

Navajo County Sheriff's Office



P.O. Box 668
Holbrook, Arizona 86025
(928) 524-4300

FOR OFFICE USE ONLY

Meet MQ's: Yes No

Remarks:

**APPLICATION
FOR
VOLUNTEERS**

File: Hold for Exam _____ Eligibility List _____ Outdated/Rejected _____

READ the following information before completing this application and sign where indicated.

- All information contained on this application is subject to verification.
- A background investigation are required of successful applicants.
- Any omissions, misstatements or falsifications may be cause for rejection of this application, elimination from further competition, removal of your name from an eligibility list, or discharge from employment.
- The information you provide on this application will be used to determine your qualifications for employment.

INSTRUCTIONS

1. Use black ink and print clearly.
2. Write "DNA" if areas on the application do not apply to you.
3. Under "Employment History" include all work experience.
4. Use separate blocks if duties, responsibilities or salary changed while working for the same employer.
5. A resume may be submitted; however, your eligibility will be determined from information provided on the application.
6. Complete an application for each position for which you wish to apply.

CERTIFICATE OF APPLICANT

READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights as a volunteer with the Navajo County Sheriff's Office.

Signature _____

Date _____

APPLICANT PLEASE COMPLETE 1 THRU 4

1. Volunteer Organization Applied For (Sheriff's Auxiliary Volunteers, Search 7 Rescue, Hashknife, White Mtn Sheriff's Posse):

2. Name:

3. Mailing Address:

4. City, State and Zip:

The Navajo County Sheriff's Office is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, sex, age or disability. No question in this application is intended to secure information to be used for such discrimination. Replies to all questions will be held in strict confidence, unless otherwise required by statute or Federal Law.

Position:
Date:

Name	Last	First	Middle Name or Initial
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Street Address

City	State	Zip Code
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Mailing Address (if different than street)
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Home Phone Number ()	Message Phone Number ()
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REFERENCES

List three (3) references (not a relative or former employer) who are responsible adults and have known you well during the past five years.

Name	Years known	Address	Phone (home/work) () ()
Name	Years known	Address	Phone (home/work) () ()
Name	Years known	Address	Phone (home/work) () ()

EDUCATIONAL BACKGROUND

High School Name, City and State	Graduated	If no, do you have a GED? Issued by:	Yes Date	No	
Colleges/Universities	City and State	Major	Credit Hours	Degree	Month/Year

EMPLOYMENT HISTORY

List all work experience, beginning with our most recent employer. Include periods of self-employment, part-time employment and military service information. Provide explanation for periods of unemployment. Describe work experience clearly and accurately. The information you provide on this application will be used to determine your qualifications for the position applied for.

Consent to Contact Present Employer

I give my consent for the Sheriff's Office to contact my present employer: _____ Yes _____ No (If no, please explain)

Prior Discharges or Forced Resignations

Employer		Date Discharged		Reason for Discharge (Exclude answers which would indicate disability, race, religion, color, sex or national origin)	
Present or Most Recent Employer				From	To
Street Address			Position Title		
City	State	Zip	Salary \$	Per	
Name of Supervisor			Employer Phone Number		
Reason for Leaving					
Describe Your Duties					
Employer				From	To
Street Address			Position Title		
City	State	Zip	Salary \$	Per	
Name of Supervisor			Employer Phone Number		
Reason for Leaving					
Describe Your Duties					
Employer				From	To
Street Address			Position Title		
City	State	Zip	Salary \$	Per	
Name of Supervisor			Employer Phone Number		
Reason for Leaving					
Describe Your Duties					

EMPLOYMENT HISTORY (Continued)

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Employer			From	To
Street Address			Position Title	
City	State	Zip	Salary \$	Per
Name of Supervisor			Employer Phone Number	
Reason for Leaving				
Describe Your Duties				

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, subversive, or which has adopted or demonstrates a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona or which seeks to alter the form of government of the USA or Arizona by unconstitutional means?

No _____ Yes _____, explain:

SKILLS

List any other skills, abilities, professional organizations, etc., that you feel would be useful for us to know in evaluating your qualifications for employment (exclude answers that would indicate race, religion, color, age, sex, national origin or disability.)

DRUG USE/ARREST QUESTIONNAIRE

TYPE OF DRUG	HAVE YOU EVER TRIED? <u>Answer "Yes" or "No"</u>	IF "YES, HOW MANY TIMES?"	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN? <u>Answer "Yes" or "No"</u>
MARIJUANA						
HASHISH						
COCAINE/CRACK						
METHAMPHETAMINE/SPEED						
HEROIN						
OPIUM						
MORPHINE						
LSD/ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTION DRUGS						

IF YOU ANSWERED "YES" TO ANY OF THE AREAS ABOVE, PROVIDE FULL EXPLANATION ON 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. |

ARREST INFORMATION

Have you ever been arrested, charged, or convicted of any violations of law (other than minor traffic offenses), either as an adult or a juvenile? If "YES" give details for EACH arrest or charge including original charge, final charge, date, originating agency, court, final disposition, and details of the incident which led to the arrest. PRINT ALL INFORMATION. **Use continuation sheet, if necessary.**

No _____ Yes _____

I hereby certify that all statements in this questionnaire are true, and I agree and understand that any misstatements or omissions of material facts herein will be cause for forfeiture on my part of all rights to employment with the Navajo County Sheriff's Office.

Signature _____ Date _____

BACKGROUND INFORMATION

A thorough personal history background investigation will be completed prior to any job offer. Although the following information is optional at the time of application; this information must be provided prior to the background investigation and job offer. This information will remain confidential and will be used for background investigation purposes and as allowed by law.

Social Security Number	Date of Birth
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MILITARY RECORD

Branch of Service	Serial Number	Date Entered	Separated
Honorable Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No, Type of Separation _____	Vietnam Era Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DRIVING RECORD

Do you possess an Arizona operator or commercial driver’s license?
 No _____ Yes _____ Operator No. _____ Commercial No. _____

Do you possess an operator, chauffeur or commercial driver’s license issued by another state?
 No _____ Yes _____ State _____ License No. _____

Have you ever had our driver’s license suspended or revoked?
 No _____ Yes _____ When _____ Reason _____

PAST RESIDENCES

Start with your present residence. List all cities and states since high school or the last 10 years.

City and State	Date From	Date To

CERTIFICATE OF APPLICANT

Please read statements below and sign before a Notary Public prior to submitting questionnaire to the Sheriff's Office.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected, and my name removed from eligible lists. If already appointed, I may be dismissed.

I authorize the Navajo County Sheriff's Office to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Navajo County Sheriff's Office to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the department, I expressly waive all my legal rights and causes of action to the extent that the Navajo County Sheriff's Office investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action to the Navajo County Sheriff's Office, their officers, agents and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation.

Signature

State of _____ }
 }
County of _____ }

SUBSCRIBED and sworn to before me this _____ day of _____, 20__.

Notary Public

My commission expires: _____