



TOMBSTONE MARSHAL OFFICE

315 E Fremont St
Telephone (520) 457-2244
TOMBSTONE, ARIZONA 85638



APPLICATION QUESTIONNAIRE

APPLICANT NAME – PLEASE TYPE OR PRINT

(Last)

(First)

(Middle)

Check position applying for:

___ SWORN

___ RESERVE

___ CIVILIAN

TO THE APPLICANT: You will be the subject of a complete background investigation consisting of family, personal, employment, financial, driving, and arrest history. Questions regarding financial history are used as an element of the background investigation, but do not, in and of themselves, constitute the basis for rejection of your application for employment.

Any misstatement or falsification of fact, or omission of information requested in this application may Disqualify you for employment by the Tombstone Marshal's Office. Applicants may be administered a polygraph examination prior to acceptance. You may also be administered a test or tests to determine the presence of alcohol and/or drugs in your blood and/or urine prior to your employment.

The responses made by you in the completion of this applicant questionnaire will be held in the strictest confidence. This application and any attachments thereto, remain the property of the Tombstone Marshal's Office and will not be returned to you. This document is confidential and will remain confidential unless disclosure is required by law.

APPLICANTS READ AND SIGN

"I certify that I have read and understood the foregoing information, AS WELL AS THE INSTRUCTIONS, and further, under penalty of my statements and responses in this application are, to the best of my knowledge and belief, true, complete, and correct. These entries are made in good faith. I understand a knowing and willful false statement on this form constitutes a violation of the law, and is cause to initiate action to suspend or revoke certified peace officer status."

"I further understand that if as an employee in any position, commissioned or civilian, I have omitted relevant information or proved false information to any questions contained herein, I will be subject to disciplinary action, up to and including termination of employment."

SIGNATURE OF APPLICANT:

DATE: _____

INSTRUCTIONS

READ CAREFULLY

1. Neatly PRINT or TYPE all answers in black ink. If you choose to type your responses, be sure that all pages are re-attached.
2. Read and answer each question completely, if the information requested in a particular question does not apply, so indicate by writing, "N/A" in the appropriate space. If you cannot remember or do not know the requested information, so indicate by writing, "I can't remember", or "I don't know" in the appropriate space.
3. In completing this Applicant Questionnaire, include phone numbers for all people names, and the Zip Code for all addresses; also you must provide the Area Code for all out-of-state telephone numbers.
4. If additional space is required to answer a question, continue your response on the back of the page involved.
5. All questions on this application must be answered in full before it will be accepted for processing. Failure to complete the application will prevent you from proceeding further in the application process.
6. Be sure to read and sign the Code of Ethics and Waiver of Liability and release Form. Have your signature notarized on the release information document, before returning this questionnaire.
7. You must submit copies of your birth certificate, marriage certificate, naturalization certificate, military DD214 form, high school diploma or GED certificate, all other certificates, Diplomas, and transcripts, V.A. release form, and your current driver's license. Any delay in providing this information will have a negative impact on your consideration for employment.

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1. PERSONEL HISTORY

1. Your full Name:

LAST FIRST MI

2. Your Social Security Number: _____

3. Your Date of Birth: _____

4. Your Place of Birth: _____

5. Other names you have used (i.e., maiden name(s), previous married names, aliases):

6. Your Present Residence Address:

STREET ADDRESS CITY STATE AZ

7. Home Telephone (_____) _____
Area Code

8. Work/Message Telephone (_____) _____
Area Code

9. Are you a citizen of the United States by BIRTH _____

Or NATURALIZATION _____?
(You will be required to submit proof of citizenship)

10. Are you acquainted with any members or previous members of the Tombstone
Marshal's
Office?

NO _____ YES _____

If YES, with whom? _____

11. What is your present marital status? SINGLE _____ MARRIED _____
 (You will be required to submit copies of all marriage DIVORCED _____ WIDOWED _____
 And Divorce documents) SERERATED _____

12. If you are now, or ever been married, complete the following regarding your spouse(s). Be sure to include all prior spouses.

