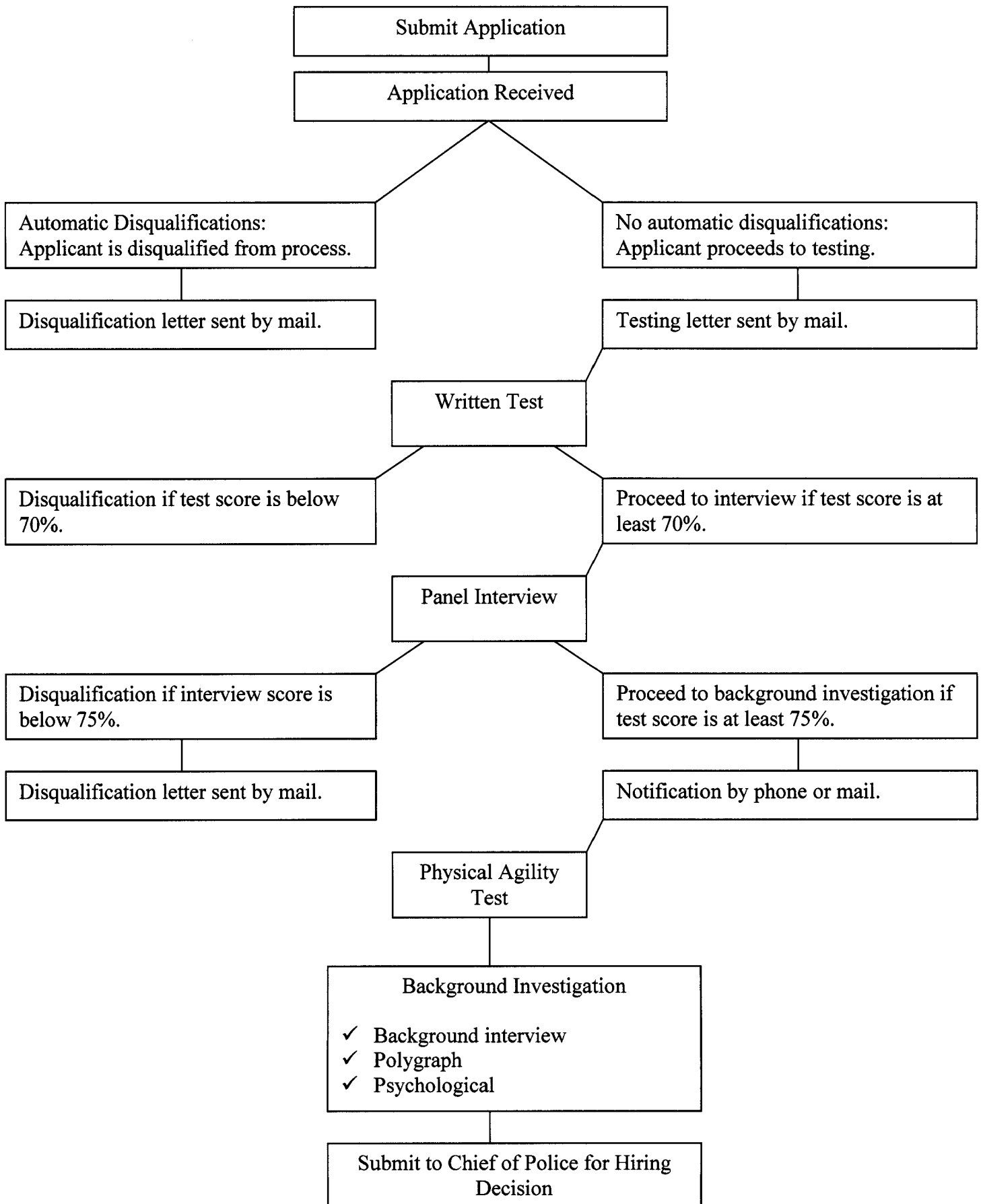


POLICE OFFICER HIRING PROCESS





Bullhead City Police Department
1255 MARINA BOULEVARD • BULLHEAD CITY, ARIZONA 86442
(928) 763-9200 Fax (928) 763-5558

RECRUITMENT ANNOUNCEMENT

The City of Bullhead City Police Department is actively recruiting for the position of Police Officer.

