or probation?	Yes		
BB. Have you ever had any court proceedings expunged?	Yes		
CC. Have you been unemployed during the last 10 years? If yes, explain how you supported yourself.	Yes		
DD. Do you pay child support or spousal maintenance?	Yes		
EE. Are your support payments current?	Yes		

CONDITIONS OF EMPLOYMENT

Please read carefully before signing. Pursuant to A.R.S. 39-121, your application and resume may be considered public records and, as such may be available to any person, including the news media. In submitting this application, I understand that false statements or omissions will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, education, institutions, persons, law enforcement agencies, military services, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one year, and that successful completion of probation does not guarantee permanent employment. In addition, I understand that I must live within the district to which I am assigned insuring a 20-minute response time to the duty station and that within 30 days of hire I must maintain a phone in my principal residence. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature_____**Date**_____

CONSENT TO POLYGRAPH EXAMINATION

I First Name MI Last Name , age Age , of my own free will, do voluntarily and without duress agree to submit to a polygraph examination, more commonly known as "Lie Detector Test." In the event I am employed by the Coconino County Sheriff's Office, I do also grant my employer Coconino County the right to dismiss me at any time if I refuse to take a polygraph examination during the investigation of any action, claim or grievance against the Coconino County Sheriff's Office and/or during any internal investigation by the County of Coconino and/or the Coconino County Sheriff's Office. I have carefully read all the foregoing and fully understand its contents.

Signature_____**Date**_____

Authorization to Release Information

As an applicant for a position with the Coconino County Sheriff's Office, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature: _____

Print Name: [ ]

Notary Public:
State of _____, County of _____ On this _____ day of _____, 201___, personally appeared before me _____ known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same for the purpose therein contained.

Signature of Notary Public: _____
My commission expires: _____