



OFFICE OF THE
LA PAZ COUNTY SHERIFF

1109 Arizona Avenue Parker, Arizona 85344
(928) 669-6141 • FAX (928) 669-2008

Notice to Applicant:

The application process for employment with the La Paz County Sheriffs Department, the La Paz County Central Dispatch, and the La Paz County Detention Facility requires copies of the following documents to be submitted with your application:

1. Proof of U.S. Citizenship
2. Birth Certificate
3. High School Diploma or GED Equivalent
4. Valid Driver's License
5. DD214 member 4 copy (if applicable, military discharge papers)
6. Resume

IF THE ABOVE DOCUMENTS ARE NOT RECEIVED WITH YOUR APPLICATION, YOUR APPLICATION WILL NOT BE PROCESSED.

All applicants accepted will be required to take a series of tests for the position in which they are applying for. Applicants will be notified by mail and/or telephone, of time, date, and location of testing.

Applicants successfully passing ALL phases of testing will be fingerprinted for a complete background investigation.

Prior to hiring, all applicants will be required to submit to a complete physical examination, polygraph examination, and drug screening.

THANK YOU FOR YOUR INTEREST IN APPLYING FOR EMPLOYMENT WITH THE LA PAZ COUNTY SHERIFF'S DEPARTMENT.

LA PAZ COUNTY SHERIFF

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EMPLOYMENT APPLICATION

(Please Print Or Type)

Applicants for all positions are considered without regard to race, creed, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

POSITION APPLYING FOR: *(see job posting)*

Department: _____ Date: _____

PERSONAL INFORMATION:

Name: _____
First Middle Last

Are you under the age of 18? Yes No Social Security Number _____/_____/_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

In case of emergency Number: _____
Name/Phone Number

CURRENT EMPLOYMENT STATUS:

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you legally eligible for employment in the United States of America? Yes No

AVAILABILITY:

(Check as many boxes as apply) Full Time Part Time Shift Work Temporary

What date would you be available for work if considered? _____

Can you travel if the job requires it? Yes No

ADDITIONAL INFORMATION:

Have you filed an application with La Paz County in the past? Yes No

ADDITIONAL INFORMATION: *(continued)*

If YES, give date and position applied for: _____

Have you been employed with La Paz County? [] Yes [] No

If YES, give date and position/department: _____

Are you in any way related (i.e., blood, marriage, adoption, etc.) to any individual presently employed by La Paz County? [] Yes [] No

If YES, give name/relationship: _____

Have you been convicted of a felony within the last seven (7) years? [] Yes [] No
(Conviction will not necessarily disqualify an applicant from employment)

If YES, give please explain: _____

Commercial Driver's License No. & State (if applicable): _____

Employment History

(This section must be completed in full, DO NOT indicate "See Resume"):

Begin with your present or last job and work back. Account for all time during the past ten (10) years, including periods of unemployment. Attach additional pages if necessary

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? [] Yes [] No

continued on next page.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? [] Yes [] No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? [] Yes [] No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? [] Yes [] No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? [] Yes [] No

Education and Additional Information

EDUCATION:

Elementary: _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No

Undergraduate

College: _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No

Graduate

Professional: _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No

Other

(Specify): _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No

Describe any specialized training, apprenticeship, foreign languages, and other skills which you feel would especially fit you for work with us.

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any be additional information you feel may helpful to us in considering your application.

References

REFERENCES:

1. _____
Name *Phone #*

Address *City* *State* *Zip*

2. _____
Name *Phone #*

Address *City* *State* *Zip*

3. _____
Name *Phone #*

Address *City* *State* *Zip*

Please read and Sign Below

I certify that answers given herein are true and complete to the best of my knowledge and understand all answers must be true and complete to the best of my knowledge to be considered for employment, which consideration is a privilege or benefit.

I authorize investigation of all statements contained in or related to this application for employment. I understand all answers given herein are made to La Paz County, its agents and public servants reviewing this application, and authorize disclosure of information contained in the application or discovered by investigation to La Paz County and my employing officer, agency, or department, and as otherwise provided by law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand making false statements or omissions in connection with this application for the privilege of employment consideration is a crime punishable as provided in Title 13, Arizona Revised Statutes.

I understand, also, that in the event of employment, I am required to abide by all lawful rules and regulations of La Paz County and my employing officer, agency, or department.