The starting hourly rate for Police Officer is:

Non-Certified

Starting: \$19.86
Graduation from Academy: \$20.86

Arizona Certified

Starting: TBD*
Probation Completion: TBD*

Benefits include:

Employer paid health, disability and life insurance (dependent coverage available)
Arizona Public Safety Personnel Retirement System
Holidays - 11 paid holidays annually
Personal Leave – 12 days annually
Vacation - 10 days annually (for the first three years)
Uniform and equipment provided upon initial employment

The Bullhead City Police Department consists of 76 sworn and 54 civilian employees with opportunities to participate in the following areas:

General Patrol	Vice Narcotics
Criminal Investigations	Gang Interdiction
Traffic Enforcement	Waterways Patrol
Dive Team	Tactical Operations Unit
S.W.A.T	School Resource Officer
Bomb Squad	Crisis Negotiation

Qualified applicants are evaluated through the use of:

Physical Agility Test	Drug Screening
Written Examination	Oral Interview
Polygraph Examination	Background Investigation
Psychological Evaluation	Pre-employment Medical Exam

For further information on an exciting career in one of Arizona's fastest growing communities, contact Yolanda Gomez, Recruiter/Background Investigator at the City of Bullhead City Police Department, 1255 Marina Blvd., Bullhead City, AZ 86442, (928) 763-9200 extension 232, fax (928) 763-4498 or e-mail to ygomez@bullheadcity.com.

**To be determined by certification and experience*



THE CITY OF BULLHEAD CITY IS ACCEPTING APPLICATIONS FOR POLICE OFFICER

DEPARTMENT: Police Department

SALARY: Starting - \$19.86; Graduation from Academy - \$20.86

DISTINGUISHING FEATURES OF THE CLASS: This class performs professional law enforcement and crime prevention work involved in the protection and life and property enforcing State, Federal, Municipal laws and regulations. Work is performed in accordance with departmental and City rules and regulations. Patrol officers receive assignments and instructions from officers of higher rank. Assignments include uniformed patrol, traffic control, technical and staff service, administration, special support team activities, and investigative work. Work requires exercise of initiative and independent judgment in routine and emergency situations involving exposure to potential injury or loss of life. Work methods and results are evaluated by superior officers through personal inspections, review of reports, and discussions. Work is subject to rotating shift assignments, irregular hours, holiday assignments, and on-call status.

REQUIREMENTS: High School Diploma or GED, and one year experience in police or related field and any combination of education, training and experience which demonstrates the ability to perform the essential functions of the position is desirable. Successful completion of required training and AZ POST (Arizona Peace Officer Standards & Training) certification and must possess a valid Arizona driver's license. Minimum age requirement is 21 years of age at the completion of the Police Academy. Must be a United States Citizen at the time of application.

ESSENTIAL FUNCTIONS: (Essential functions, as defined under the Americans with Disability Act, may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and not a comprehensive listing of all functions and tasks performed by positions in this class).

