



Bullhead City Police Department

1255 MARINA BOULEVARD • BULLHEAD CITY, ARIZONA 86442
(928) 763-9200 Fax (928) 763-5558

Bullhead City Police Department Auxiliary Application Instructions

This application will be used to determine your eligibility for acceptance to the Bullhead City Police Department Auxiliary. Please follow these directions carefully as some of the information in this application is not needed.

- Page 1: Auxiliary application packet. Read document. Sign and date form in the presence of a Notary. (See below)
- Page 2: Release and Waiver. Read document. Complete name, address and telephone numbers. Sign and date form in the presence of a Notary. (See below)
- Page 3: Complete the entire page – except “Agency Verification” at the bottom of the page.
- Page 4: *Section 18, Personal References* - Only one reference is required.
Sections 19 and 20, Complete as directed.
- Page 5: *Section 21, Employment History* –
ONLY your most recent employer and/or current employer. Only **ONE** job needs to be listed.
Section 22, Complete in full.
Section 23, Residences – Complete as directed.
- Page 6: *Sections 24, 25, 26, 27, 28 and 29* –
Complete as directed and provide explanation if needed.
- Page 7: *Sections 30, 31, 32, 33 and 34* –
Complete as directed and provide explanation if needed.
- Page 8: *Sections 35, 36 and 37* –
Complete as directed and provide explanation if needed.
- Page 9: Continuation Sheet for Explanations and Clarifications.

**After completion, this document must be turned in to the
Human Resources Department where your documents
In this application will be notarized free of charge.**

If you require assistance, please contact:

**Yolanda Gomez, Recruiter/Background Investigator
928-763-9200 ext. 232
ygomez@bullheadcity.com**

Thank you for your interest in the Bullhead City Police Department Auxiliary.



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AUXILIARY APPLICATION PACKET

This questionnaire will be used for reference by those who will be considering you for the position of an Auxiliary Member with the Bullhead City Police Department.

Auxiliary Member applicants will be participant in an oral board consisting of members of the BHCPD Auxiliary.

An extensive background investigation will be conducted into your personal history.

In addition to those conditions described herein, the City requires that all successful applicants submit to and pass alcohol abuse and drug screening tests as a condition of employment.

I understand that I will not receive and I am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report is privileged, and that the information obtained will be used in the evaluation process for my position with the Bullhead City Police Department Auxiliary. Further, that no documents utilized for or during my application process for Auxiliary will be furnished or given to me. If I am not selected, **I WILL NOT BE ADVISED OF THE REASON.**

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY and COMPLETELY ON THIS FORM. Any FALSE, MISLEADING, or INCOMPLETE information which is requested in this form will be grounds to disqualify you and terminate you from a position with the Bullhead City Police Department Auxiliary.

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTAND AND
AGREE TO THE FOREGOING, BY SIGNING BELOW.

Printed Name: _____

Signature: _____ Date: _____

State of Arizona
County of Mohave

The foregoing instrument was acknowledged before me this _____ (date) by

-Notary Seal- Notary: _____ Date: _____

My Commission Expires: _____



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RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

Having made application for employment with the City of Bullhead City and desiring it to be informed as to my previous record and character, I hereby authorize any authorized representative of the City of Bullhead City, bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, attendance, athletic, personal history, performance report, background investigation, polygraph examination results, psychological examination results, any and all internal affair investigations and disciplinary records, including any materials which have been sealed and understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters, and credit records.

I also hereby authorize any authorized representative of the City of Bullhead City, bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) 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 City of Bullhead City.

Consent is granted for the City of Bullhead City 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 City of Bullhead City.

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 request 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 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 Name Signature: _____ Date: _____

Full Name Printed: _____ Date: _____

Address: _____

Telephone: (Home) _____

(Work) _____

State of Arizona
 County of Mohave

The foregoing instrument was acknowledged before me this _____ (date) by _____

-Notary Seal- Notary: _____ Date: _____

My Commission Expires: _____



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: 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 Board 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. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES.** Incomplete or unsigned statements cannot be processed. If additional space is required, use the 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):			
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 <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.			
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"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet.		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.	
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.			
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	Home Telephone No.	Work Telephone No.	Years Known

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 Telephone No.	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		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED (Beginning 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: _____
 Current Drivers 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="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"/>	

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/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:
 In this section, disclose all illegal drug use (or criminal involvement) that was not for the purpose of treating or alleviating the symptoms of a medical condition.
 Drug use for medical purposes will be disclosed in a different portion of the application process.

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="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"/>				
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"/>				

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, 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.

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

b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES NO

If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

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 Arizona, 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 <input type="checkbox"/> No <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona 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 prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.
- 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	Was 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"/>
		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 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 - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	

