



Dear Applicant,

Thank you for your interest in the Mesa Police Department's Internship opportunities. We appreciate your consideration of our department to partner with you in your educational goals.

Attached is an application and information about the application process. Please read all of the information thoroughly and follow the instructions closely. A correctly completed application will assist in its timely processing.

Upon receipt of your application, it will be reviewed for minimum qualifications. Your eligibility will be determined by:

- Successful completion of your background investigation
- Your qualifications
- Your honesty and thoroughness
- Availability of the area you wish to volunteer within

Thank you for considering the Mesa Police Department to receive the gifts of your skills, abilities, and time. Please return your completed, notarized application as soon as you can so that you, too, can be a part of the Mesa Police Department team! Your completed application should be mailed to:

V.I.P.S. Program  
Mesa Police Department  
P.O. Box 1466  
Mesa AZ 85211

Sincerely,

Kylie Clore  
Volunteer Coordinator



POLICE DEPARTMENT

## **Steps of the Intern Selection Process**

### **All INTERN positions require:**

- Application
- Criminal History Check
- Fingerprinting
- Personal and Employment References
- Certified Copy of your High School Transcripts or G.E.D.
- During the application process, we will need to personally see your copy of your certified birth certificate, which we will copy and return to you
- Selection Interview in Prospective Unit(s)
- Drug Screen
  - Background Interview
  - Polygraph Exam

# What do we mean by "**certified**" copies of your birth certificate and high school transcripts?

Certified copies are copies of your birth certificate and your high school transcripts that are provided directly by the issuing agency or school.

**Regarding your birth certificate:** If you have a certified copy of your birth certificate, we will be able to take a copy of it and return your original to you during the application process. We do *not* recommend that you send in your original birth certificate with your application; we will instead make arrangements with you during one of your appointments here to take a copy.

**Regarding your high school transcripts:** You will need to contact the high school that you graduated from and request a certified copy of your transcripts. Please request that the school mail a certified copy directly to our department. Please request that your transcripts be mailed to:

Kylie Clore, Volunteer Coordinator  
Mesa Police Department  
P.O. Box 1466  
Mesa, AZ 85211

We require the high school transcript because it helps to establish the timeline of your life as you present it to us through the application process, not as an educational marker.

**Important Note:** Please do not delay turning in your application while waiting for your certified transcripts to be sent. We can begin processing your application without them. It is needed in order to complete your file.



POLICE DEPARTMENT

## READ THIS BEFORE FILLING OUT YOUR APPLICATION

**Please avoid these common errors when filling out your application!**

- **Do not** list personal references that you have known for LESS than five (5) years! Also, avoid using relatives, supervisors or neighbors for personal references.
- **Do not** omit information from your employment history! Even if you held a job for only one (1) day, we want to know about it. Whether a position you held was brief, seasonal, part time, worked from your home or a “cash job”, please be sure to list it among your employment. Be sure to list complete mailing addresses, telephone numbers and the name of your immediate supervisor for each position held.
- **Do not** fail to list the exact number of times that you may have tried, used or tasted illegal drugs or substances. If you do not recall the exact number of time, list the MAXIMUM NUMBER of time that you feel confident you have not exceeded. Be very sure to include the month and year as well –do not simply state “in high school”, “when I was younger,” “during college”, etc.
- **Do not** forget to sign you “Waiver to Release Confidential Information” form! The waiver is useless without your signature
- **Do not** turn in your application until you have it notarized.

Thank you for your attention to detail. Your complete and accurate application will aid in its timely processing. We want you to join the Mesa Police Department “team” just as quickly as you do!

# Mesa Police Department Internship Application

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_



College/University/Technical School/Educational Institution that I am enrolled with and completing my Internship for:

\_\_\_\_\_

Which semester do you wish to begin your internship?

\_\_\_\_\_ (Month)

\_\_\_\_\_ (Year)

If you had flexibility with the semester to complete your internship during another time, when would it be?