Operates an automobile, motorcycle, bicycle, or water craft to perform patrol assignments on an assigned shift; responds to calls of service and appears at scenes of disorder, emergencies, and crime; conducts property checks on businesses and homes for burglary and other criminal activities; stops and questions suspicious persons; assists with a variety of emergencies; prepares reports of incidents and investigations; contacts victims, witnesses, and suspects for detailed interviewing when requires; secures, investigates and collects evidence at the scenes of incidents and crimes; investigates criminal complaints and takes statements; serves warrants; follows-up on investigations when assigned; appears in court proceedings when summoned, on and off duty; may act as the DARE or School Resource Officer for the schools; arrests, detains, transports, and has responsibility for the care and safety of detained persons; issues traffic citations for violations of laws and ordinances and performs traffic control assignments and accident investigations; intervenes in disputes to protect the public, and maintain order; assists with receiving, searching, fingerprinting, photographing, and bonding of prisoners; performs safety inspections on commercial vehicles; performs special duties and other duties as assigned.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES: Knowledge of – Geography of the City and the location of important buildings, or the ability to acquire this knowledge rapidly; laws and regulations that pertain to proper arrest, search and seizure, and police work in general. Skill in – Meeting and maintaining state mandated firearms requirements; rapidly attain and fire a handgun from behind cover in a prone, kneeling or sitting position; retain a handgun in holster with one hand and shove a suspect back with the other hand; rapidly and safely reload a handgun with weapon pointing downrange; stand and move about for prolonged periods of time. Ability to – Read, write and communicate in the English language using a telephone, police radio system, or in person in a group or one-on-one setting; ability to understand departmental and City policies, instructions, laws and regulations; to direct traffic from four or more directions; ability to understand police and fire radio transmissions, distinguish the color of vehicles, stop lights, suspect eye color, hair and clothing color; visual acuity to see during times of low visibility or darkness, and ability to correctly identify a license plate number within 100' in daylight conditions; smell odors of smoke, marijuana, alcohol, natural gas, acetone, or gasoline; stay alert for long periods of time, detect and distinguish sound of gunfire, muffles screams, cries for assistance, glass breaking, squealing tire, radio alert tones, verbally communicate and talk clearly and effectively in a loud voice.

FOR REQUIRED CITY APPLICATION AND JOB DESCRIPTION: Contact Human Resources Division, 1255 Marina Blvd., Bullhead City, AZ 86442. Phone (928) 763-0153; TTY (928) 763-0143.

The City of Bullhead City does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provisions of services. Pursuant to the Americans with Disabilities Act (ADA), the City of Bullhead City endeavors to ensure the accessibility of all its programs, facilities, and services to all persons with disabilities. If you need an accommodation in regards to applying for a position with the City or any other City services, please call (928) 763-0153, so than an accommodation may be arranged.



Bullhead City Police Department
1255 MARINA BOULEVARD • BULLHEAD CITY, ARIZONA 86442
(928) 763-9200 Fax (928) 763-5558

Dear Applicant:

Thank you for applying for a position with the City of Bullhead City Police Department.

When completing the enclosed application packet, be sure to follow all instructions for completing the enclosed forms. Application packets that are not properly completed will be returned to the applicant for completion. This could delay the hiring process. One important trait of a successful police officer is paying attention to detail. Use this process to demonstrate your ability to pay attention to detail.

Pay particular attention to the following areas:

Notarized pages: Make sure all pages that require notarization are notarized.

Signature: Sign all pages that require the applicant's signature.

Employer addresses: When listing your employment history, include the employer's complete address, including ZIP code and contact phone number. It is not the responsibility of the background investigator to look up this information.

All information listed in the application packet is subject to verification and exploration during the polygraph examination. Applicants failing to be forthright and truthful will be subject to disqualification.

Please submit your completed application with all other required documents to the City of Bullhead City Human Resources Department, 1255 Marina Blvd., Bullhead City, AZ 86442. Incomplete applications will not be accepted.

If you have any questions, regarding the hiring process or application packet, please contact me at (928) 763-9200 extension 232.