LAST (MAIDEN) NAME, FIRST, MIDDLE	DATE OF BIRTH	MARRIAGE DATE	SEPERATION DATE	HOME/WORK PHONE #'S

13. List all your addresses (residences) since age 17 or the last 15 years (whichever is least), starting with the present address. If unsure of a street address, please list the city and state. Include addresses while in military.

DATE FROM	DATE TO	ADDRESS(INCLUDING APT NUMBERS	CITY	STATE OR COUNTRY	HOME AND WORK PHONE NUMBERS

14. PERSONAL REFERENCES: List at least *five* persons, not related to you and not former employees or co-workers, who have known you for at *least* two years. Include both *home* and *work* telephone numbers.

NAME(LAST,FIRST,MI)	ADDRESS, CITY, STATE, ZIP	HOME AND WORK PHONE NUMBERS	RELATIONSHIP	YEARS KNOWN
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		

15. List all persons with whom you have lived during the past five years. Start with your present address and work backwards. Do not include your children in this listing. Include both Home and Work telephone numbers.

DATE FROM	DATE TO	NAME(LAST,FIRST,MI)	ADDRESS, CITY,STATE,ZIP	HOME ANDWORK PHONE NUMBERS	RELATIONSHIP
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	
				()H ()W	

16. List three of your present neighbors, and landlord if you have one. If you have just recently moved, list your most immediate past neighbors. Include both home and work telephone numbers.

DATE FROM	DATE TO	NAME(LAST,FIRST,MI)	ADDRESS, CITY,STATE,ZIP	HOME ANDWORK PHONE NUMBERS	RELATIONSHIP
				()H ()W	
				()H ()W	
				()H ()W	

17. FAMILY: List below all immediate relatives (i.e., father, mother, stepfather, stepmother, sisters, brothers, father-in-law, and mother-in-law and all children); if the individual is deceased, list the date of death in the address column. Include both home and work telephone numbers.

NAME(LAST,FIRST,MI)	ADDRESS, CITY, STATE, ZIP	HOME AND WORK PHONE NUMBERS	RELATIONSHIP	AGE
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		
		()H ()W		

II. EDUCATION

List all schools you have attended (even if you did not graduate) beginning with high school. Include colleges, business, and military schools, trade and correspondence schools, and government instruction (e.g., law enforcement academies). Indicate as appropriate all certificates and degrees received. Begin with the school most recently attended and work backwards.
 *transcripts are mandatory for all university/college attendance.

DATE FROM	DATE TO	NAME OF INSTITUTION	ADDRESS, CITY, STATE, ZIP(WHERE YOU ACTUALLY ATTENDED)	TYPE OF SCHOOL	DEGREE

18. ORGANIZATIONAL MEMBERSHIP

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which had adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, by any unlawful or unconstitutional means?

NO _____ YES _____

If YES, indicate the institution involved, date, and reason for each suspension or expulsion.

19. Have you received a High School Diploma? ____ or GED Certificate? ____
University/College Degree? ____

Date and Issuing Institution: _____
(You will be required to submit a copy of Diploma(s) or GED Certificate)

20. How many college credits do you have? _____
(You will be required to substantiate this claim w/transcripts)

21. If you attended college, what was your declared major? _____
Declared Minor (if any)? _____

22. Have you ever been suspended or expelled (beginning with high school) from school?
NO ____ YES ____

If YES, indicate the institution involved, date, and reason for each suspension or expulsion.

III. EMPLOYMENT HISTORY

23. List below all employers you have worked for since the age of 17 or the last 15 years. Include full-time, part-time, and volunteer positions. Begin with your present job (or most recent if not currently employed) and work backwards. Indicate here if you do not wish your present employer contacted and why.

Name of Company _____

Reason _____

A.

DATES OF EMPLOYMENT FROM _____ TO _____ MO/YR MO/YR	EMPLOYER (NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ PART-TIME _____ VOLUNTARY _____		
ADDRESS, CITY, STATE, ZIP		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #)		CO-WORKERS (NAMES AND PHONE #S)
NOT EMPLOYED _____ YES _____ NO _____ FROM _____ (MO/YR) TO _____ (MO/YR)		1. _____ 2. _____ 3. _____

B.

