|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application Type: | Volunteer: |  | Internship: |  |  |

applicant information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  | Last | First | Middle |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  |  |  |  |  |
|  | Number | Street | City | State | Zip Code |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date of Birth (MM/DD/YYYY) |  | Social Security Number (xxx-xx-xxxx) |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Email address |  |
| Mobile Phone: |  | Other Contact Info: |  |
| Other Phone: |  |  |  |

|  |  |
| --- | --- |
| Please list and explain any other names you have used: |  |
|  |  |

skills & qualifications

|  |  |
| --- | --- |
| Language proficiencies:  |  |
| Special skills, training, interests or hobbies: |  |
| Previous volunteer or internship experience: |  |
|  |  |

availability

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Days available for volunteer or internship work | Sun |  | Mon |  | Tue |  | Wed |  | Thur. |  | Fri |  | Sat |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred hours per day: |  | to |  |

military

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you a veteran? | Yes: |  |  | No: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | Date Entered: |  | Date Separated: |  |

|  |  |
| --- | --- |
| Duty / specialized training: |  |
| Honorable Discharge: | Yes: |  | No: |  |  |

education

You must attach a copy of your transcripts if applying for an internship.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Institution Name | Years Completed | Field of Study | Graduate or degree |
| High School |  |  |  |  |
| College / University |  |  |  |  |
| Business / Technical |  |  |  |  |
| Additional |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently enrolled as a student at Arizona State University? | Yes: |  | No: |  |  |
| Enrollment type: | Graduate: |  | Undergraduate: |  |  |
| Declared major or course of study: |  |

employment history

|  |  |
| --- | --- |
| Work Experience (most recent first):  | **PLEASE PRINT CLEARLY** |

|  |
| --- |
|  |
| Employer Name | Mailing Address | Job Title | From / To |
|  |
| Employer Name | Mailing Address | Job Title | From / To |
|  |
| Employer Name | Mailing Address | Job Title | From / To |

driving history
(Please use the Continuation Sheet if additional space is needed, indicating the question number you are clarifying.)

|  |  |  |
| --- | --- | --- |
| Arizona Driver’s License Number: |  | **You must attach a photocopy of your valid driver's license.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.) Has your driver’s license ever been suspended? | Yes: |  | No: |  |  |
| 2.) Explain any citations: |
|  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have reliable transportation: | Yes |  | No |  | Current auto insurance carrier (name of company): |  |

**criminal history questionnaire**(Please use the Continuation Sheet if additional space is needed, indicating the question number you are clarifying.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.) Have you ever committed a felony or misdemeanor?  | Yes |  | No |  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.) Have you ever been arrested and/or convicted of a felony or misdemeanor? | Yes |  | No |  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5.) Is there anything in your past which might disqualify you? | Yes |  | No |  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

**emergency contact**

**In case of emergency, please contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Relationship to Applicant: |  | Do you have medical insurance? | Yes |  | No |  |  |
| Name of medical insurance provider (optional): |  |

**personal references**

**List two personal references, other than family, who have known you well for at least the past 2 years:**

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City  | State | Zip |  | City | State | Zip |
|  |  |  |
| Phone Number |  | Phone Number |
|  |  |  |
| Relationship |  | Relationship |
|  |  |  |

As a candidate for a volunteer or internship position with the ASU Police Department, I am willing to furnish any information necessary for determining my qualifications. In this regard, I authorize release of any and all information concerning me, including information of a confidential or privileged nature, as is necessary to evaluate my qualifications for a volunteer or internship position.

I understand that for security reasons a background investigation, including a polygraph, will be conducted and I will be fingerprinted. I understand that this information will be used for the specific purpose of evaluating my qualifications for a volunteer or internship position. I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Arizona State University Police Department Volunteer and Internship Program.

