PIMA COUNTY ATTORNEY'S OFFICE

COMMUNITY JUSTICE BOARD VOLUNTEER
Statement of Personal History for Background Investigation

(To be completed for volunteers 18 years of age or older)

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. **If you have ever used any other names, DOB's or SSN's, list here:**					
8. **Marital Status**		9. **Spouse's Name(s) at Birth and before marriage:**			
10. **Home Telephone Number:**		11. **Work Telephone Number:**			
12. **Are you a citizen of the United States?**	Yes ☐ No ☐				
13. **Do you have** (Check One)		14. When and Where did you receive it?			
G.E.D. Certificate ☐ High School Diploma ☐ (Please attach a copy of one of the above)					
15. **College Degree(s) which you have received and/or total college credit earned:**					

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

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

17. **EMPLOYMENT HISTORY:** (Show all employment beginning with most recent employer. Use Continuation Sheet if necessary).

Date 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

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18. **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:					

19. **RESIDENCES:** (List all residences during the past five (5) years. Use Continuation Sheet if necessary).

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

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

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

21. **CURRENT DRIVER'S LICENSE:**				22. **PREVIOUS DRIVER'S LICENSE INFORMATION:** (List all states/countries where you have been licensed).
State:		Expiration Date:		
License Number:				

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

24. **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

25. **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, Zip Code	Home Telephone	Work Telephone	Years Known

26. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.** Use Continuation Sheet, if necessary.

Name	Street Address	City, State, Zip Code	Home Telephone No.	Relationship

27. **FAMILY REFERENCES:** (List all immediate relatives, i.e. parents, siblings, spouse, ex-spouse, and all children. Use Continuation Sheet if necessary.

Name	Relationship	Age	Street Address	City, State, Zip Code	Telephone No.

28(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

28(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 ☐**

29. **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 volunteering and/or interning with the Pima County Attorney's Office or cause for dismissal if known after starting.

SIGNATURE OF VOLUNTEER_____ **DATE:**_____

30. **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 Community Justice Board Volunteer 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 No.	

PIMA COUNTY ATTORNEY'S OFFICE

NOTICE TO COMMUNITY JUSTICE BOARD VOLUNTEER AND RELEASE

The Pima County Attorney's Office is a Criminal Justice Agency that requires all potential employees and volunteers 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 volunteer position with the Pima County Attorney's Office Community Justice Board, 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, coworkers, 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 volunteer 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 volunteering. 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.

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