DATES OF EMPLOYMENT FROM _____ TO _____ MO/YR MO/YR	EMPLOYER (NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ PART-TIME _____ VOLUNTARY _____		
ADDRESS, CITY, STATE, ZIP		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #)		CO-WORKERS (NAMES AND PHONE #S)
NOT EMPLOYED _____ YES _____ NO _____ FROM _____ (MO/YR) TO _____ (MO/YR)		1. _____ 2. _____ 3. _____

C.

DATES OF EMPLOYMENT FROM TO MO/YR MO/YR _____	EMPLOYER(NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ ADDRESS, CITY, STATE, ZIP PART-TIME _____ VOLUNTARY _____		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #) _____ NOT EMPLOYED ____ YES ____ NO FROM _____ (MO/YR) TO _____ (MO/YR)		CO-WORKERS (NAMES AND PHONE #S) 1. _____ 2. _____ 3. _____

D.

DATES OF EMPLOYMENT FROM TO MO/YR MO/YR _____	EMPLOYER(NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ ADDRESS, CITY, STATE, ZIP PART-TIME _____ VOLUNTARY _____		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #) _____ NOT EMPLOYED ____ YES ____ NO FROM _____ (MO/YR) TO _____ (MO/YR)		CO-WORKERS (NAMES AND PHONE #S) 1. _____ 2. _____ 3. _____

E.

DATES OF EMPLOYMENT FROM TO MO/YR MO/YR _____	EMPLOYER(NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ ADDRESS, CITY, STATE, ZIP PART-TIME _____ VOLUNTARY _____		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #) _____ NOT EMPLOYED ____ YES ____ NO FROM _____ (MO/YR) TO _____ (MO/YR)		CO-WORKERS (NAMES AND PHONE #S) 1. _____ 2. _____ 3. _____

F.

DATES OF EMPLOYMENT FROM TO MO/YR MO/YR _____	EMPLOYER(NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ ADDRESS, CITY, STATE, ZIP PART-TIME _____ VOLUNTARY _____		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #) CO-WORKERS (NAMES AND PHONE #S) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ NOT EMPLOYED ____ YES ____ NO FROM _____(MO/YR) TO _____(MO/YR) </div> <div style="width: 50%;"> 1. _____ 2. _____ 3. _____ </div> </div>		

G.

DATES OF EMPLOYMENT FROM TO MO/YR MO/YR _____	EMPLOYER(NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ ADDRESS, CITY, STATE, ZIP PART-TIME _____ VOLUNTARY _____		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #) CO-WORKERS (NAMES AND PHONE #S) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ NOT EMPLOYED ____ YES ____ NO FROM _____(MO/YR) TO _____(MO/YR) </div> <div style="width: 50%;"> 1. _____ 2. _____ 3. _____ </div> </div>		

H.

DATES OF EMPLOYMENT FROM TO MO/YR MO/YR _____	EMPLOYER(NAME OF COMPANY)	JOB TITLE/DESCRIPTION
FULL TIME _____ ADDRESS, CITY, STATE, ZIP PART-TIME _____ VOLUNTARY _____		
SALARY	PHONE #	REASON FOR LEAVING
SUPERVISOR (NAME AND PHONE #) CO-WORKERS (NAMES AND PHONE #S) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ NOT EMPLOYED ____ YES ____ NO FROM _____(MO/YR) TO _____(MO/YR) </div> <div style="width: 50%;"> 1. _____ 2. _____ 3. _____ </div> </div>		

24. Have you ever been fingerprinted for employment or any other reason?

NO _____ YES _____ if YES, complete the following:

AGENCY TAKING FINGERPRINTS	DATE	PURPOSE OR REASON

25. Have you ever been discharged, fired, or asked to resign from any employment? NO ____ YES ____

If YES, explain below; include employer, date and reason for each incident.

26. Have you ever resigned from a job because of a disagreement with an employer? NO ____ YES ____

If YES, explain below; include employer, date and reason for each incident.

27. Have you ever failed to complete a probationary period of employment? NO ____ YES ____

If YES, explain below; include employer, date and reason for each incident.

