

**SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF MOHAVE
PROBATION DEPARTMENT APPLICANT INFORMATION SHEET**

About the Selection Process:

The employment selection process with the Mohave County Probation Department is thorough and comprehensive. As representatives of the Court, and being endowed with public trust, the Superior Court Probation staff must be of the highest integrity and above reproach in appearance as well as fact.

Superior Court Probation employees must live within the standards of personal conduct and behavior established by law and within the philosophy of the Court. It is an obvious contradiction for probation staff to have responsibilities toward the enforcement of laws and Court orders and yet live outside the law themselves. Stringent personal standards are also necessary to assure the highest level of protection to the people we serve and their families.

To have your name placed on a hiring register for employment consideration by the Superior Court Probation Department, you must successfully complete each phase of the selection process as outlined below.

Phase I

1. Submit all applicant materials as specified in the job announcement, including but not limited to a Superior Court Employment Application and Probation Supplemental Application Packet. **Please be sure to have the two pages notarized (Affidavit for Employment and Authorization and Release) before submitting your application.**
2. Initial screening of applicant materials.
3. Structured Oral Board Interview.

Phase II

1. **Employment Qualification Review** includes but is not limited to verification of education requirements for the position applied for, verification of current and past employment, and checking of personal and professional references provided.
2. **Character and Fitness Investigation** includes but is not limited to fingerprinting, a criminal history records check through the Arizona Criminal Justice Information System (ACJIS) and the national criminal information database; Department of Child Safety (DCS) Central Registry check, and a driving records check through the Motor Vehicle Division (MVD) of the Arizona Department of Transportation and/or other previous state(s) of residence.
3. **Recommendations for hire:** All information is reviewed and hiring recommendations are made to the Chief Probation Officer or Director of Juvenile Court Services for approval. A tentative offer of employment will be made to candidates for Deputy Probation Officer, Surveillance Officer, and Juvenile Detention Officer contingent upon the candidate's successful completion of a polygraph, psychological evaluation, and drug/breath alcohol screen.

Applicants remain active in the process until they: 1) Are appointed to a position, 2) Have been removed or disqualified from further processing and consideration, or 3) Withdraw their application.

Disqualifications

Since employees of the Probation Department must be of the highest integrity and beyond suspicion, personal behaviors which are in conflict with the law and past history of criminal convictions can result in an applicant being disqualified for consideration. Disqualifications will occur when it is found that an applicant:

- Has made false statements of material fact in the application or during the selection process
- Has used or attempted to use political pressure or bribery to secure an advantage in the examination or in the appointment to a position in the Court services
- Has been convicted for a sex offense, engaging in immoral or illicit business activity or who has a chronic offense pattern
- Is known to engage in behavior which is in conflict with the law, philosophy or goals of the court or which would place the individual or Court in a position of compromise, embarrassment, undue criticism or loss of public credibility

Disqualifications continued:

- Has used any illegal narcotics or drugs within 12 months of the date of application
- Has been disciplined for the use of alcohol or cannabis/marijuana during previous employment
- Has ever sold, produced, manufactured, cultivated or transported any illegal substance or drug
- Has ever engaged in illegal sex acts

Past criminal history disqualifications for all positions:

1. Conviction of any crime involving the use of narcotics or habit forming drugs/or the trafficking in narcotics or dangerous drugs
2. Conviction of other than minor traffic offenses as an adult, and:
 - a. Is presently under formal supervision, probation or parole, or
 - b. Less than 5 years have elapsed between the date of release from formal supervision and the date of application, or
 - c. Less than 5 years have elapsed between the date of offense and the date of application for the work if the person is not formally placed under supervision
3. Was adjudicated delinquent as a juvenile and:
 - a. Less than 3 years have elapsed between the date of delinquency and the date of the application if the person was not formally placed under supervision, or
 - b. Less than 3 years have elapsed between the date of release from supervision and the date of the application.

Additional disqualifications for officer and safety sensitive positions: (Deputy Probation Officer, Probation Surveillance Officer, Juvenile Detention Officer):

1. The applicant is awaiting trial for or has been convicted of a felony offense in Arizona or a similar offense in another state or jurisdiction whether or not the conviction was sealed or expunged.
2. The applicant is awaiting trial or has been convicted of or admitted committing any offense listed in A.R.S. § 8-203.01 or a similar offense in another state or jurisdiction whether or not the conviction has been sealed or expunged.
3. The applicant is awaiting trial, or has been convicted of the following misdemeanor criminal offenses in Arizona or similar offenses in another state or jurisdiction:
 - a. A violent misdemeanor offense, including an offense that involves domestic violence; or
 - b. A DUI within the last 36 months, or more than one DUI; or
 - c. More than one offense while legally under the influence (impaired to the slightest degree) within 36 months.
4. The applicant sold, produced, manufactured, cultivated or transported any illegal substance or drug.
5. The applicant used any illegal substance including cannabis/marijuana while employed as a probation officer or in a position with peace officer status.
6. The applicant has been disciplined for more than one incident for use of alcohol or cannabis/marijuana during previous employment.
7. The applicant has been dishonorably discharged from the United States Armed Forces.
8. The Mohave County Probation Department will consider a disqualified applicant's request for an exception to disqualification under subsection 1-7 above for any matter disclosed in the application, including, but not limited to:
 - a. The circumstance of the offense.
 - b. The age of the applicant at the time of conviction, adjudication or occurrence.
 - c. The degree of violence and injury or property damage.
 - d. The applicant's record since the conviction, adjudication or occurrence; and
 - e. The applicant's qualifications for the particular position sought.

Other areas which are seen to be in conflict with the philosophy of the Court and the laws of the State of Arizona will be carefully reviewed at the time of processing.

The Superior Court Probation Department is an equal opportunity employer and will seek, employ, and promote the best qualified employees and applicants without regard to race, religion, color, age, sex, national origin, or physical or mental disabilities.

Alan Palomino
Chief Probation Officer

Joshua Frisby
Director, Juvenile Court Services

**Superior Court of the State of Arizona
in and for the County of Mohave
Probation Department
Supplemental Application Packet**

All applicants for positions with the Probation Department must submit a completed Supplemental Application Packet along with the required application materials as specified in the job announcement. Be sure to read each of the following documents carefully before signing them and note that the Affidavit for Employment and the Authorization and Release must be notarized BEFORE submitting your application to the Superior Court Human Resource Office.

**AFFIDAVIT FOR EMPLOYMENT
A.R.S. 8-203.01D**

STATE OF ARIZONA)
) SS
COUNTY OF MOHAVE)

_____ (Applicant Name), being first duly sworn, deposes and says that he is not awaiting trial on and has never been convicted of or admitted committing any of the following criminal offenses in this state or similar offenses in another state or jurisdiction.

1. Sexual abuse of a Minor
2. Incest
3. First or Second Degree Murder
4. Kidnaping
5. Arson
6. Sexual Assault
7. Sexual Exploitation of a Minor
8. Contributing to the Delinquency of a Minor
9. Commercial Sexual Exploitation of a Minor
10. Felony offenses involving Distribution of Marijuana or Dangerous or Narcotic Drugs
11. Burglary
12. Robbery
13. A dangerous crime against children as defined in section 13-705
14. Child Abuse
15. Sexual Conduct with a Minor
16. Molestation of a Child

Further Affiant Sayeth Not

Applicant Signature

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____

Notary Public

My Commission Expires:

**SUPERIOR COURT
MOHAVE COUNTY PROBATION DEPARTMENT
AUTHORIZATION AND RELEASE**

I, _____(full name) born at _____(city),

_____ (state) having filed an application for employment with the Superior Court Probation Department, hereby apply for a character report and consent to have an investigation made as to my fitness for employment with Mohave County Superior Court. I agree to give any further information which may be required regarding my past record.

I authorize all and any individuals, corporations, partnerships, and/or governmental agencies having any information about me including, but not limited to my physical and mental health; criminal background, driving history, military service; and prior employment to furnish such information to the Superior Court and/or its authorized representatives. I further authorize the aforesaid persons, corporations, partnerships and/or government agencies to permit the Superior Court and/or its authorized representatives to inspect and make copies of all documents, records, or other information they may have which in any way relate to me.

I hereby release, discharge and agree to hold harmless the Superior Court, their officers, employees, agents, any person, or entities so furnishing information from any and all liability of every nature and kind.

I further understand that the Superior Court Probation Department can request, as part of the character report and investigation, that I submit to a post-offer polygraph examination and/or psychological evaluation, and that my choosing not to submit to an examination may result in my being disqualified for the position for which I have applied.

I understand that I will not receive and I am not entitled to a copy of the character and fitness report or to know its contents, and I further understand that the contents of my character report are confidential, and that the information obtained will be used solely in the evaluation process for employment with Mohave County Superior Court. I understand that it is the policy of Mohave County Superior Court to not disclose specific reasons for non-selection.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____.

Notary Public

My Commission Expires:

**SUPERIOR COURT
MOHAVE COUNTY PROBATION DEPARTMENT
CERTIFICATE OF UNDERSTANDING - TERMS OF EMPLOYMENT**

As an applicant for employment with the Mohave County Probation Department:

- 1) I certify that I am a citizen or legal resident of the United States.
- 2) I understand and accept that I must successfully complete fingerprinting, and a criminal record, and driving history check as part of the pre-employment process. I also understand that if employed, my criminal history, Department of Child Safety (DCS) Central Registry check, and MVD records check will be conducted every two years, at minimum.
- 3) I understand and accept that if I am offered a safety sensitive position, I will be required to successfully complete a urine drug screen consisting of the following classes of drugs: Cannabis, Cocaine, Opiates, Amphetamines/Methamphetamine, Ecstasy (MDMA), Oxycodone, Heroin, Barbiturates, Benzodiazepines, Marijuana THC metabolites, Methadone, Methaqualone, Propoxyphene, and Phencyclidine (PCP) and a breath alcohol screen prior to becoming employed by Mohave County Probation. Should I fail to comply with this procedure or if I am found to have tested positive for an illegal substance, Cannabis/Marijuana or alcohol, I understand that I will not be considered for employment with the Mohave County Probation Department for a period of one year.
- 4) If applying for a position as Deputy Probation Officer, Probation Surveillance Officer, or Juvenile Detention Officer, I certify that:
 - I am at least 21 years of age;
 - I am able to perform the required training and job duties of an officer with or without reasonable accommodation; and
 - I understand and accept that if I am given a tentative offer of employment, my appointment is contingent upon successfully completing a psychological evaluation and polygraph examination.

I understand my acceptance of a position with the Mohave County Probation Department imposes certain requirements on me which I acknowledge and accept. Should I become employed by the Probation Department I understand and accept:

- 1) That I am a representative of the Court and must conduct myself in such a manner as to preclude any criticism of my personal as well as my professional actions. I will perform the duties of my position in a manner consistent with the Code of Conduct for Judicial Employees, the Code of Ethics for Arizona Probation Personnel and the Arizona Code of Judicial Administration related to personnel practices and the personnel policies and Judicial Employee Merit System Rules (as applicable) of the Superior Court in Mohave County.
- 2) I will be subject to a criminal background, Department of Child Safety (DCS) Central Registry check, and driving records check every two years, at minimum.
- 3) If I am employed as a Probation Officer, Surveillance Officer, Juvenile Detention Officer, or a position requiring possession of a Commercial Drivers' License (CDL), I will be subject to random urine drug and alcohol testing.
- 4) If I am employed as a Probation Officer, Surveillance Officer, or Juvenile Detention Officer, I must have a telephone in my residence at all times during the course of my employment and that I must keep the administrative office of the Mohave County Probation Department and my supervisor informed of my current phone number.
- 5) It is my responsibility to make the following disclosures to my immediate supervisor, in writing:
 - (a) If I am a party or subpoenaed witness in any pending litigation that is not related to the business of probation.
 - (b) If my relative, member of my household, or my close friend becomes a probationer under the supervision of the Probation Department.
 - (c) If during the course of supervision, any appearance of impropriety as to my relationship with a probationer occurs.
 - (d) Within one (1) business day if I am the subject of any of the following:
 - (1) Citation for a misdemeanor or felony offense
 - (2) Arrest
 - (3) Conviction
 - (4) Order of protection
 - (5) Warrant
 - (6) Any civil or administrative action due to sexual misconduct

Disclosures made under this section will be reviewed and any further action deemed appropriate will be done consistent with the Code of Conduct for Judicial Employees, the Code of Ethics for Arizona Probation Personnel and the Arizona Code of Judicial Administration related to personnel practices and the Judicial Employee Merit System Rules of the Superior Court in Mohave County.

- 6) I may be expected to use my personal vehicle in the performance of my job duties. I understand I must maintain proper insurance coverage in order to receive reimbursement for mileage. I understand that if my position requires the operation of a county or personal vehicle on official business that I must possess and maintain appropriate Arizona Vehicle Operator's License and county defensive driver's certification. Exceptions to possessing an Arizona vehicle operator's license for nonresident daily commuters may only be allowed in accordance with A.R.S. § 28-2291 et al.
- 7) That over a period of time, my specific duty assignments will change and my worksite location may vary between the different locations in Kingman, Bullhead City, Lake Havasu City, and others depending on the needs of the Probation Department.
- 8) I will be required to sign for identification cards, keys or other government property. Final payment of any wages owed to me will not be cleared for payment until I have returned all property issued to me.
- 9) I may be required to undergo an evaluation to determine my emotional, psychological or physical ability to safely perform the duties of the position to which assigned and I may be photographed.
- 10) During initial employment and subsequent promotions and reappointments, classified Mohave County Probation Department employees will serve a minimum 12 month probationary period. I understand that during the original probationary period, I may be dismissed from employment without cause and without recourse to the merit system, except for alleged unlawful discrimination. I also understand that if I separate from employment prior to the successful completion of my original probationary period I forfeit payment of accrued and unused Paid Time Off (PTO) leave.
- 11) I understand that it is the intent of the Mohave County Superior Court to maintain a drug and alcohol free workforce. I understand my responsibility to: 1) not report to work, or while on duty, have any detectable or measurable presence of alcohol or drugs, 2) not use illegal drugs, or be subject to duty while my ability to perform my job is impaired due to alcohol or drug use, on or off duty, 3) not possess, manufacture or use, or have any detectable or measurable presence of alcohol or drugs during working hours, on breaks, during meal periods, while on Court property in an official capacity or while operating any state, county, or personal vehicle for court business. I understand that violations of the court's drug free workplace policy may result in disciplinary action up to and including dismissal.
- 12) I grant my employer, the Superior Court Probation Department, the right to dismiss me at any time I refuse to take a polygraph examination during an investigation of any action, claim or grievance against the Superior Court Probation Department and/or during any investigation of activities which are deemed detrimental to the internal security or public image of the Superior Court Probation Department.

My signature on this document signifies I understand and agree to the above terms and conditions.

(Signature of Applicant)

(Date)

**SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE
PROBATION DEPARTMENT
AFFIDAVIT OF PAST DRUG USAGE**

Please complete the following:

TYPE OF DRUG	1. HAVE YOU EVER SOLD, PRODUCED, MANUFACTURED, CULTIVATED, SMUGGLED, OR TRANSPORTED FOR SALE, OR PERSONAL GAIN?	2. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH?	2(A) IF 'YES', HOW MANY TIMES?	2(B) HOW MANY TIMES AFTER AGE 21?	2(C) DATE FIRST USED?	2(D) DATE LAST USED?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Methamphetamine/ Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
LSD/Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Any other illegal drugs or narcotics as defined in Title 13 of the Arizona Revised Statutes (ARS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Illegal Use of Prescription Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

IMPORTANT: If you answered "YES" on any of the areas above, provide full explanation on the reverse of this form. Include, if applicable, the following:

- | | |
|---|--|
| <ul style="list-style-type: none"> a. How the drug was ingested or consumed b. The duration of usage c. The motivation for use | <ul style="list-style-type: none"> d. How the drug was obtained e. Why you stopped using the drug f. Any other factors you believe are relevant |
|---|--|

Through my signature below, I hereby certify, under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

Applicant signature: _____

Date: _____

**SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE
PROBATION DEPARTMENT
AFFIDAVIT OF PAST CONDUCT**

Please complete the following:

1. Have you ever been convicted of engaging in sexual abuse? **Yes** **No**

If yes, please explain all convictions as accurately and completely as possible. Convictions will be evaluated in relation to the particular position you are applying for and will not necessarily disqualify you for employment.

2. Have you ever been civilly or administratively adjudicated to have engaged in sexual misconduct or harassment? **Yes** **No**

If yes, please explain all civil or administrative adjudications as accurately and completely as possible. Adjudications will be evaluated in relation to the particular position you are applying for and will not necessarily disqualify you for employment.

3. Have you ever been the subject of an investigation or had a finding of sexual abuse, staff sexual misconduct or sexual harassment? **Yes** **No**

If yes, please explain any investigations or findings as accurately and completely as possible. Allegations and findings will be evaluated in relation to the particular position you are applying for and will not necessarily disqualify you for employment. If you answered "YES" on the above, please provide the following information:

1. What was the allegation(s)?

2. When was the investigation conducted?

3. Where was the investigation conducted?

Through my signature below, I hereby certify, under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

Applicant signature: _____ Date: _____

**SUPERIOR COURT
MOHAVE COUNTY PROBATION DEPARTMENT
EMPLOYMENT / PERSONAL REFERENCES**

Name of Applicant: _____ Position Applied For: _____

The furnishing of personal and character references are required as part of your pre-employment process. Those people you choose should be able to give us information regarding your character and ability to work with adults and juveniles of diverse ethnic, educational and economic backgrounds. This information is important to your processing and must be accurate and current.