\_\_\_\_\_ (Month)

\_\_\_\_\_ (Year)

I have viewed the enclosed listing of current Internship Opportunities; the internship opportunities I am seeking is/are:

1<sup>st</sup> Preference \_\_\_\_\_

2<sup>nd</sup> Preference \_\_\_\_\_

3<sup>rd</sup> Preference \_\_\_\_\_

I don't see this area listed, but, if it becomes available, the police unit that I am interested in volunteering within is:

\_\_\_\_\_

Where I heard about the V.I.P.S. program:

\_\_\_\_\_

# Which tasks would you most enjoy?

**[Check all that apply.]**

- Crisis intervention for victims
- Answering telephones
- Greeting people / Staffing information booths
- Processing D.U.I. suspects
- Data entry / Clerical / Administrative
- Public speaking
- Reading police reports for information
- Photography
- Disabled Parking Enforcement
- Child care
- Volunteer recruitment
- Research
- Driving police vehicles
- Homeland security functions (fieldwork or administrative)
- Working with aviation equipment
- Working with computer equipment
- Paperwork (sorting, filing, stuffing envelopes, etc.)



I understand that while volunteering I will be covered by the City of Mesa Worker's Compensation policy under:

ARS statue 23-901.06.

Applicant's Signature:

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Date \_\_\_\_\_



**TO: Mesa Police Department Applicants**

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

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

Attached is an eight-page questionnaire that you are required to complete in connection with the polygraph examination and police department background check.

Take special care to comply with the following:

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

**FAILURE TO FOLLOW THE ABOVE DIRECTIONS WILL PROHIBIT YOU FROM BEING CONSIDERED FOR EMPLOYMENT.**

**ANY INACCURATE, FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION. INFORMATION RECEIVED WILL BE VERIFIED.**

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





Name (Last, First, Middle)
Position Applied For
Today's Date



## BACKGROUND QUESTIONNAIRE

This questionnaire will be evaluated by those persons responsible for hiring at the Mesa Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

All applicants will be required to take a polygraph examination.

***Any inaccurate, false, incomplete or misleading information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the City of Mesa.***

### FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING.  
DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST PAGE.  
HAVE YOUR SIGNATURE NOTARIZED.

### 1. PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME	Primary Phone		Secondary Phone		
Email Address									
CURRENT HOME ADDRESS			STREET & NUMBER		CITY	STATE		Zip Code	
AGE	DOB	PLACE OF BIRTH		SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NO.		TATTOOS/SCARS (DESCRIPTION & LOCATION)			LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME)				
MARRIAGE STATUS Single/Married/Windowed/Divorced/oth				SPOUSE'S/Significant other NAME			DOB		
Spouse or significant other's email address							Spouse/Significant other's Phone		

**A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.**

DATES MO/YR		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

**Social Media** List all social media accounts and internet social websites (Facebook, Twitter, ETC).


social media and/or internet social websites continued

## 2. REFERENCES

**LIST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE YEARS.**

NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP CODE	
Email Address			Primary Phone	Secondary Phone	
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP Code	
Email Address			Primary Phone	Secondary Phone	
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP Code	
Email Address			Primary Phone	Secondary Phone	

## 3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA    G.E.D. CERTIFICATE    COLLEGE DEGREE

LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	TYPE OF DEGREE OR CREDIT HRS.

B. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING?    YES    NO  
 IF YES, EXPLAIN ON BACK PAGE.

## 4. EMPLOYMENT

**A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?**       YES    NO      IF YES, EXPLAIN ON BACKPAGE.

**B. IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED, CHECK THE BOX TO THE RIGHT, AND ON THE BACK PAGE EXPLAIN WHY:**     
 BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. KEEP IN PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN (10) YEAR PERIOD. *OMIT NONE!* BE SURE TO KEEP IN PROPER SEQUENCE. IF YOU NEED MORE ROOM, USE THE BACK PAGE OR A SEPARATE SHEET OF PAPER.

CURRENT EMPLOYMENT	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
FROM	CITY	PHONE (    ) -
TO PRESENT	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME    FULL TIME    SEASONAL    VOLUNTEER

REASON WHY YOU WANT TO LEAVE

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE (    )
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME    FULL TIME    SEASONAL    VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE (    )
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME    FULL TIME    SEASONAL    VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE (    )
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME    FULL TIME    SEASONAL    VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			

C. HAVE YOU EVER APPLIED FOR **ANY** POSITION WITH **ANY** LAW ENFORCEMENT AGENCY?  YES  NO  
 IF MORE SPACE IS NECESSARY, LIST ON THE BACK PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY?  YES  NO  
 NAME OF ACADEMY \_\_\_\_\_  
 NAME OF ACADEMY \_\_\_\_\_

WERE YOU CERTIFIED?  YES  NO  
 DATE ATTENDED \_\_\_\_\_  
 DATE ATTENDED \_\_\_\_\_

### 5. ARREST HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES **AS BOTH A JUVENILE AND AN ADULT**. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. **EXPLAIN ALL "YES" ANSWERS IN DETAIL ON BACK PAGE.**

