Community Justice Boards

Pima County Attorney's Office

Barbara LaWall
Pima County Attorney

OFFICE OF THE PIMA COUNTY ATTORNEY VOLUNTEER APPLICATION FORM

It is a normal part of the Pima County Attorney's Office procedure to reserve the right to make checks as deemed appropriate on the suitability of any new volunteer or intern for the important responsibility of work involving Law Enforcement/Prosecution. It is our policy to treat volunteers and/or interns with the same consideration given to professionals. All information provided by you is confidential and will be used solely for the purpose of placement.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR NON PLACEMENT AND/OR DISMISSAL.

Date: _____ **How did you hear about the program?** _____

BIOGRAPHICAL INFORMATION

Name: _____ **DOB (mm/dd/yyyy)** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:**

Home Number: _____ **Work Number:** _____ **Cell Number:** _____

E-mail: _____ **Emergency contact:** _____

Relationship: _____ **Phone Number:** _____

Education: **High School Graduate** _____ **G.E.D.** _____ **College Graduate** _____

Last year completed (Freshman/Sophomore/Junior/Senior)

Major: _____ **Minor:** _____

Which of the following apply to you? (Please circle)

Unemployed	**Retired**
Employed	**Part Time**
	Student (Full time/part time)

If employed, where: _____

Special skills (applicable to this position):

What skills are you hoping to gain from volunteering/interning:

Previous or present volunteer experience:

What job (paid or unpaid) have you enjoyed the most and why?

What job (paid or unpaid) have you enjoyed the least and why?

What types of volunteer jobs are you most presently interested in?

Describe an ideal supervisor.

Describe a perfect reward for volunteer/intern services.

List community services, social/fraternal and school organizations that you are presently active or have participated in the past. (Please indicate positions you held in these organizations, if any)

List hobbies and special interests:

Can you recommend an individual or organization that would complement the Community Justice Board?

I am interested in volunteering at the Pima County Attorney's Office because.....

Which evenings are you able to volunteer (circle days preferred)? Meetings take place after working hours.

Monday **Tuesday** **Wednesday** **Thursday**

Would you be available/willing to attend training sessions? (12 hours are required per year) _____

Any comments you would like to make that would assist us in our decision to accept you as an intern/ volunteer with us?

Signature of Applicant: **Date:**

Please return your signed application to the Director, Community Justice Program Board
32 North Stone Avenue, Suite1900 Tucson, AZ 85701 - (520) 740-5215.

Please do not write in shaded area, for office use only:

Interviewed: **Accepted:** **Rejected:** **Reason:**

Assigned to: **Start Date:** **End Date:**

Badge Given: **Badge Returned:**
Additional Comments:

DB **IL** **BD** **TY** **Total Hours of Volunteer Service:**

☐ ☐ ☐ ☐

PIMA COUNTY ATTORNEY'S OFFICE

Statement of Personal History for Background Investigation

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 "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to amplify or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121, et seq.

1. Name: (Last, First, Middle)		
2. Address:	**3. City:**	**4. State/Zip Code:**
5. Date of Birth: (Month/Day/Year)	**6. Place of Birth** (City, State)	
7. Social Security No.:		
8. If you have ever used any other names, DOB's or SSN's, list here:		
9. Marital Status	**10. Spouse's Name(s) at Birth and before marriage:**	
11. Home Telephone Number:	**12. Work Telephone Number:**	

13. Are you a citizen of the United States? Yes ☐ No ☐

14. Do you have (Check One) **15. When and Where did you receive it?**

G.E.D. Certificate ☐ High School Diploma ☐

(Please attach a copy of one of the above)

16. College Degree(s) which you have received and/or total college credit earned:

17. LIST ALL COLLEGES YOU HAVE ATTENDED: (Beginning with the most recent)

TYPE OF DEGREE	MAJOR/MINOR	SCHOOL	DATE RECEIVED OR DATES ATTENDED

18. EMPLOYMENT HISTORY: (Show all employment beginning with most recent employer. Use Continuation Sheet if needed).

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

19. MILITARY SERVICE: YES ☐ NO ☐ If "YES", attach a copy of DD214 showing type of discharge.

If "YES" Branch of Service:	**Date Entered:**	**Date Separated:**
Honorable Discharge YES ☐ NO ☐	If "NO", list type of separation and explain on Continuation Sheet:	

Are you a member of a U.S. Reserve unit or the National Guard? YES ☐ NO ☐

If "YES", list current assignment:

20. RESIDENCES: (List all residences during the past five (5) years. Use Continuation Sheet if needed).

Dates: (From - To)	Street Address	City	State/County

21. MOTOR VEHICLE OPERATION: (List all **moving violations** for which you were cited. Use Continuation Sheet if needed.)

