



Civilian Background Application Instructions and Helpful Hints

- The background packet will be completed by those who have successfully completed the steps required for “Police Communications Operator” as outlined in the job announcement.
- **The ability to read and follow directions are major functions of a Police Communications Operator;** therefore, you are expected to complete the packet with the guidance that is contained in these instructions. If you have a question, please read through the entire packet first.
- Please be as accurate as possible, complete and truthful on all forms.
- Please direct any questions regarding filling out the background application or questions about requested documents to our **Employment Services Bureau at 602-262-6925**.

- The application needs to be filled out in **BLACK INK, LEGIBLY WRITTEN, COMPLETELY and ACCURATELY**.
- **Do not leave any spaces blank**. If a question does not apply to you, write **DNA** in the answer block.
- We recommend that you make a copy of the packet to use as a “rough draft” prior to completing the original copy. Your original, completed copy will be submitted to the Employment Services Bureau.
- **Two options for turning in the packet:**
 - **Hand-deliver** to our Main Police Station at 620 W. Washington Street #107, Phoenix, AZ 85003
 - **Mail** it in using the white envelope provided to 620 W. Washington Street #107, Phoenix, AZ 85003
- Once the packet is hand-delivered or mailed-in, please contact the Communications **Training Office at 602-534-1301** so that we can update your status in the hiring process.
- **Civilian Conditional Offer of Employment Form**
 - The Conditional Offer of Employment is good for 3 months from the date it is signed.
 - The offer may be withdrawn should it be determined the applicant is not the most qualified person for the position.
- **Requested Important Documents:**
 - Birth Certificate (Certified and issued by the Health Department)
 - Diplomas, GED, Degrees, Educational Certificates
 - Driver’s License
 - Social Security Card
 - Proof of Auto Insurance
 - Marriage License
 - Divorce Decree
 - Bankruptcy Discharge
 - DD-214, Member 4 Copy, Military Discharge
 - Two most recent written job performance ratings (Current and past employers)

***At the time of your interview, you will be required to produce the original document and one**

photocopy of the documents that pertain to you. Do not mail these documents with your application, rather bring them with you to your interview. If you do not have one of the required documents, take the appropriate steps NOW and begin the process of obtaining them

- **Two Passport Photographs (2"x2" in business attire)**
 - Photos can be taken at Walgreens, CVS, Kinkos, Alpha Graphics, Costco or similar business.
- **Authorization For Release of Information and Certification**
 - This document must be filled out and signed in front of a Notary.
 - **DO NOT SIGN until you are in front of the Notary.**
- **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 you meeting the minimum standards for the position you have applied for.
 - Include a valid email address for each person, as background investigators will contact them first by email.
- **Excluding family members, list all persons you have lived with during the past TEN years.**
 - Provide name, address, telephone number and their relationship to you for each.
- **Family References**
 - List all immediate relatives (e.g., parents, siblings, spouse, ex-spouse(s) and children)
 - Provide Name, relationship, age, address, and telephone number for each.
- **Employment History**
 - List all employment history, beginning with the most recent employer.
 - Provide dates of employment, name and address of employers, supervisor's name, phone number, email address, your job title/duties, and reason for leaving.
 - If you would not like your current employer to know you are applying for a position with the Phoenix Police Department, place a note in the packet asking the background investigator to not contact them until you are offered the position.
- **College or University Information**
 - Provide school, dates attended, course of study and degree received or total credit hours.
- **Residences**
 - List all residences during the past ten years.
 - Provide the dates and addresses.
- **Police Contacts**
 - List all incidents in which you were **cited, arrested, accused or charged** with a crime other than traffic violations (e.g., ticket for speeding, following to close, etc.).
 - Be sure to include incidents that occurred as a juvenile, including any that were expunged, set aside, dismissed, referred to pre-trial diversion, or pardoned.
 - Provide a full explanation for each.
- **Civil Actions**
 - List all civil actions for which you were a party.
 - Provide date, location, action or proceeding, and disposition/court action.
- **Financial**
 - A credit check is run on past credit history.
 - This is **not** an automatic disqualifier.
- **Driver's License Information**
 - Current and previous.
 - Provide an explanation if your license has ever been revoked or suspended.
- **Motor Vehicle Operation**

- List all moving violations for which you were cited.
- If you do not know or remember this information, please contact the Motor Vehicle Department (MVD). They have copies of all records.
- **Illegal Use of Drugs/Controlled Substances**
 - Check yes or no if you have ever sold, smuggled, or transported for sale or personal gain certain types of drugs/controlled substances.
 - Check yes or no if you have ever illegally used, tried, or experimented with certain types of drugs/controlled substances. Please list the total number of times used and the date last used. Do not give a range of numbers.
 - Provide a full explanation if you answered **yes** on any of the areas regarding illegal use of drugs/controlled substances.
- **Criminal Conduct Questions**
 - Have you ever committed a felony or an offense that would be a felony if committed in this state?
 - Have you ever committed a criminal conduct offense involving dishonesty, theft, unlawful sexual conduct, or physical violence?
 - Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons that has adopted or shows a policy of advocating the commission of force or violence to deny other persons their right under the Constitution of the United States of American or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means?
 - If the answer is **yes** to the above questions, a full explanation must be provided.
- **Prior Police Agency Employment**
 - Do you have prior police agency employment in Arizona or any other states?
 - Provide the name of the agency, dates of employment, city and state.
 - Have you applied with any other law enforcement agencies in the past three years?
 - Provide the name of agency, date of application and whether or not you have taken a polygraph.
- A continuation page is provided at the end of the packet. We suggest making a couple copies of this page in case more room is needed for explanations.
- Again, if there are any further questions reference the Civilian Background Application please contact the **Employment Services Bureau at 602-262-6925**.

