



GLENDALÉ POLICE DEPARTMENT
6835 NORTH 57th DRIVE
GLENDALÉ, ARIZONA 85301

Intern

Name: _____

Area of Interest: _____ Date: _____

Background Investigator: _____

APPLICANT QUESTIONNAIRE

This questionnaire and the information gathered may be used in the polygraph and background phases of the internship evaluation process. Disclosures of a negative nature will not automatically bar you from interning. An extensive background check will be conducted into your personal history. Your answers to the following questions will be verified by checks of records kept by police agencies, court, and social service agencies, and by interviews with persons you have listed on your background packet. School records may be checked, and employment will be verified. These answers may also be verified by a polygraph examination.

Regardless of the outcome of this process, you are not entitled to any information or paperwork that has been obtained by the Glendale Police Department for the purpose of completing the internship background application.

It is mandatory that all 'yes' answers be accompanied by thorough, written explanations and incomplete or non-existent explanations are not acceptable. Also, it is not acceptable to simply write 'will discuss in person' or similar.

If you deliberately give false or misleading information, or omit relevant information, you will be disqualified.

DIRECTIONS

1. Print a **single sided** copy of this entire document, double sided copies will not be accepted.
2. Complete this application in **black ink** only and **in your own handwriting**.
3. Fill out the Glendale Police Department Applicant Questionnaire.
4. Review each answer carefully and ensure your answers can be easily read.
5. Answer each question completely. Do not omit any information. **If it does not apply, write DNA in the blank.**
6. If you need additional space, use the appropriate Glendale Police Department Clarification Form(s). Please make additional copies if needed and provide complete, thorough details.

PERSONAL DATA

Full Name: _____
Last First Middle

Address: _____
Street City, State Zip Code

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Have you ever used another name? Yes ☐ No ☐ If yes, please list them:

Name Used	Dates Used

PERSONAL HISTORY

Have you done any volunteer work? (Church, community organizations, etc.)

Yes ☐ No ☐ (If yes, complete boxes below. Use continuation form(s) if necessary)

Organization	Description of Service

Do you have any friends or relatives that work for the Glendale Police Department?
 Yes ☐ No ☐ (If yes, complete boxes below. Use continuation form(s) if necessary)

Name	Relationship	Years Known

List any City/State you have ever resided.

City/State	From Age	to
City/State	From Age	to
City/State	From Age	to
City/State	From Age	to
City/State	From Age	to

Are you fluent in any languages other than English? Yes ☐ No ☐
 (If yes, complete boxes below. Use continuation form(s) if necessary)

Language	Speak?	Read?	Write?	Years Spoken
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List all email addresses that you have ever used.

Do you have tattoos? Yes ☐ No ☐

(If yes, complete boxes below. Use continuation form(s) if necessary)

Body Location	Description	Meaning to You

Do you have any tattoos or markings on your body which identifies you as a gang member or gang associate? Yes ☐ No ☐

Do you have any nicknames? Yes ☐ No ☐

(If yes, complete boxes below. Use continuation form(s) if necessary)

Nickname	Meaning	Gang Related?

REFERENCES

Give two (2) references (not relatives, significant others, or former supervisors) who are responsible adults and have known you well during the last five (5) years. Contact information must be complete.

Name: _____

Address: _____

Street

City, State

Zip Code

Phone #: _____ Email Address: _____

Relationship to You: _____ Years Known: _____

Name: _____

Address: _____

Street City, State Zip Code

Phone #: _____ Email Address: _____

Relationship to You: _____ Years Known: _____

EDUCATIONAL HISTORY

List all schooling you have attended or are attending (High School and above):

Name of High School, College, or University	Location City and State	Dates Attended	Units/Credit Completed	Graduation Date	Type of Degree

INTERNSHIP ADVISOR INFORMATION

Advisor Name	Advisor Email	Advisor Phone #

Reasons why you want to intern with the Glendale Police Department: _____

Have you ever entered a law enforcement training academy? Yes ☐ No ☐

If yes, which one(s)? _____

Have you applied to intern at any other law enforcement agencies? Yes ☐ No ☐

If yes, which agencies? _____

LAW ENFORCEMENT HISTORY

Have you **EVER** applied for a sworn or civilian position with any other law enforcement agency, or are you currently in the process with any other law enforcement agency? Yes ☐ No ☐

Agency	Date Applied	Position Title	Status	Reason not Hired	Polygraphed?