Sincerely,

Yolanda Gomez

Recruiter/Background Investigator
Office of Professional Standards



Bullhead City Police Department
 1255 MARINA BOULEVARD • BULLHEAD CITY, ARIZONA 86442
 (928) 763-9200 Fax (928) 763-5558

DO NOT SUBMIT RESUME IN LIEU OF COMPLETING THE APPLICATION

Please check the appropriate box for the position requested

- | | | |
|---|---|--|
| <input type="checkbox"/> Police Officer (Entry Level) | <input type="checkbox"/> Records | <input type="checkbox"/> 911 Communications |
| <input type="checkbox"/> Police Officer (Lateral) | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Property & Evidence |
| <input type="checkbox"/> Auxiliary Member | <input type="checkbox"/> Clerical | <input type="checkbox"/> Other |

This questionnaire will be used for reference by those who will be considering you for employment or for a commission with the Bullhead City Police Department.

Civilian positions will be administered a written and/or practical test. Sworn positions will be administered a physical fitness and a written examination.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

A complete Psychological Profile is required for all Police Officers, Animal Care and Welfare Officers and 911 Communications.

In addition to those conditions described herein, the City requires that all successful applicants submit to and pass alcohol abuse and drug screening tests as a condition of employment.

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 of my character report is privileged, and that the information obtained will be used in the evaluation process for employment with the City of Bullhead City. Further that no documents utilized for or during my application for employment or a commission will be furnished or given to me. If I am not selected for employment, **I WILL NOT BE ADVISED OF THE REASON.**

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY and COMPLETELY ON THIS FORM. Any FALSE, MISLEADING, or INCOMPLETE information which is requested in this form will be grounds to disqualify you and terminate you from employment with the City of Bullhead City.

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING, BY SIGNING BELOW.

Printed Name: _____

Signature: _____ Date: _____

State of Arizona
 County of Mohave

The foregoing instrument was acknowledged before me this _____ (date) by _____

-Notary Seal- Notary: _____ Date: _____

My Commission Expires: _____



Bullhead City Police Department

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Police Department Applicant Information

READ CAREFULLY BEFORE COMPLETING APPLICATION

Applicants who fall into any of the following categories WILL BE INELIGIBLE for any position within the Department and WILL NOT complete processing. This criteria meets or exceeds Arizona State Requirements.

Any Non-Traffic Misdemeanor conviction in the past three (3) years.

Shall not have been convicted of a felony or any offense that would be a felony if committed in Arizona.

Any demonstrated pattern of illegal sexual activity.

Indebtedness that is the result of any illegal activity or a severe inability to manage his or her financial affairs.

Shall not have been dishonorably discharged from the United States Armed Forces.

Shall not have been previously denied certified status, revoked or have his current certified status under the suspension pursuant to Section R13-4-109.

Shall not have illegally sold, produced, cultivated, or transported marijuana for sale.

Shall not have illegally used marijuana for any purpose within the past three (3) years.

Shall never have illegally used marijuana other than for experimentation.

Shall never have illegally used marijuana while employed or appointed as a peace officer.

Shall not have illegally sold, produced, cultivated, or transported for sale, any dangerous drugs or narcotics other than marijuana.

Shall not have illegally used dangerous drugs or narcotics, other than marijuana, for any purpose within the past seven (7) years.

Shall never have illegally used dangerous drugs or narcotics other than for experimentation.

Shall never have illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.

Shall not have a pattern of abuse of prescription medication.

Shall not have been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such a frequency so as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway within the past three (3) years.

Applicants will be requested to submit to a Written examination; a Physical Fitness evaluation, for sworn only; a thorough Background Investigation; a Polygraph examination; a Psychological examination; a Medical examination; an employment interview; and a drug screening.

ANY FALSIFICATION, OMISSION, MISREPRESENTATION, OR DECEPTION IN ANY STAGE OF THE PROCESSING WILL RESULT IN YOUR IMMEDIATE REMOVAL FROM CONSIDERATION. APPLICATION WILL BE SENT UPON SIGNING AND RETURNING THIS FORM.