28. List any disciplinary action taken against you by an employer (e.g., demotion, suspension, formal reprimands, etc).

DATE	EMPLOYER	DISCIPLINE	REASON

29. Have you previously applied for any position with the Tombstone Marshal's Office or any other law enforcement agency, prior to this application? NO ___ YES ___ if YES please explain below:

DATE	EMPLOYER	DISCIPLINE	REASON

30. Have you ever been employed by, served as a volunteer with, the Tombstone Marshal's Office?
NO ___ YES ___ if YES, please explain below:

DATE	EMPLOYER	DISCIPLINE	REASON

SPECIAL INSTRUCTION

APPLICANTS WITH PRIOR LAW ENFORCEMENT EXPERIENCE

PROCEED TO QUESTION #31

ALL ***OTHER*** APPLICANTS

PROCEED TO QUESTION #37

QUESTIONS #31 – 36 TO BE ANSWERED BY
PERSONS WITH PREVIOUS LAW ENFORCEMENT EXPERIENCE

31. Complete the following on any law enforcement agency/agencies for which you have worked. Begin with the most recent. In the block marked “Agency type”, indicate if the agency was state, municipal, county, etc. in the block marked “Size” indicate the approximate number of sworn officers employed by the agency. Include volunteer or reserve positions as well as paid positions.

AGENCY	CITY,STATE	DATES FROM/TO	POPULATION	AGENCY TYPE	SIZE

32. In the table below, describe the various assignments/duties (e.g., uniform patrol, homicide detective, traffic investigator, etc.) and ranks which you have held in the agency/agencies you have worked for.

ASSIGNMENT/DUTY/RANK/AGENCY	YEARS/MONTHS

33. In the table below, describe the law enforcement training you have received, the hours of training received, and who provided the training (i.e., agency name).

DESCRIPTION OF TRAINING	AGENCY	DATE	HOURS

34. In the table below, list any and all citizen's complaints lodged against you as a peace officer. Include those complaints in which you were found to be not at fault. In the category "Disposition", indicate if the allegation(s) against you were substantiated or not, and any disciplinary action (e.g., written or verbal reprimands, suspensions, demotions, etc.) taken against you as a result of such complaints.

AGENCY	DATE	ALLEGATION	DISPOSITION

35. List below any traffic accidents you have been involved in and any traffic citation you may have been issued arising out of there performance of official police duties. This applies to on-duty incidents; include off-duty incidents only of they occurred while you were operating and official vehicle such as a take-home vehicle. Incidents, as appropriate, if disciplinary action against you resulted from these incidents.

AGENCY	DATE	ALLEGATION	DISPOSITION

36. During the course of your employment as a peace officer, have you ever used marijuana, illegal narcotics or other non-prescribed controlled/illegal substances?

NO _____ YES _____ if YES, describe fully below, including date(s) and circumstances.

Marijuana _____

Hash _____

Cocaine _____

Crack _____

Speed _____

Heroin _____

Opium _____

Morphine _____

LSD _____

Acid _____

Peyote _____

Mescaline _____

Steroids _____

FINANCIAL HISTORY

37. Have you ever failed to meet financial responsibilities (e.g., child support alimony payments, vehicle repossessions, court actions to receive payments, wage garnishments, accounts to collections, late payments to creditors, or any other financial or credit problems)? NO _____ YES _____
If YES, explain below, including dates, city and state involved.

38. Have you ever declared bankruptcy? NO _____ YES _____ if YES explain below, include dates

39. Have you ever been sued in court for any reason? NO _____ YES _____
If YES, describe the circumstances, dates, city, state and outcome. (to include all civil actions, alimony, child and spouse support actions, etc.)

V. MILITARY HISTORY

40. Have you ever served in the Armed Forces, including the Reserves, National Guard or ROTC?
 NO _____ YES _____ if YES (You will be required to submit a DD214 with reenlistment code if you have been separated from the military service)

If NO, proceed to question #45: if YES complete the following.