Have you ever been disqualified from any law enforcement agency that you have applied for?
Yes ☐ No ☐

If yes, please explain (use continuation form(s) if necessary): _____

MILITARY SERVICE HISTORY

Have you ever served in the Air Force, Coast Guard, Navy, R.O.T.C., or any other military or semi-military organization? Yes ☐ No ☐

If yes, list them below. If there was more than one period, list them separately.

Month & Year Entered	Organization	Date of Discharge	Type of Discharge	Rank

Did you receive any disciplinary actions in the military (such as Court Martial, Article 15, Captain's Mast, Company punishment, reduced in rank, etc.)?

Date of Disciplinary Action	Type of Disciplinary Action

Please answer the questions below regarding your military history and fully explain any 'yes' answer on Glendale Police Department Clarification Form(s).

Were there any special circumstances that lead to your military discharge?

Yes ☐ No ☐ N/A ☐

Did you receive any discipline, official or unofficial, while in the military?

Yes ☐ No ☐ N/A ☐

Have you used any or all of your G.I. Bill (Post 9/11, Montgomery, etc.)? Yes ☐ No ☐

Did you ever receive any reductions (in pay or rank), restrictions, suspensions, forfeitures, fines, or counseling's while in the military? Yes ☐ No ☐ N/A ☐

Were you ever UA, AWOL, missed formation or missed ship movement?

Yes ☐ No ☐ N/A ☐

While in the military, were you ever incarcerated (brig, guard house, etc.)?

Yes ☐ No ☐ N/A ☐

Are you in compliance with the Selective Service Law? (**Fully explain if 'no', only female applicants should check N/A**) Yes ☐ No ☐ N/A ☐

EMPLOYMENT HISTORY

List the last three (3) places of employment for the last ten (10) years. Begin with your present or most recent employer and work backward. List all periods of unemployment, periods of schooling, military service, etc. OMIT NONE. Please keep in proper sequence.

Employer Name: _____ Phone: _____
Address: _____ City: _____ State/Zip: _____
Dates of Employment: From: _____ To: _____ Salary: _____
Position(s) Held: _____ Immediate Supervisor's Name: _____
Supervisor's Direct Phone: _____ Supervisor's Email: _____
Type of Work Performed: _____
Reason for Leaving: _____

Employer Name: _____ Phone: _____
Address: _____ City: _____ State/Zip: _____
Dates of Employment: From: _____ To: _____ Salary: _____
Position(s) Held: _____ Immediate Supervisor's Name: _____
Supervisor's Direct Phone: _____ Supervisor's Email: _____
Type of Work Performed: _____
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Address: _____ City: _____ State/Zip: _____
Dates of Employment: From: _____ To: _____ Salary: _____
Position(s) Held: _____ Immediate Supervisor's Name: _____
Supervisor's Direct Phone: _____ Supervisor's Email: _____
Type of Work Performed: _____
Reason for Leaving: _____

DRIVING HISTORY

Current Driver's License:

State: _____ Expiration Date: _____ License #: _____

Previous Driver's License Information (List all states/countries where you have been licensed):

BACKGROUND INFORMATION

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

1. Have you ever used a social security number other than the one you provided on page two?
2. Yes ☐ No ☐
If yes, list number(s): _____
3. Have you ever used a fake ID? Yes ☐ No ☐
4. Are you now or have you ever been a member or supporter of any extremist organizations that advocates or supports the use of force or fear to deny anyone their constitutional rights which would include subversive, terrorist, supremacist, or militant groups?
Yes ☐ No ☐

EMPLOYMENT HISTORY

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

5. Have you ever taken anything (that you were not authorized to take) from a company where you worked? Yes ☐ No ☐
6. Have you ever used illegal drugs while 'on duty' or at work? Yes ☐ No ☐
7. Have you ever gone to work under the influence of alcohol and/or drugs? Yes ☐ No ☐
8. Have you ever used a work computer to view unauthorized or pornographic websites or images or send unauthorized or pornographic images to other persons or fellow employees?
Yes ☐ No ☐ (If yes, detail websites on continuation sheet)
9. Have you ever used an electronic device to record anyone without their knowledge or consent in any location where privacy is expected? Yes ☐ No ☐