Date	Location and Issuing Agency	Violation Charged	Collision Related: YES/NO	Court Disposition
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

22. CURRENT DRIVER'S LICENSE:

State: Expiration Date:

License Number:

23. PREVIOUS DRIVER'S LICENSE INFORMATION: (List all states/countries where you have been licensed).

24. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED: YES ☐ NO ☐
(If, "YES" provide full explanation on Continuation Sheet).

25. POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime **other than traffic violations**. Include incidents that occurred as a juvenile, including any that were expunged, set aside, referred to pretrial diversion or pardoned. (Provide a full explanation on Continuation Sheet).

Date	Location	Police Agency	Original Charge	Charge Reduced To	Disposition/Court Action

26. PERSONAL REFERENCES: (List at least three people who have known you for over one year, excluding relatives or former employers.)

Name	Street Address	City, State, ZipCode	Home Telephone	Work Telephone	Years Known

27. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.
(Use Continuation Sheet, if needed.)

Name	Street Address	City, State, ZipCode	Home Telephone	Relationship

28. FAMILY REFERENCES: (List all immediate relatives, i.e. parents, siblings, spouse, ex-spouse, and all children. Use Continuation Sheet, if needed.)

Name	Relationship	Age	Street Address	City, State, ZipCode	Telephone No.

29(a). Please list all immediate family members that have been arrested and/or convicted of a felony or misdemeanor. Immediate family is spouse, father, mother, brother, sister, son or daughter.

Name	Street Address	Offense	Disposition	Jurisdiction

29(b). Please answer the following questions. Use the continuation sheet to explain any yes answer. Is any member of your family or domestic partner:

Under prosecution by any government agency?	YES ☐ NO ☐
In jail, prison, on probation or on parole?	YES ☐ NO ☐
An attorney or private investigator?	YES ☐ NO ☐

30. CERTIFICATION:

I hereby certify under penalty of A.R.S. §13-2704, that the entries on this statement and attached continuation sheet(s) are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law, Pima County and the PCAO Policies and Procedures and is cause to deny my employment with the Pima County Attorney's Office or cause for dismissal if known after employment.

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

31. AGENCY CERTIFICATION:

I hereby certify that I have reviewed this application for completeness and required documentation.

NAME OF REVIEWER: _____ **TITLE:** _____
(Type or print)

SIGNATURE OF REVIEWER: _____ **DATE:** _____

PIMA COUNTY ATTORNEY'S OFFICE

Statement of Personal History for Background Investigation

Continuation Sheet

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

Question Number	

PIMA COUNTY ATTORNEY'S OFFICE

NOTICE TO APPLICANT AND RELEASE

The Pima County Attorney's Office is a Criminal Justice Agency that requires all potential employees to submit a statement of personal history. The information contained in this document will be verified during your background investigation. Also, as part of this process, a computerized criminal history check will be completed and a copy of your fingerprints will be submitted to the Arizona Department of Public Safety and the Federal Bureau of Investigation.

Applicant Consent to Release
Liability and Reference Information

I, _____ (print name) in order to be considered for a position with the Pima County Attorney's Office, hereby authorize PCAO to perform a full background check including a computerized criminal history check, reference checks and employment verifications. These checks may include, but are not limited to, discussions with: supervisors, co-workers, business associates, or other individuals that PCAO, in its sole discretion, believes may have relevant job related information regarding my suitability for employment. PCAO may also verify information I have provided on my employment application and/or resume.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against PCAO, its officers, employees, agents or the organizations, officers, employees and agents contacted arising out of PCAO performing a good faith effort to check my employment references and criminal history.

I acknowledge that my failure to authorize PCAO to check my references shall disqualify me from consideration for employment. I also acknowledge that PCAO has made no representations that employment will be offered to me upon the completion of reference checks.

A photocopy or facsimile ("fax") of this form shows my signature and shall be as valid as the original.

_____ _____

Applicant's Signature **Date**

Participation in this process is not a guarantee of employment.

Revised 11/2012