(Print Name)

(Street Address)

(City)

(State)

(Zip)

(Phone)

(Email address)

(Signature)

(Date)



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 A.R.S. §§ 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, (print name) 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) _____ (print agency name). 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. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES.** 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 <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.			
15. Do you have (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____		Date Entered:	Date Separated:
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet.		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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

<p>26. CURRENT DRIVER'S LICENSE</p> <p>State: _____ Expiration Date: _____</p> <p>Current Drivers License Number: _____</p>	<p>27. PREVIOUS DRIVER'S LICENSE INFORMATION</p> <p>List all states/countries where you have been licensed:</p> <p>_____</p> <p>_____</p>
--	--

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 <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

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/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:
 In this section, disclose all illegal drug use (or criminal involvement) that was not for the purpose of treating or alleviating the symptoms of a medical condition.
 Drug use for medical purposes will be disclosed in a different portion of the application process.

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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

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, d. How the drug was obtained,
 b. The duration of usage, e. Why you stopped using the drug,
 c. The motivation for use, 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

b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES NO

If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

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? YES NO

If YES provide a full explanation on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes <input type="checkbox"/> No <input type="checkbox"/>		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 state(s)? 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 <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

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	

Applicant Name: _____ Agency: _____

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION		Please initial
Page 1	Code of Ethics read, signed and dated.	
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.	
In-Person Review of AZPOST PH with Applicant to confirm information		
Lateral Applicants – Prior Agency personnel file reviewed for past performance and/or prior misconduct		
Applicant has applied with other agencies – inquiry completed with agency to determine status and/or disqualifiers identified.		
Inconsistent information from applicant during background process, including polygraph, corrected by applicant on AZPOST PH form.		
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.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. record checks 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 does not meet all requirements.		Application Process Terminated
Reason for Disqualification:		
AGENCY CERTIFICATION:		
<p>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.</p>		
NAME OF REVIEWER: _____		TITLE: _____
SIGNATURE OF REVIEWER: _____		DATE: _____



Bullhead City Police Department
 1255 MARINA BOULEVARD • BULLHEAD CITY, ARIZONA 86442
 (928) 763-9200 Fax (928) 763-5558

RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

Having made application for employment with the City of Bullhead City and desiring it to be informed as to my previous record and character, I hereby authorize any authorized representative of the City of Bullhead City, bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, attendance, athletic, personal history, performance report, background investigation, polygraph examination results, psychological examination results, any and all internal affair investigations and disciplinary records, including any materials which have been sealed and understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters, and credit records.

I also hereby authorize any authorized representative of the City of Bullhead City, bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Bullhead City.

Consent is granted for the City of Bullhead City to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the City of Bullhead City.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

Full Name Signature: _____ Date: _____

Full Name Printed: _____ Date: _____

Address: _____

Telephone: (Home) _____

(Work) _____

State of Arizona
 County of Mohave

The foregoing instrument was acknowledged before me this _____ (date) by _____

-Notary Seal- Notary: _____ Date: _____

My Commission Expires: _____

EMPLOYMENT PREFERENCE POINTS
For
Veterans (or spouses) and Handicapped Persons

Effective August 27, 1977, Arizona Revised Statute 38-492 was amended and authorized preference points (not %) for four (4) major categories of applicants for merit system employment.

- I. **VETERAN (5 points):** A veteran of the Armed Forces of the United States separated under honorable conditions following more than six months of active duty
- II. **DISABLED VETERAN (10 points):** An honorably separated veteran who served on active duty in the Armed Forces at any time and who has a service-connected disability and is receiving compensation or disability retirement benefits under laws administered by the Veterans Administration, Army, Navy, Air Force, Coast Guard, or Public Health Service.
- III. **VETERAN'S SPOUSE or SURVIVING SPOUSE (5 points):** A spouse or surviving spouse of any of the following:
 - A. Any veteran who died of a service-connected disability.
 - B. Any member of the Armed Forces serving on active duty who at the time of application is listed by the Secretary of Defense of the United States in any of the following categories for not less than ninety days:
 1. Missing in action.
 2. Captured in the line of duty by a hostile force.
 3. Forcibly detained or interned in the line of duty by a foreign government of power.
 - C. A person who has a total, permanent disability resulting from a service-connected disability or any person who died while such a disability was in existence.
- IV. **HANDICAPPED PERSON (5 points):** Anyone who has a physical or mental impairment which substantially limits one or more of his major life activities or has a record of such as impairment or is regarded as having such an impairment.
HANDICAPPED DEFINITIONS:
 1. "Handicapped person" means, with respect to employment, a handicapped person who, with reasonable accommodation, can perform the essential functions of the job in question.
 2. "Physical or mental impairment" means
 - a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genito-urinary; hemic and lymphatic; skin; and endocrine.
 - b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.
 3. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

HOW IT WORKS:

1. If you feel you qualify on one or more of the four categories, complete the claim form below and include in your application packet:
2. Verification of claim:
 - a. Certification of category I (Veteran) requires verification of DD Form 214 or other acceptable proof.
 - b. Certification of category II (Disabled Veteran) or III (Veteran's Spouse) may be obtained from the VA Regional Office or at Veterans Services Offices of the Arizona Department of Economic Security. The VA Claim Number must be furnished by you.
 - c. Certification of category IV (Handicapped Person): We will verify the information you provide through the medical authority you indicate on the claim form.
3. A maximum of ten (10) preference points will be applied to your final score, but only if you earn a passing grade without preference. Current employees are not eligible. Preference Points will be added when the required documentation/verification has been received by the Human Resources Department.

APPLICATION SUPPLEMENT
Preference Points Claim Form

Any qualified applicant, who has received a passing score on any/all selection tests (i.e., application screening, assessment center, written examination, etc.) may have a maximum of ten (10) preference points applied to their final score for any combination of the following:

Veteran	5 Points
Disabled Veteran	10 Points
Veteran's Spouses/Surviving Spouses	5 Points
Handicapped Person	5 Points

I _____ (print full name), am requesting the following preference points _____.

I understand that it is my responsibility to provide valid documentation verifying my eligibility for the preference points I am claiming. I understand that this documentation must be provided at the time of my initial application for employment and that this documentation will become part of my application file and will not be returned to me.

Applicant Signature: _____

Date: _____

CITY OF BULLHEAD CITY, ARIZONA
Request for
EEO STATISTICAL DATA

CONFIDENTIAL – VOLUNTARY

Dear Applicant:

Government agencies at times require periodic reports on gender, ethnicity, disabled, veteran and other protected groups. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. THIS INFORMATION WILL NOT BECOME A PART OF YOUR EMPLOYMENT APPLICATION OR PERSONNEL FILE IN ANYWAY. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT ENHANCE OR DETRACT FROM YOUR OPPORTUNITY FOR EMPLOYMENT WITH THE CITY OF BULLHEAD CITY AND WILL BE KEPT CONFIDENTIAL.

Date: _____	Position applied for _____
	Under 18 _____ Over 40 _____
	Check One: Male _____ Female _____

Check one of the following:

- | | |
|-----------------------------------|---|
| Caucasian | Includes origins in Europe, North Africa, Middle East. Not of Hispanic origin or East Indian |
| African American | Includes origins in any black racial group. Not of Hispanic origin. |
| Hispanic | Includes origins of Mexican, Puerto Rica, Central or South American, or other Spanish culture |
| Asian or Pacific Islander | Includes origins in Far East, Southeast Asia, Pacific Islands, Indian subcontinent (China, Japan, Korea, Philippines, Samoa, Vietnam, India and Pakistan) |
| Native American or Alaskan Native | Includes origins in North America and maintains cultural identification through tribal affiliation or community recognition |

Referred by:

- Job Hotline Relative Employee Walk-in Newspaper Professional Journal
- Other _____

PLEASE RETURN THE COMPLETED FORM TO:

CITY OF BULLHEAD CITY
Human Resources Division
1255 Marina Boulevard
Bullhead City, AZ 86442-5733