Applicant's Signature

Date

Applicant's Printed Name

Employment Applicant's Authorization For Background Investigation And Release From Liability

I, _____, hereby authorize La Paz County, its officers, employees or agents, to investigate my background, including but not limited to, my employment, criminal and academic history and my credentials.

I further authorize any present or former employer, college, university, school, person or legal entity, its officers, agents, or employees, to provide and speak with La Paz County, its officers, employees or agents, concerning any information, records, files or opinions they may have regarding my present or past employment or academic histories, including, but not limited to, my ability to work with others, reputation for honesty, disciplinary actions, work habits and performance.

I hereby release from liability and agree to hold harmless. under any and all possible causes of legal action, La Paz County, its officers, employees and agents, as well as any present or former employer, college, university, school, person or legal entity, its officers, agents, or employees, for any statements, acts, or omissions made in the course of the investigation.

This release from liability shall apply to any right of action that might accrue to myself, my heirs, assigns and personal representatives.

A photo copy of this document shall have the same effect as the original.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND AGREE TO ITS CONTENTS AS STATED.

Applicant's Signature

Date

Applicant's Printed Name

LA PAZ COUNTY SHERIFF'S DEPARTMENT APPLICANTS ONLY

Please Print Clearly And Fill This Section In Completely

Name: _____
First Middle Last

Date of Birth Social Security Number Driver's License & State

Place of Birth (City, County, State) Hair Eyes Height Weight Sex

Current Mailing Address (Including City, State, Zip)

Current Physical Address (Including City, State, Zip & County)

Do you wear: Glasses Contact Lenses Hearing Aides

Medical Problems: (Allergies, Diabetic, Heart Conditions, Etc.)

List: _____

List cities, counties, and states you have resided in since you were 18 years of age:

List: _____

List states you have obtained a driver's license from: (including state, year and number if known)

List: _____

Have you ever been arrested or convicted of any criminal offense? If yes describe in full:

Spouse's Full Name:

Last

First

Middle

Maiden

List names you have been known by: (marriages, credit history, names changes, etc.)

List: _____

DO NOT WRITE BELOW THIS LINE- THIS SECTION IS FOR OFFICE USE ONLY

WANTS/WARRANTS CHECK	_____ NEG	_____ POS
DRIVER'S LICENSE INQUIRY	_____ NEG	_____ POS
AZ CCH	_____ NEG	_____ POS
NCIC CHH	_____ NEG	_____ POS
LOCAL ARREST(S)	_____ NEG	_____ POS

COMMENTS: _____



AUTHORIZATION FOR RELEASE OF BACKGROUND INVESTIGATION AND RELEASE FROM LIABILITY



Last Name	First Name	MI	Social Security Number
Date of Birth	Place of Birth		

I _____, do hereby authorize a review of and full disclosure of all records, any part thereof concerning me, by and to ANY authorized agent of La Paz County Sheriff's Office, whether said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institution; financial or credit institution, including records of deposits, withdrawals, and balances of checking and savings account, and loans, and also the records of commercial or retail credit agencies (including credit reported and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaints, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records: the results of any polygraph examination; records of complaints of a civil nature made by or against me, wheresoever located and to include the records and recollections of attorneys at law, or of other counsel. Whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the La Paz County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal and confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the La Paz County Sheriff's Office. I understand that all materials pertaining to this background investigation becomes the property of the La Paz County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damage, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event of my application is disapproved; the sources of confidential information cannot be revealed to me. A photocopy of this form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Subscribe and Sworn before me this _____ day of _____ 20 _____

Signature of Notary



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION



Last Name	First Name	Middle Name	Date of Birth - MM/DD/YYYY

SSN# _____ Place of Birth _____

This release when presented by a duly authorized representative of the La Paz County Sheriff's Office constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the La Paz County Sheriff's Office, Employment; Education; Medical; Psychological; Selective Service; Police and Criminal; Military Service; Financial and Credit; Polygraph Examinations and the UNDELETED copy of the separation document and medical records to the National Personnel Records and Military Personnel Records Centers.

This authorization is given connection with a background investigation being conducted relative to my application for, or continued employment with the La Paz County Sheriff's Office. The intent of this authorization is to provide full and free access of the background and story of my personal life, for the specific purpose of pursuing an investigation which may provide pertinent data for the La Paz County Sheriff's Office, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability for employment by the La Paz County Sheriff's Office. I understand that all materials pertaining to the background investigation become the property of the La Paz County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event of my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Subscribe and Sworn before me this _____ day of _____ 20 _____

Signature of Notary