	YES	NO		YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL, TO INCLUDE AS A VICTIM, WITNESS OR REPORTING PARTY?	<input type="checkbox"/>	<input type="checkbox"/>	G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	H. HAVE YOU EVER BEEN BOOKED INTO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	J. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>			

L. IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE BACK PAGE. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

SECTION # (A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY - CITY/STATE	DISPOSITION/SENTENCE

### 6. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED, OR SUSPENDED?  YES  NO  
**IF YES, EXPLAIN IN DETAIL ON THE BACK PAGE THE REASON FOR THIS ACTION. LIST DATES.**

B. HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES OR VEHICLE REGISTRATION SUSPENDED?  YES  NO **IF YES, EXPLAIN IN DETAIL ON BACK PAGE.**  
 DATE OF REINSTATEMENT \_\_\_\_\_

C. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW OR EVER HELD.

ISSUE DATE	EXPIRED DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

D. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL?  YES  NO

WHEN?	WHERE?

E. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE BACK PAGE.

MONTH/YEAR	CHARGE	AGENCY/CITY OR STATE	DISPOSITION/RESULT

F. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?  YES  NO **IF YES, EXPLAIN ON BACK PAGE.**

G. HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING?  YES  NO DATES \_\_\_\_\_  
 HIT & RUN WITH INJURIES?  YES  NO **IF YES, EXPLAIN ON BACK PAGE.**

H. HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE?  YES  NO MANSLAUGHTER?  YES  NO **IF YES, EXPLAIN ON BACK PAGE.**

### 7. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED **YES**, EXPLAIN ON THE BACK PAGE.

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	<input type="checkbox"/>	<input type="checkbox"/>

### 8. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES?  YES  NO WHAT KIND? HOW MUCH?

B. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY OR EMPLOYMENT DUE TO DRINKING?  YES  NO IF YES, EXPLAIN ON BACK PAGE.

A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION?  YES  NO IF YES, EXPLAIN ON BACK PAGE.

B. IF YOU HAVE TRIED, USED OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. **INCLUDE THE NUMBER OF TIMES USED AND DATES.**

	YES		NO		DATE/S (MO/YR)		YES		NO		DATE/S (MO/YR)
			TOTAL # TIMES USED	#TIMES USED SINCE 21 <sup>st</sup> BDAY					TOTAL # TIMES USED	#TIMES USED SINCE 21 <sup>st</sup> BDAY	
MARIJUANA – Other than prescribed by a physician as defined in ARS 36-2801	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
						HERION	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
						OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
						INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	HALLUCINOGENIC	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
BARBITUATES	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, etc.)					_____
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	Other Types of Drugs not Listed (list types below)			( )	( )	_____
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____						_____

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUGS WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS NEEDED, USE THE BACK PAGE. **YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.**

### 9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF ARIZONA?  YES  NO  
 ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?  YES  NO  
**IF SO, EXPLAIN ON THE BACK PAGE.**

A. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE?  YES  NO IF SO, EXPLAIN ON THE BACK PAGE.



**10. MILITARY STATUS**

A. SELECTIVE SERVICE NUMBER - (If unknown go to [www.sss.gov](http://www.sss.gov))

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION?  YES  NO IF SO, LIST EACH SERVICE PERIOD SEPARATELY.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. LIST ALL MILITARY SERVICE NUMBERS

D. CURRENT MILITARY STATUS

E. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY?  YES  NO IF YES, EXPLAIN ON THE BACK PAGE.

Please answer the following question concerning the scheduling of your polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a polygraph examination?

\_\_\_\_\_ Hours(s)

\_\_\_\_\_ Days







**Notice that Credit Report Will Be Obtained  
AND  
Authorization for Disclosure**

I, \_\_\_\_\_, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Mesa, Arizona Police Department, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA" or the "Act")

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Mesa, Arizona Police Department to consider in determining my suitability of employment.

Should an investigative consumer report be requested, I understand that I will have the right to demand a complete and accurate disclosure of the nature and scope of the credit investigation requested (i.e. credit report) and a written summary of my rights under the Fair Credit Reporting Act.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or agents and employees from and against all claims, damages, losses, and expenses to include attorney fees, arising out of or by reason of complying with this request.

**A PHOTOCOPY OF THIS WAIVER WILL BE VALID AS AN ORIGINAL.**

**Must be signed in the presence of a notary:**

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY