



PHOENIX POLICE DEPARTMENT EMPLOYMENT APPLICATION, STATEMENT OF PERSONAL HISTORY AND BACKGROUND CHECK



POSITION APPLIED FOR:

I. TO THE APPLICANT

Certification by the Oregon Department of Safety & Standards and Training Board is required by Oregon state law, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the DPSST rules of Oregon you must complete this application and return it to **Phoenix Police Department, PO Box 330, 114 W. 2nd St., Phoenix, OR. 97535.**

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM 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.

- 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 and is requested for identification and record keeping purposes. **Phoenix Police Department 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 "NA" 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. CRIMINAL JUSTICE CODE OF ETHICS

AS A CRIMINAL JUSTICE OFFICER, my fundamental duty is to serve humankind; to safeguard lives and property; to protect all persons against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all people to liberty, equality and justice.

I WILL keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity, will be kept ever secret unless revelation is necessary in the performance of my duty.

I WILL never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions. Without compromise and with relentlessness, I will uphold the laws affecting the duties of my profession courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence, and never accepting gratuities.

I RECOGNIZE my position as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of The Criminal Justice System. I will constantly strive to achieve these objectives and ideals, dedicating myself before God¹ to my chosen profession.

CERTIFICATION: "I swear before God to the above". (initials) **or** "I affirm to the above." (Initials)

SIGNATURE OF APPLICANT:

DATE

¹ Reference to religious affirmation may be omitted where objected to by the officer.



**PHOENIX POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE AND WAIVER OF
INFORMATION**



To Whom it May Concern:

I hereby authorize any Police Officer or other authorized representative of the **Phoenix Police Department** bearing this release, or a copy of it, within eighteen months of its date, to obtain any information in your files pertaining to my employment, credit, or educational records including, but not limited to academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any Police Officer or other authorized representative of the **Phoenix Police Department** bearing this release, or a copy of it, within eighteen months of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current 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 **Phoenix Police Department**.

Consent is granted for the **Phoenix Police Department** 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 **Phoenix Police Department**.

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 requests 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 as 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 SIGNATURE (Witnessed by a Notary Public): _____

FULL NAME (Print): _____ Date: _____

CURRENT ADDRESS: _____

PHONE: Day: _____ Evening: _____ Cell: _____

State of _____; County of _____; Signed or attested before me

on _____ by _____
(Date) (Name(s) of Person(s))

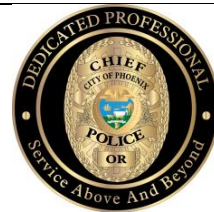
Signature of Notary

Title of Notary

My commission expires: _____



PHOENIX POLICE DEPARTMENT EMPLOYMENT APPLICATION



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 Department 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. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "NA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use the Continuation 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 Oregon's Public Records Law.

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 NO PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.

15. Do you have (Check One) <input type="radio"/> G.E.D. Certificate <input type="radio"/> High School Diploma Please attach a copy of one of the above or a copy of your high school transcripts.	16. When and where did you receive it?
--	---

17. **MILITARY SERVICE:** YES NO If YES, attach the MEMBER - 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: _____ Honorable Discharge: YES <input type="radio"/> NO <input type="radio"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet.	Date Entered: _____ Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="radio"/> NO <input type="radio"/> If YES list current assignment:	Date Separated: _____ Were you ever arrested, cited or apprehended by military police? YES <input type="radio"/> NO <input type="radio"/> If YES explain on the Continuation Sheet. 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="radio"/> NO <input type="radio"/> 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 NO
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	Years Known	Home Phone #	Work / Cell Phone #

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 / Cell Phone #	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 From To		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason Left

22. **LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** (Begin 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

26. CURRENT DRIVER'S LICENSE:

State: _____ Expiration Date: _____

License Number: _____

27. PREVIOUS DRIVER'S LICENSE INFORMATION

List all states/countries where you have been licensed:

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

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 USE OF DRUGS/CONTROLLED SUBSTANCES:

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

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
- b. The duration of usage
- c. The motivation for use
- d. How the drug was obtained
- e. Why you stopped using the drug,
- 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
If YES provide a full explanation on the Continuation Sheet.
- b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES NO

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 Oregon, 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 No		OSP Records Checked	
Criminal History Check Completed and Documentation in File		NCIC/LEDS Checked	

35. Do you have prior peace officer certification/employment in OREGON 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 currently OREGON certified or prior OREGON certified, what is your DPSST Number? _____
- 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	Disposition of Application Hired, In Process, *Not Hired *List Reason

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 DPSST 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	
Signature and Date Completed		Fingerprint Card Submitted - FBI	



PHOENIX POLICE DEPARTMENT
 STATEMENT OF PERSONAL HISTORY AND
 APPLICATION FOR CERTIFICATION



Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification. **Make extra copies if needed.**

Question Number	Explanation, Clarification, etc.

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
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.	
Page 9	Agency Verification completed and results documented in file.	

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./OSP record checks completed and in file and no record found.

F.B.I./OSP record checks completed and in file and reflects arrest record.

F.B.I./OSP Fingerprint check has been submitted, no return yet.

LEDS/NCIC records check completed and in file and no record found.

LEDS/NCIC records check completed and in file and record found.

Applicant meets all requirements and may be employed.

Applicant does not meet all requirements.

Application Process Terminated:

Reason for Disqualification:

* Agency Use Only

AGENCY CERTIFICATION:

I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with **DPSST** 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.

NAME OF REVIEWER: _____ **TITLE:** _____
(Printed)

SIGNATURE OF REVIEWER: _____ **DATE:** _____