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Phoenix Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated and other confidential sources of information. Therefore, such information shall remain confidential, and the Phoenix Police Department cannot reveal the reason of rejection for those applicants who are not accepted.

If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be so notified.

I, _____, hereby waive any and all claims of confidentiality against anyone who may have knowledge of my fitness for employment with the Phoenix Police Department.

For and in consideration of the Phoenix Police Department's acceptance and processing of my application for employment I, _____, agree to hold the City of Phoenix, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Phoenix Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation; such information may be turned over to the proper authorities.

Signature of Applicant

Date

STATE OF _____, COUNTY OF _____

Subscribed and sworn before me,
This _____ day of _____, 2____.

Notary Public



911 COMMUNICATIONS BACKGROUND APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION & CERTIFICATION

I hereby certify under penalty of A.R.S. § 13-2704, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand a knowing and willful false statement on this form constitutes a violation of the law.

SIGNATURE OF APPLICANT: _____ DATE: _____

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, 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 employed with the City of Phoenix Police Department. 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 PHOENIX POLICE DEPARTMENT. 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 from any and all liability.

I authorize the Phoenix Police Department to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exception, if any:

Signature of Applicant: _____ Date: _____

Sworn and Subscribed To Before Me This _____ Day of _____,

By: _____

State of: _____

County of: _____

Signature of Notary Public: _____



911 COMMUNICATIONS BACKGROUND APPLICATION

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR EMPLOYMENT

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 "DNA"(does not apply) in that answer block. Incomplete or unsigned statements **cannot** be processed. If additional space is required, use the attached 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):		Email Address:	
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Social Security Number:	7. Place of Birth (City, State, Country):	
Height:	Weight:	Hair Color:	Eye Color:
8. List here any other Names, Dates of Birth or Social Security Numbers 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 eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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"/> _____		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.	
If NO, list type of discharge/separation and 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.			



911 COMMUNICATIONS BACKGROUND APPLICATION

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 you meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code E-Mail Address	Home Telephone No.	Work Telephone No.	Years Known
	E-Mail :			
	E-Mail			
	E-Mail :			
	E-Mail			

19. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST TEN YEARS.
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship



911 COMMUNICATIONS BACKGROUND APPLICATION

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.

21. **EMPLOYMENT HISTORY:** List all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State & Zip Code)	Supervisor's Name Phone Number E-Mail Address	Job Title/Duties	Reason for Leaving
From	To				
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		



911 COMMUNICATIONS BACKGROUND APPLICATION

Dates of Employment		Name and Address of Employer (Street, City, State, Zip Code)	Supervisor's Name Phone Number E-Mail Address	Job Title/Duties	Reason for Leaving
From	To				
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		
			E-Mail:		

22. COLLEGES OR UNIVERSITIES Beginning with the most recent

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours



911 COMMUNICATIONS BACKGROUND APPLICATION

23. RESIDENCES: List all residences during the past ten years. Use the Continuation Sheet if necessary.

From	To	Street Address	City and State	Zip Code/County

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

Date	Location	Action or Proceeding	Disposition/Court Action



911 COMMUNICATIONS BACKGROUND APPLICATION

26. **FINANCIAL:** Please use Continuation Sheet if necessary

Have you been served with a delinquency notice or served with a garnishment regarding any of your financial obligations within the last five years?
 YES NO If YES, provide a full explanation on the Continuation Sheet.

If a credit check is run on your past credit history, will any negative information be revealed? YES NO
 If YES, provide a full explanation on the Continuation Sheet.

31. **CURRENT DRIVER'S LICENSE:**
 State: _____ Expiration Date: _____
 License Number: _____

31. **PREVIOUS DRIVER'S LICENSE INFORMATION**
 List all states/countries where you have been licensed:

29. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?** YES NO
 If YES, provide a full explanation on the Continuation Sheet.

30. **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"/>	
			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"/>	



911 COMMUNICATIONS BACKGROUND APPLICATION

31. 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:	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"/>		
ANABOLIC 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"/>		
DESIGNER OR SYNTHETIC DRUGS (I.E., SPICE, BATH SALTS, ECSTASY)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<p>32. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #31, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. The duration of usage</p> <p>b. The motivation for use</p> <p>c. How the drug was obtained</p> </div> <div style="width: 45%;"> <p>d. Why you stopped using the drug</p> <p>e. Any other factors you believe are relevant</p> </div> </div>				
<p>33. CRIMINAL CONDUCT:</p> <p>a. Have you ever <u>committed</u> a felony or an offense that would be a felony if committed in this state? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.</p> <p>b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct, or physical violence? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.</p>				
<p>34. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons that 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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, provide a full explanation on the Continuation Sheet.</p>				



911 COMMUNICATIONS BACKGROUND APPLICATION

36. Do you have prior police agency employment in Arizona or any other states?
 If YES, list your prior places of employment beginning with the most recent YES NO

Name of Agency	Dates of Employment		City	State
	From	To		

a. Have you ever been employed with another police agency? If YES, answer the following: YES No

b. Have you, while on duty as a police agency employee, used or been under the influence of alcohol?
 If YES, provide a full explanation on the Continuation Sheet. YES NO

c. Have you received discipline for any improper conduct as a police agency employee? If YES, provide a full explanation on the Continuation Sheet. For purposes of this application, discipline is defined as a letter of reprimand/counseling, suspension, termination, or demotion. YES NO

d. Have you applied with any other law enforcement agencies in the past three years? If YES, provide the following information beginning with the most recent YES NO

If YES provide the following information: Name of Agency	Date of Application	Was a 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"/>

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 employment or an offer of employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