BRANCH	SERIAL #	ENTRY DATE	SEPARATION DATE	DISCHARGE TYPE	LAST DUTY STATION (CITY, STATE, COUNTRY) PHONE# IF AVAILABLE)

ASSIGNMENT/OCCUPATIONAL SPECIALTIES/DUTY STATIONS (CITY, STATE, COUNTRY)	RANK/DATES

41. Are you currently participating in any military Reserve, National Guard or ROTC programs?
 NO _____ YES _____ if YES, list unit, location, telephone number, supervisor, names of three co-workers and duties:

42. Were you ever questioned as part of a military criminal investigation?

NO _____ YES _____ if YES, provide complete details:

43. Were you ever the subject of military discipline pursuant to the Uniform Code of Military Justice, or any service regulation? NO _____ YES _____ if YES complete the following:

DATE	CHARGE	DISPOSITION

44. Have you ever held any of military/federal government security clearance? When? What type? Ever cancelled/revoked?

VI. DRIVING AND CRIMINAL HISTORY

45. In the chart below, list your current driver's license information (if any) and any driver's licenses you presently or have ever held from any state (or country) for the last five years. *Begin with your current license and work backwards. List the state (or country) even if you cannot remember the license numbers itself.*

STATE	LICENSE NUMBER	EXPIRATION DATE	LICENSE RESTRICTIONS

46. Has any driver's license that has been issued to you ever been suspended, canceled, or revoked by any state? NO ____ YES ____ if YES, complete the following:

STATE	DATES	CIRCUMSTANCES

47. Have you ever been refused a driver's license by any state? NO ____ YES ____
If YES, explain fully, including state involved, reason for refusal, and date.

48. List all motor vehicles which are registered or titled in your name, which you lease, or which you frequently drive.

STATE	LICENSE NUMBER	EXPIRATION	VEH. YEAR	MAKE	MODEL	BODY STYLE	COLOR

49. Do you presently have public liability and property damage automobile insurance?

NO ____ YES ____ if YES complete the following:

INSURER	AGENT,PHONE#, ADDRESS, CITY, STATE,ZIP	POLICY NUMBER

If NO, indicate reason _____

50. Have you ever had your auto insurance canceled? Explain.

51. Have you ever been involved in a motor vehicle traffic accident as a driver? NO ____ YES ____

If YES, begin with the most recent collision.

DATE	POLICE AGENCY REPORTED TO, CITY, STATE, ZIP	INCIDENT DESCRIPTION	WERE YOU CITED?

52. Have you ever received any moving violations, traffic citations, including citations issued to you as a juvenile, even if you were later found "Not Guilty"? Do not include parking tickets. Include citations listed in question # 51.

NO ____ YES ____ if YES, complete the following, listing all citations you have received (begin with the most recent citation):

DATE	POLICE AGENCY, CITY, STATE	OFFENSE	DISPOSITION (INCLUDING FINES/PENALTIES)

53. Have you ever been physically arrested, cited and released, detained only, or summoned into court by a law enforcement agency for any offense other than a minor traffic violation (e.g., stop sign, red light, etc.) listed in question # 52? Include arrests made while you were a juvenile, either in this country or any other country). NO ____ YES ____ if YES, list all such incident(s) below, including juvenile arrest(s), beginning with the most recent incident(s).

DATE	POLICE AGENCY, CITY, STATE	OFFENSE	DISPOSITION (INCLUDING FINES/PENALTIES)

54. Were you ever questioned in an incident, but not charged?
NO ____ YES ____ if YES, explain.

55. Have you ever been charged and later had the charge reduced, either by the Prosecutor’s Office or by plea agreement with the Court?
NO ____ YES ____ if YES, explain.

56. Have any of your immediate relatives or spouse ever been arrested, convicted and/or imprisoned for a felony? NO ____ YES ____ if YES, give details about the individual involved, offense, penalty, date occurred, city and state.

57. Are there at present any charges, civil or criminal, or court actions outstanding against you which have not been adjudicated? NO ____ YES ____ if YES, give complete details.

58. Please give details of all civil actions against you that have been adjudicated:

59. Gambling

A. Do you now, or ever had any gambling debts?

NO ____ YES ____ if YES, explain.