Employment References

List your three (3) most recent employers, beginning with your current employer if presently employed.

1. Name of Employer: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Business Phone (Area Code): _____ Number: _____

Type of Business: _____

Your Position / Title: _____ Date of Employment: _____

Name of Immediate Supervisor: _____

Supervisor's Phone (Business): _____ (Home): _____

Reason for leaving: _____

2. Name of Employer: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Business Phone (Area Code): _____ Number: _____

Type of Business: _____

Your Position / Title: _____ Date of Employment: _____

Name of Immediate Supervisor: _____

Supervisor's Phone (Business): _____ (Home): _____

Reason for leaving: _____

3. Name of Employer: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Business Phone (Area Code): _____ Number: _____

Type of Business: _____

Your Position / Title: _____ Date of Employment: _____

Name of Immediate Supervisor: _____

Supervisor's Phone (Business): _____ (Home): _____

Reason for leaving: _____

Personal Character References (Non relative)

1. A person who currently knows you on a personal basis:

Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code _____

Place of Employment: _____

Position: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

2. A person who knew you during college (not required if you have not attended college in the past 10 years):

Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code _____

Place of Employment: _____

Position: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

3. A person who, as an adult, knew you during your junior/senior year in high school (not required if you are 30 years of age or older):

Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code _____

Place of Employment: _____

Position: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Additional Personal Character References (Non relative)

List three people who currently know you on a personal basis:

Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Position: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Position: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Position: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

I have provided these names to aid the Mohave County Probation Department in conducting a background check and "Character Report" under the conditions agreed to in the "Authorization and Release Form." I further understand the Mohave County Probation Department is not limited to the individuals listed in conducting the background check.

Signature of Applicant

Date

**SUPERIOR COURT
MOHAVE COUNTY PROBATION DEPARTMENT
TRAINING ACKNOWLEDGMENT FORM**

I understand that I will be required to successfully complete all training requirements of the position for which I am hired, as established by the Arizona Supreme Court and the Probation Department.

If I am applying for the position of Deputy Probation Officer and/or Surveillance Officer, I understand that by signing this document, I attest that to the best of my knowledge I am medically and physically able to participate in the Defensive Tactics Training Academy with or without reasonable accommodation, which shall include, at a minimum:

- I. Minor aerobic activity
- II. Standing up to one (1) hour at a time
- III. Throwing punches (at partial speed)
- IV. Use of impact weapons
- V. Kicking at targets below 24"
- VI. Controlled falls
- VII. Punch and kick drills (partial speed)
- VIII. An exposure to Oleoresin Capsicum (OC) Spray

Applicant Signature

Date

ARIZONA DEPARTMENT OF CHILD SAFETY

DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment, and the DCS and DPS Fingerprint Clearance Card databases.

All information on the form must be **typed or printed**. Any form missing information or containing information which is not legible will be **returned to the requesting agency**.

Employers: Return the completed form via secured email to dcscentralregistry@azdcs.gov within five (5) business days of hire and upon license renewal. **This form must be retained as confidential in the employee's file, and it is subject to audit.**

NAME OF REQUESTING AGENCY	REQUESTING AGENCY EMAIL ADDRESS
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MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results)

APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.)	SOC. SEC. NO.	DATE OF BIRTH (mm/dd/yy)
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OTHER NAMES USED (Including nicknames and maiden names)	FINGERPRINT CLEARANCE CARD OR APPLICATION NO.
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APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)

New Hire Rehire Volunteer Renewal

POSITION	DATE EMPLOYED
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Solicitation No. _____ Contract/Extension No. _____ Tracking No. _____

EDUCATION	EXPERIENCE
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Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction?
 Yes No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? Yes No

- If Yes: • **What** was the allegation(s)? _____
 • **When** was the investigation(s) conducted? _____
 • **Where** was the investigation(s) conducted? _____

If you wish to provide additional information please use reverse side.

STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE	DATE
--------------------------------	------

FOR DCS USE ONLY

DATE RECEIVED	CPS/CR Substantiated Reports	Fingerprint Clearance Card Status
	Date Checked _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Disqualifying <input type="checkbox"/> Non-Disqualifying	Date Checked _____ <input type="checkbox"/> Valid Level 1 <input type="checkbox"/> Suspended <input type="checkbox"/> Expired <input type="checkbox"/> Denied <input type="checkbox"/> Driving Restricted
	Report No. _____ Code _____	Card No. _____ Expiration _____

NAME/SIGNATURE OF PERSON COMPLETING SEARCH

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.