PHOENIX POLICE DEPARTMENT
EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

I. TO THE APPLICANT

Certification by the Oregon Department of Safety & Standards and Training Board is required by Oregon state law, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the DPSST rules of Oregon you must complete this application and return it to **Phoenix Police Department, PO Box 330, 114 W. 2nd St,, Phoenix, OR. 97535.**

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation.

a. Illegal drug use,
b. Participation in criminal activity or behavior,
c. Poor driving record,
d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required and is requested for identification and record keeping purposes. **Phoenix Police Department does not disclose Social Security Numbers in response to public record requests.**

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "NA" in the answer space.
Do not leave blank answer spaces. Please print clearly. When using the continuation sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. CRIMINAL JUSTICE CODE OF ETHICS

AS A CRIMINAL JUSTICE OFFICER, my fundamental duty is to serve humankind; to safeguard lives and property; to protect all persons against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all people to liberty, equality and justice.

I WILL keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn , or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity, will be kept ever secret unless revelation is necessary in the performance of my duty.

I WILL never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions. Without compromise and with relentlessness, I will uphold the laws affecting the duties of my profession courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence, and never accepting gratuities.

I RECOGNIZE my position as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of The Criminal Justice System. I will constantly strive to achieve these objectives and ideals, dedicating myself before God[1] to my chosen profession.

[1] Reference to religious affirmation may be omitted where objected to by the officer.

PHOENIX POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE AND WAIVER OF INFORMATION

To Whom it May Concern:

I hereby authorize any Police Officer or other authorized representative of the **Phoenix Police Department** bearing this release, or a copy of it, within eighteen months of its date, to obtain any information in your files pertaining to my employment, credit, or educational records including, but not limited to academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any Police Officer or other authorized representative of the **Phoenix Police Department** bearing this release, or a copy of it, within eighteen months of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current 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 **Phoenix Police Department.**

Consent is granted for the **Phoenix Police Department** 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 **Phoenix Police Department.**

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 requests 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 as 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 SIGNATURE: _____
FULL NAME (Print): _____ Date: _____
CURRENT ADDRESS: _____
PHONE: Day:_____ Evening:_____ Cell: _____

PHOENIX POLICE DEPARTMENT

EMPLOYMENT APPLICATION

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 Department 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. **DO NOT LEAVE BLANK SPACES**. If the question does not apply to you, print or type "NA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use the Continuation 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 Oregon's Public Records Law.

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/Cell Telephone Number:**	12. **Work Telephone Number:**	13. E-Mail:
14. **Are you a citizen of the United States?** YES O NO O PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.		
15. **Do you have** (Check One) O G.E.D. Certificate O High School Diploma Please attach a copy of one of the above.	16. **When and where did you receive it?**	
17. **MILITARY SERVICE:** YES O NO O If YES, attach the MEMBER - 4 copy of the DD 214 and continue with this section. If NO skip to #18.		
Branch of Service: _____ Honorable Discharge: YES O NO O _____ If NO list type of discharge/separation and explain on the Continuation Sheet.	Date Entered:	Date Separated:
		Were you ever arrested, cited or apprehended by military police? YES O NO O If YES explain on the Continuation Sheet.
	Are you currently a member of a U.S. Reserve or National Guard Unit? YES O NO O 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 O NO O 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 O NO O 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	Years Known	Home Phone #	Work / Cell Phone #

19. **EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment From	To	Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason Left

20. **CURRENT DRIVER'S LICENSE:**

State: _____ Expiration Date: _____

License Number: _____

21. **PREVIOUS DRIVER'S LICENSE INFORMATION**

List all states/countries where you have been licensed:

22. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?** YES O NO O

If YES provide a full explanation on the Continuation Sheet.

23. Do you have prior peace officer certification/employment in OREGON or any other state(s)? YES O NO O

If YES provide the following information: Name of Agency	Dates of Employment From	To	City	State

a. If currently OREGON certified or prior OREGON certified, what is your DPSST Number? _____

b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? YES O NO O

If YES provide a full explanation on the Continuation Sheet.

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 O NO O
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 O NO O

24. Have you applied with any other law enforcement agencies in the past three years? YES O NO O

If YES provide the following information: **Name of Agency**	**Date of Application**	**Disposition of Application** Hired, In Process, *Not Hired *List Reason

25. 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 DPSST ethics and is cause to deny, suspend or revoke peace officer certification.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

AGENCY VERIFICATION:	**INITIALS:**	**DATE:**	**INITIALS :**
Signature and Date Completed			

PHOENIX POLICE DEPARTMENT
STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question Number	Explanation, Clarification, etc.

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications**.**		
Application Process Terminated		
Reason for Disqualification:		
LEDS/NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
LEDS/NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Applicant meets all requirements and may continue with the employment process.		
Applicant does not meet all requirements.		
Application Process Terminated:		
Reason for Disqualification:		

***** Agency Use Only

AGENCY CERTIFICATION:

I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with **DPSST** and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.

NAME OF REVIEWER: _____ TITLE: _____
(Printed)

SIGNATURE OF REVIEWER:_____ DATE: _____