



OFFICE OF THE
LA PAZ COUNTY SHERIFF
SHERIFF WILLIAM PONCE

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 Sheriff's 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
1109 Arizona Avenue
Parker, Arizona 85344
(928) 669-6141
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:

Department: _____ Date: _____

PERSONAL INFORMATION:

Name _____

Are you under age 18? Yes No Social Security Number ____/____/____

Mailing Address _____ City/State/Zip Code _____

Telephone Number(s) _____

Email Address _____

IN CASE OF EMERGENCY, CONTACT: _____
Name/ Phone Number

CURRENT EMPLOYMENT STATUS:

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in the United States of America? Yes No
(proof of citizenship or immigration status will be required upon employment)

AVAILABILITY:

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

If your application is considered favorable, what date would you be available for work? _____

Can you travel if a job requires it? Yes No

ADDITIONAL INFORMATION:

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

1.

Employer	Dates Employed		YOUR DUTIES
Address	From	To	
Phone No.			
Job Title	Wage or Salary		
Supervisor	Start	Final	
Reason for Leaving			

2.

Employer	Dates Employed		YOUR DUTIES
Address	From	To	
Phone No.			
Job Title	Wage or Salary		
Supervisor	Start	Final	
Reason for Leaving			

3.

Employer	Dates Employed		YOUR DUTIES
Address	From	To	
Phone No.			
Job Title	Wage or Salary		
Supervisor	Start	Final	
Reason for Leaving			

4.

Employer	Dates Employed		YOUR DUTIES
Address	From	To	
Phone No.			
Job Title	Wage or Salary		
Supervisor	Start	Final	
Reason for Leaving			

Education & Additional Information

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

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

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

Additional Information

References

1.	_____	_____	_____	_____
	(Name)		(Phone No.)	
	_____	_____	_____	_____
	(Address)	(City)	(State)	(Zip Code)
2.	_____	_____	_____	_____
	(Name)		(Phone No.)	
	_____	_____	_____	_____
	(Address)	(City)	(State)	(Zip Code)
3.	_____	_____	_____	_____
	(Name)		(Phone No.)	
	_____	_____	_____	_____
	(Address)	(City)	(State)	(Zip Code)

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, in 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.

Date

Applicant's Signature

**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.

Signature of Applicant

Date

Applicant's Printed Name

LA PAZ COUNTY SHERIFF'S DEPARTMENT APPLICANTS ONLY

PLEASE PRINT CLEARLY AND FILL THIS SECTION IN COMPLETELY

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER & STATE _____

PLACE OF BIRTH (CITY, COUNTY, STATE) _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____ SEX _____

CURRENT MAILING ADDRESS (INCLUDING CITY, STATE & ZIP CODE) _____

CURRENT PHYSICAL ADDRESS (INCLUDING CITY, STATE & ZIP CODE) _____

DO YOU WEAR: GLASSES _____ CONTACT LENS _____ HEARING AIDS _____

MEDICAL PROBLEMS: (ALLERGIES, DIABETIC, HEART PROBLEMS, ETC.) _____

LIST CITIES, COUNTIES, AND STATES YOU HAVE RESIDED IN SINCE YOU WERE 18 YEARS OF AGE: _____

LIST STATES YOU HAVE OBTAINED A DRIVER'S LICENSE FROM: (INCLUDE STATE, YEAR, AND NUMBER IF KNOWN) _____

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.) _____

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

WANTS/WARRANTS CHECK
DRIVER'S LIC. INQUIRY
AZ CCH
NCIC CHH
LOCAL ARREST(S)

_____	NEG	_____	POS
_____	VALID	_____	STATE
_____	NEG	_____	POS-SID/
_____	NEG	_____	POS-FBI/
_____	NEG	_____	POS-CRIM ID/

COMMENTS: _____

Employee Running Checks: _____ Badge Number: _____



**AUTHORIZATION FOR RELEASE OF BACKGROUND
INVESTIGATION AND RELEASE FROM LIABILITY**



LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER
RACE	SEX	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 being 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: _____

Subscribed and sworn before me this _____ day of _____ 20____ .

Signature of Notary



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION



LAST NAME	FIRST NAME	MIDDLE NAME	SEX	RACE	DATE OF BIRTH
SOCIAL SECURITY NUMBER			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: _____

Subscribed and sworn before me this _____ day of _____ 20____ .

Signature of Notary



La Paz County Sheriff's Office
Drug Usage and Criminal Conduct
Questionnaire



ILLEGAL/NON-MEDICAL USE OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES: Disclose all illegal drug use (or criminal involvement) that was NOT for the purpose of treating or alleviating the symptoms of a medical condition.								
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?	Times after age 21?	Date first used?	Date last used?
Marijuana	YES	NO	YES	NO				
Cocaine/crack	YES	NO	YES	NO				
Meth/Speed	YES	NO	YES	NO				
Heroin	YES	NO	YES	NO				
Opium	YES	NO	YES	NO				
Morphine	YES	NO	YES	NO				
LSD/Acid	YES	NO	YES	NO				
Peyote	YES	NO	YES	NO				
Mescaline	YES	NO	YES	NO				
Hashish	YES	NO	YES	NO				
Steroids	YES	NO	YES	NO				
Any other illegal drug or narcotic	YES	NO	YES	NO				
Illegal use of prescription drugs	YES	NO	YES	NO				
If you answered yes on any of the areas above, provide a full explanation on the continuation sheet. 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.								
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 contact or physical violence? YES NO If you answered yes to either question, provide a full explanation on the continuation sheet.								
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 you answered yes, provide a full explanation on the continuation sheet.								
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 for fitness for the position you are seeing? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, association or traffic violations? YES NO If you answered yes, provide a full explanation on the continuation sheet.								