B. Have you ever used an employer's money to gamble with?

NO ____ YES ____ if YES, explain.

C. Have you ever worked for an illegal gambling operation or booked any illegal bets?

NO ____ YES ____ if YES explain.

60. Have you ever used, in any form, a narcotic drug (e.g., heroin, cocaine, etc.), or similar controlled substance, not prescribed for you by a physician? (This includes a one-time use!) NO ____ YES ____
If YES, give complete details, including the total number of times used, amounts used, and dates of first and last use, circumstances involved and method of use.

61. Have you ever used any form of a prescription only drug (e.g., anabolic steroids, tranquilizer, barbiturate, amphetamine, etc.), not prescribed for you by a physician? (This includes a one-time use!) NO ____ YES ____ if YES, *give complete details, including the total number of times used, dates of first and last use, circumstances involved and method of use.*

62. Have you ever used in any form, a hallucinogenic drug (e.g., Magic Mushrooms, LSD, PCP, Peyote, etc.) or similar controlled substance, not prescribed for you by a physician? (This includes a one-time use!) NO ____ YES ____ if YES, *give complete details, including the total number of times used, amounts used, dates of first and last use, circumstances involved and method of use.*

63. Have you used, in any form, marijuana, or similar controlled substance, not prescribed for you by a physician? (This includes a one-time use!) NO ____ YES ____ if YES, *give complete details, including the total number of times used, amounts used, dates of first use, circumstances involved and method of use.*

64. Have you ever been involved in the *illegal* production , sale, purchase, growing, transportation, or distribution or marijuana, narcotics, prescription (including anabolic steroids), and/or hallucinogenic drugs or related, controlled substances? (*This includes one-time use!*) NO ____ YES ____ if YES, *give complete details, including offense(s), dates, and circumstances involved.*

65. Have you ever engaged in any undetected felony, thefts, or other serious crimes? Include juvenile incidents, shoplifting, and thefts from employer. NO ____ YES ____ if YES, give complete details, including offense(s), dates, and circumstances.
-
-
-
-
66. Do you know of anything that would disqualify you, or prevent you, from fully discharging the official duties of a police officer, or Communications officer for the Tombstone Marshal Office?
NO ____ YES ____ if YES, explain fully.
-
-
-
-
67. The Tombstone Marshal's Office may require members to submit to a polygraph examination at the request of the Marshal in regard to any matter which becomes the subject of an official investigation. If employed by this agency, do you agree to submit to such a test? NO ____ YES ____
68. If employed by the Tombstone Marshal's Office, do you agree to assist the Department in the investigation of complaints that may be registered against you as required by Department regulations?
NO ____ YES ____
69. If employed by the Tombstone Marshal's Office, do you agree to submit to a blood and/or urine test to determine the alcohol/drug content of your blood/urine upon request of a supervisor, with cause, which may be required by the Department? NO ____ YES ____
70. Do you agree to submit to a pre-employment test to determine the presence of alcohol and/or drugs in your blood or urine? NO ____ YES ____
71. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which have adopted or show policy of advocating or approving 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? NO ____ YES ____ if YES, give complete details, including name(s) of organizations and dates of membership.
-
-
-

72. Do you have any knowledge or information, in addition to that specifically required in the 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, undetected criminal offenses, traffic violations, or residence. NO ____ YES ____ if YES, give complete details.

CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the State of Arizona, my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, without favor, malice or ill will, and without compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION: I hereby certify that I have read the above Code of Ethics and agree to abide by this code.

Signature of Applicant

Date

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Tombstone Marshal's Office, hereinafter referred to as the Agency, processing of my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions.

1. The term "Background Investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officer, agents or employees during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient, the clergyman-penitent privilege, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background investigation.
6. I expressly waive all of my legal rights and causes of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

This release from liability given by me to the political division, the Agency, its officers, agents and employees and all others as mentioned above, shall apply to any nature whatsoever that might accrue to me, my heirs or my personal representative.

READ CAREFULLY BEFORE SIGNING

Date

Signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Republic

My Commission Expires _____