I understand that information I provide in this application will be verified on the polygraph examination.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant signature |  | Date |

**Arizona State University Police Department**

**Illegal Use of Drugs / Controlled Substances Questionnaire**

|  |
| --- |
| FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Drug | Have you ever tried? | How many times after age 18? | Date first used: | Date last used: | Have you ever sold, smuggled or transported for sale or personal gain? |
| Marijuana | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Hashish | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Cocaine / Crack | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Methamphetamine / Speed | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Heroin | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Opium | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Morphine | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| LSD / Acid | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Peyote | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Mescaline | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Steroids | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Any other illegal drugs | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| Illegal use of prescription medications | [ ]  Yes[ ]  No |  |  |  | [ ]  Yes[ ]  No |
| **If you answered “Yes” on any of the areas listed above, please provide a full explanation on the Continuation Sheet. Include, if applicable, the following information:** |
| 1. How the drug was ingested or consumed
 | 1. The duration of usage
 |
| 1. The motivation for using the drug
 | 1. How the drug was obtained
 |
| 1. Why you stopped using the drug
 | 1. Any other factors you believe are relevant
 |

|  |
| --- |
| **I hereby certify that this entire application was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this volunteer application and make me ineligible as a police volunteer or intern. I understand that this information is subject to verification by any federal, state, and local agencies.** |
|  |  |  |
| Applicant’s Name (Print) |
|  |  |  |
| Applicant’s Signature |  | Date |

**Arizona State University Police Department**

**Automatic and Discretionary Disqualifier Questionnaire**

|  |
| --- |
| FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION |
| **AUTOMATIC DISQUALIFIERS**ASU Police Department will automatically disqualify any individual who answers “Yes” to any of the following questions. ***Please read and answer the following automatic disqualifiers:*** |
| **[ ]  Yes [ ]  No** | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| **[ ]  Yes [ ]  No** | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs? |
| **[ ]  Yes [ ]  No** | Have you been untruthful during any stages of the volunteer application process? |
| **[ ]  Yes [ ]  No** | Have you falsified your questionnaire or application? |
| *If you answered “YES” to any of these questions please withdraw your application from consideration.* |
| DISCRETIONARY DISQUALIFIERSThe following disqualifiers may, upon review by the ASU Police Department, make you ineligible to become a Department volunteer. ***Please read and answer the following discretionary disqualifiers:*** |
| **[ ]  Yes [ ]  No** | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations? |
| **[ ]  Yes [ ]  No** | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD. |
| **[ ]  Yes [ ]  No** | Have you ever used any type of illegal drugs or narcotics after the age of 18 years?*Examples of a illegal drug or narcotic drug would be,* ***but is not limited to****: cocaine, crack, marijuana etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.* |
| **[ ]  Yes [ ]  No** | Have you ever used any type of illegal drugs or narcotics before the age of 18 years? |
| **[ ]  Yes [ ]  No** | Have you engaged in unlawful sexual misconduct? |
| **[ ]  Yes [ ]  No** | Have you ever had excessive traffic violations? |
| **[ ]  Yes [ ]  No** | Have you ever been involved in the commission of a felony? |
| **[ ]  Yes [ ]  No** | Have you received a discharge from the United Stated armed forces that was other than an honorable? |
| **[ ]  Yes [ ]  No** | Have you demonstrated an unwillingness to honor fiscal contracts or just debts? |
| **[ ]  Yes [ ]  No** | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession? |
| **[ ]  Yes [ ]  No** | Had your Arizona Driver’s license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver’s license or received a suspended driver’s license from another state as a result of similar circumstances? |
| ***If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.*** |
| **I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the ASU Police Department volunteer and internship program.** |
|  |  |  |
| Applicant’s signature |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Police Department****Special Projects** | PO Box 871812Tempe, AZ 85287-1812 | (480) 965-1375FAX: (480) 965-2111https://cfo.asu.edu/police |

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability as a volunteer with the ASU Police Department. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty. This authorizes release to the ASU Police Department, Personnel Division and/or ASU Human Resources Department. This release is in addition to and not intended to curtail or diminish the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

|  |
| --- |
| Sworn and Subscribed before me this \_\_\_\_\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Stamp: |

continuation sheet

Please indicate the number of the question you are clarifying.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_