10. Have you ever engaged in any type of sex or sexual contact while on or off duty at any place of employment? (This includes masturbation) Yes ☐ No ☐
11. Have you ever shared confidential or sensitive documents or information with anyone who was not authorized to receive it? Yes ☐ No ☐
12. Have you ever utilized any official database to 'run' or look up someone's information for personal use? Yes ☐ No ☐
13. In any job that you have had, have you been involved in any physical or verbal confrontation with:
- Co-workers: Yes ☐ No ☐
- Supervisors: Yes ☐ No ☐
- Customers: Yes ☐ No ☐
14. Have you ever been counseled or warned regarding comments or prejudice you made about someone's race, color, sex, sexual orientation, gender identity or expression, genetic characteristics, national origin, religion, age, marital, familial or veteran's status, political affiliation, or mental disability? Yes ☐ No ☐

DRIVING RECORD

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

15. How many traffic citations have you had since you started driving? _____

	Incident	Brief Description	Year Received	Location	Disposition
	<i>Ticket: Speeding, No Insurance</i>	<i>Going 60 in a 45 and no proof of insurance in vehicle</i>	<i>2001</i>	<i>Prescott, AZ</i>	<i>Paid fine, driving school, found not responsible, sentenced</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					

- ☐ Check here if further space is needed to list citations and continue them on the Additional Information/Clarification Form(s) at end of this packet.

16. How many automobile accidents have you been involved in where you were at fault? _____
17. Have you ever been a driver or a passenger in an accident where injuries or damage occurred, and you left the scene of the accident (hit & run)? Yes ☐ No ☐

ATTITUDE

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

18. Is anyone likely to report that you have problems with your temper? Yes ☐ No ☐
19. Have you ever become physical or violent with anyone when you've lost your temper?
Yes ☐ No ☐
20. Have you ever damaged or destroyed property in anger? Yes ☐ No ☐
21. Have you ever taken anger management classes for any reason? Yes ☐ No ☐
22. Have you ever discriminated against anyone? Yes ☐ No ☐
23. Have you ever sexually harassed anyone? Yes ☐ No ☐

CRIMINAL HISTORY

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

24. Have you ever committed a felony or an offense that would be considered a felony if committed in Arizona? Yes ☐ No ☐
25. Have you ever been questioned as the suspect in a crime? Yes ☐ No ☐

Domestic Violence is defined in the law as certain criminal acts committed between persons who have been involved in a relationship who live together in the same household (or who have lived together in the past); or persons who have a child in common or are expecting a child (regardless of whether they have resided in the same household); or persons related to one another in the following ways:

Spouse	Child	Grandparent	Former Spouse
Brother	Sister	Grandchild	Parent
Boyfriend/Girlfriend	Ex- Boyfriend/ Ex-Girlfriend	One-Night Stand	Same Sex Partner

The crimes defined in the law are:

Assault	Criminal Damage	Endangerment	Imprisonment
Intimidation	Kidnapping	Trespass	Disorderly Conduct
Reckless display or discharge of a deadly weapon or dangerous instrument			

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

26. Has any law enforcement agency ever responded to your residence, temporary or permanent, for any reason relating to Domestic Violence? Yes ☐ No ☐
27. Have you ever committed any act of Domestic Violence according to the definition provided?
Yes ☐ No ☐

28. Have you ever been the subject on an investigation by a child protective services or child welfare agency? Yes ☐ No ☐
29. Have you ever filed or been the subject of a court order of protection (restraining order) or injunction prohibiting harassment? Yes ☐ No ☐
30. Have you ever been a member in a gang? Yes ☐ No ☐
31. Have you ever been affiliated with a gang? Yes ☐ No ☐
32. Do you have any friends or family members that are gang members (this includes outlaw motorcycle gangs/clubs)? Yes ☐ No ☐
33. Have you **EVER** been physically arrested or cited and released for **ANY** criminal offense in any state, including as a juvenile? This would include serious traffic violations such as DUI's, Reckless Driving, Cancelled, Refused, Suspended or Revoked License, Fictitious Plates, etc. This also includes any offenses that were expunged or sealed upon becoming an adult. Include **ANY** charges, which might have later been dismissed, reduced or expunged by the courts, prosecutor or pursuant to any plea agreement. Yes ☐ No ☐
34. Have you **EVER** committed, been convicted of, pled guilty to or no contest to any misdemeanor charge(s)? Yes ☐ No ☐
35. Have you **EVER** committed, been convicted of, pled guilty to or no contest to any felony charge(s)? Yes ☐ No ☐
36. Have you ever had a warrant issued for your arrest? Yes ☐ No ☐
37. Have you ever been on court ordered probation? Yes ☐ No ☐
38. Have you ever stolen or taken without permission any property or money from a business or from other people? Yes ☐ No ☐
39. Have you ever paid, or been paid, to participate in any sexual act? Yes ☐ No ☐
40. Have you ever paid for someone else to receive sex or a sexual act? Yes ☐ No ☐
41. Have you ever engaged in sex or sexual contact in a public place (bathrooms, fitting rooms, cars, parks, etc.)? Yes ☐ No ☐
42. Have you at any time engaged in sex or sexual contact with someone who was 17 years of age or younger, while you were 18 years of age or older? Yes ☐ No ☐
43. Have you ever given anyone, without their knowledge (put in their drink, food, etc.), GHB/Gamma Hydroxybutyrate or any other 'date rape' type drug (to include homemade versions)? Yes ☐ No ☐
44. Have you ever bought, sold, distributed, downloaded/uploaded, emailed, sent by text, possessed, viewed, taken or shared a picture/video of a nude person(s) genitalia (this would include yourself) who were 17 years of age or younger regardless of your age?
- Yes ☐ No ☐
45. Have you ever forced someone to kiss, touch or have sex or sexual contact with you?

Yes ☐ No ☐

46. Have you ever engaged in sex or sexual contact with any person without their permission? This would include any person who was too intoxicated or under the influence of any drug that would inhibit their ability to refuse and/or give consent. Yes ☐ No ☐
47. Have you ever exposed yourself sexually to anyone without their consent? Yes ☐ No ☐

SPECIFIC CRIMINAL OFFENSES

The next section of questions asks about specific criminal offenses. Respond to each criminal offense as it applies to you. For each criminal offense, mark ALL ANSWERS THAT APPLY. Be sure to mark at least one response for each offense. Even if you were in the military and were in violation of the offenses under the UCMJ, make sure you include these offenses. Also, include any offenses committed as a juvenile.

If you have been questioned by police about one of these offenses or have been named in a police report concerning one of the described offenses, check the 'I have been accused of it' box and any other boxes that might apply for that offense.

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

48. ARSON - Intentionally setting a fire to destroy something or cause damage.
☐ Yes
☐ No
49. FORGERY - Signing another person's name to a document without their permission.
☐ Yes
☐ No
50. STALKING/HARASSMENT - Includes bullying, cyber stalking, harassing phone calls.
☐ Yes
☐ No
51. ASSAULT, RESISTING ARREST, HOMICIDE
☐ Yes
☐ No
52. BURGLARY, THEFT, BREAKING AND ENTERING
☐ Yes
☐ No
53. ROBBERY, ARMED ROBBERY
☐ Yes
☐ No
54. CRIMINAL DAMAGE (VANDALISM/GRAFFITI)

☐ Yes

☐ No

55. DRIVING UNDER THE INFLUENCE OF ALCOHOL

☐ Yes

☐ No

ALCOHOL/DRUG USE

Fully explain any 'yes' answer on Glendale Police Department Clarification Form(s)

56. Any use of drugs/controlled substances (**do not include other drugs not specifically listed**)

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"/>				
CBD Oil	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"/>				
Hallucinogens (i.e. LSD/Acid, Mescaline, mushrooms, angel dust, PCP, etc.)	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"/>				
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"/>				
Human Growth Hormone	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"/>				
Spice (K2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
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
Illegal use of prescription drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Use of inhalants (i.e. glue, spray paint, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Adderall	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				

57. Have you ever used over-the-counter medications (cough syrups/pills, cold medicines, etc.) for other than their intended purpose? Yes ☐ No ☐
58. Have you ever tried a substance without knowing what it was? (Marijuana brownies, substance unknowingly ingested, etc.)? Yes ☐ No ☐
59. 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 ☐

AFFIRMATION

Under penalty of perjury (pursuant to Arizona Revised Statutes, Sections 13-2702, Subsection A.2) I hereby state and declare that the above statements are true. I make this declaration fully aware that the Glendale Police Department may choose to verify the truth of these statements through either a polygraph examination and/or a background investigation. Further, if it is proven that I have made a false statement; I understand this would be grounds for my disqualification as a candidate, or termination of my internship.

Applicant's Signature

Social Security Number

Reviewed with applicant:

Personnel Management Staff

Date

Glendale Police Department Clarification Form

Please use this sheet to provide additional information or clarifications of the events/incidents you provided in the applicant questionnaire. These clarifications give you the opportunity to describe the situation in detail to the hiring board. **Please use one form for each question or section.** Be detailed in your description and give as much information as possible. It is not acceptable to simply write “will discuss in person” or similar. Make additional copies of this form as needed.

Question # or Section: _____ Page #: _____

Incident/Event: _____ Date of Incident: _____

Age/Time of Incident:	Where did the incident occur City and State?
-----------------------	---

Who was involved?

Describe in DETAIL what happened:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant's Printed
Name:

Applicant's Signature: _____ Date: _____

Glendale Police Department Clarification Form

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Question # or Section: _____ Page #: _____

Incident/Event: _____ Date of Incident: _____

Age/Time of Incident: _____ Where did the incident occur
City and State? _____

Who was involved?

Describe in DETAIL what happened:

[illegible]

Applicant's Printed Name: _____

Applicant's Signature _____ Date: _____

Glendale Police Department Clarification Form

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Who was involved?

Describe in DETAIL what happened:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant's Printed Name: _____

Applicant's Signature _____ Date: _____

Glendale Police Department Clarification Form

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Question # or Section: _____ Page #: _____

Incident/Event: _____ Date of Incident: _____

Age/Time of Incident:	Where did the incident occur City and State?
-----------------------	---

Who was involved?

Describe in DETAIL what happened:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant's Printed Name: _____

Applicant's Signature _____ Date: _____

Glendale Police Department Clarification Form

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Question # or Section: _____ Page #: _____

Incident/Event: _____ Date of Incident: _____

Age/Time of Incident:	Where did the incident occur City and State?
-----------------------	---

Who was involved?

Describe in DETAIL what happened:

[illegible]

Applicant's Printed Name: _____

Applicant's Signature _____ Date: _____



GLENDALÉ POLICE
DEPARTMENT
6835 NORTH 57th DRIVE
GLENDALÉ, ARIZONA 85301

Intern

IMPORTANT NOTICE

Please complete the following forms and provide them to your background investigator.

Release and Authorization

This form is a release and authorization form allowing the department to conduct your background investigation. Reminder: This form must be signed and notarized.



GLENDALÉ POLICE
DEPARTMENT
6835 NORTH 57th DRIVE
GLENDALÉ, ARIZONA 85301

Intern

RELEASE AND AUTHORIZATION

In relation to my application for employment with the Police Department of the City of Glendale, Arizona, I fully understand the sensitive nature of this position and I recognize the necessity for a thorough investigation into my background.

In view of this need, I hereby authorize the release of all information as hereafter described by any individual, partnership, corporation, or any other entity, including governmental entities, and I expressly waive any claim or right of action against any party because of the release of the information as hereafter described.

This release and authorization shall include all the following information:

1. Any information concerning my personal or employment history, to include but not limited to, any background investigation information, psychological evaluation, or polygraph test results. Information of a confidential or privileged nature may be included.
2. Any information concerning criminal or traffic matters including, but not limited to, arrest, conviction, plea agreements, and reports where I may have been a suspect, but never formally had criminal charges brought against me.
3. Undeleted DD-Form 214, Certificate of Release or Discharge from Active Duty, including, but not limited to, the re-enlistment code (RE), the type and reason for release or discharge and any charges, arrests or convictions which arose through the military criminal justice system.

I further authorize the City of Glendale, Arizona, to release any information it may obtain through the use of this authorization and release to any governmental agency that I hereby expressly waive any claim or right of action against any party as a result of the release of this information.

_____	Subscribed and sworn before me this
Date	
_____	_____ day of _____, 20__
Print Applicant Name	
_____	Notary _____
Applicant Signature	