



**TO: Mesa Police Department Applicants**

Applicants are advised that a polygraph examination will be given as part of the total application/background procedure. The questions may include, but are not limited to the following areas:

1. Your work history
2. Your usage of alcohol and drugs
3. Your honesty
4. Your criminal history and/or involvement in undetected crimes

Attached is an eight page questionnaire that you are required to complete in connection with the polygraph examination and police department background check.

Take special care to comply with the following:

1. List complete mailing addresses (including zip codes) and telephone numbers regarding past and present employers, as well as references.
2. Provide detailed explanations for all "yes" answers throughout the questionnaire. Include dates and locations, where appropriate.
3. Read and sign the last page of the questionnaire and have signature notarized before submitting it.

**FAILURE TO FOLLOW THE ABOVE DIRECTIONS WILL PROHIBIT YOU FROM BEING CONSIDERED FOR EMPLOYMENT.**

**ANY INACCURATE, FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION. INFORMATION RECEIVED WILL BE VERIFIED.**

Do not attach a resume, in-service training diplomas, classes attended, etc.



Name (Last, First, Middle)
Position Applied For
Today's Date



## BACKGROUND QUESTIONNAIRE

This questionnaire will be evaluated by those persons responsible for hiring at the Mesa Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

All applicants will be required to take a polygraph examination.

***Any inaccurate, false, incomplete or misleading information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the City of Mesa.***

### FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST PAGE. HAVE YOUR SIGNATURE NOTARIZED.

### 1. PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME	Primary Phone		Secondary Phone		
Email Address									
CURRENT HOME ADDRESS			STREET & NUMBER		CITY		STATE		Zip Code
AGE	DOB	PLACE OF BIRTH		SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NO.		TATTOOS/SCARS (DESCRIPTION & LOCATION)			LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME)				
MARRIAGE STATUS Single/Married/Windowed/Divorced/oth				SPOUSE'S/Significant other NAME			DOB		
Spouse or significant other's email address							Spouse/Significant other's Phone		

**A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.**

DATES MO/YR		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

**Social Media** List all social media accounts and internet social websites (Facebook, Twitter, ETC). Please complete the attached release of internet social website information


social media and/or internet social websites continued

## 2. REFERENCES

LIST THREE (3) REFERENCES (*NOT* RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE YEARS.

NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP CODE	
Email Address			Primary Phone	Secondary Phone	
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP Code	
Email Address			Primary Phone	Secondary Phone	
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP Code	
Email Address			Primary Phone	Secondary Phone	

## 3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA     G.E.D. CERTIFICATE     COLLEGE DEGREE

LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	TYPE OF DEGREE OR CREDIT HRS.

B. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING?     YES     NO  
IF YES, EXPLAIN ON BACK PAGE.

## 4. EMPLOYMENT

**A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?**     YES     NO    IF YES, EXPLAIN ON BACK PAGE.

**B. IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED, CHECK THE BOX TO THE RIGHT, AND ON THE BACK PAGE EXPLAIN WHY:**      
 BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. KEEP IN PROPER ORDER. **LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN (10) YEAR PERIOD. OMIT NONE!** BE SURE TO KEEP IN PROPER SEQUENCE. IF YOU NEED MORE ROOM, USE THE BACK PAGE OR A SEPARATE SHEET OF PAPER.

CURRENT EMPLOYMENT	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
FROM	CITY	PHONE (    ) -
TO PRESENT	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME     FULL TIME     SEASONAL     VOLUNTEER

REASON WHY YOU WANT TO LEAVE

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE (    )
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME     FULL TIME     SEASONAL     VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE (    )
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME     FULL TIME     SEASONAL     VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE (    )
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY

EMAIL ADDRESS

DESCRIBE YOUR DUTIES

PART TIME     FULL TIME     SEASONAL     VOLUNTEER

REASON FOR LEAVING

FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			
FROM	NAME	JOB TITLE	
MO/YR	STREET ADDRESS	SUPERVISOR	
TO	CITY	PHONE ( )	STARTING SALARY
MO/YR	STATE	ZIP CODE	ENDING SALARY
EMAIL ADDRESS			
DESCRIBE YOUR DUTIES			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING			

C. HAVE YOU EVER APPLIED FOR **ANY** POSITION WITH **ANY** LAW ENFORCEMENT AGENCY?  YES  NO  
 IF MORE SPACE IS NECESSARY, LIST ON THE BACK PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY?  YES  NO

NAME OF ACADEMY \_\_\_\_\_

NAME OF ACADEMY \_\_\_\_\_

WERE YOU CERTIFIED?  YES  NO

DATE ATTENDED \_\_\_\_\_

DATE ATTENDED \_\_\_\_\_

### 5. ARREST HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES **AS BOTH A JUVENILE AND AN ADULT**. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. **EXPLAIN ALL "YES" ANSWERS IN DETAIL ON BACK PAGE.**

	YES	NO		YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL, TO INCLUDE AS A VICTIM, WITNESS OR REPORTING PARTY?	<input type="checkbox"/>	<input type="checkbox"/>	G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	H. HAVE YOU EVER BEEN BOOKED INTO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	J. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>			

L. IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE BACK PAGE. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

SECTION # (A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY - CITY/STATE	DISPOSITION/SENTENCE

### 6. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED, OR SUSPENDED?  YES  NO  
**IF YES, EXPLAIN IN DETAIL ON THE BACK PAGE THE REASON FOR THIS ACTION. LIST DATES.**

B. HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES OR VEHICLE REGISTRATION SUSPENDED?  YES  NO **IF YES, EXPLAIN IN DETAIL ON BACK PAGE.**  
 DATE OF REINSTATEMENT \_\_\_\_\_

C. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW OR EVER HELD.

ISSUE DATE	EXPIRED DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

D. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL?  YES  NO

WHEN?	WHERE?

E. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE BACK PAGE.

MONTH/YEAR	CHARGE	AGENCY/CITY OR STATE	DISPOSITION/RESULT

F. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?  YES  NO **IF YES, EXPLAIN ON BACK PAGE.**

G. HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING?  YES  NO **DATES** \_\_\_\_\_  
 HIT & RUN WITH INJURIES?  YES  NO **IF YES, EXPLAIN ON BACK PAGE.**

H. HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE?  YES  NO **MANSLAUGHTER?**  YES  NO **IF YES, EXPLAIN ON BACK PAGE.**

### 7. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED **YES**, EXPLAIN ON THE BACK PAGE.

<p>A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?</p> <p style="text-align: center;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </p>	<p>B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?</p> <p style="text-align: center;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </p>
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### 8. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES?     YES     NO    WHAT KIND?    HOW MUCH?

B. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY OR EMPLOYMENT DUE TO DRINKING?     YES     NO    IF YES, EXPLAIN ON BACK PAGE.

A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION?     YES     NO    IF YES, EXPLAIN ON BACK PAGE.

B. IF YOU HAVE TRIED, USED OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. **INCLUDE THE NUMBER OF TIMES USED AND DATES.**

			TOTAL #	#TIMES	DATE/S			TOTAL #	#TIMES	DATE/S	
	YES	NO	TIMES USED	USED SINCE 21 <sup>st</sup> BDAY		(MO/YR)	YES	NO	TIMES USED		USED SINCE 21 <sup>st</sup> BDAY
MARIJUANA – Other than prescribed by a physician as defined in ARS 36-2801	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
						HERION	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
						OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
						INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	HALLUCINOGENIC	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____
BARBITUATES	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, etc.)					_____
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____	Other Types of Drugs not Listed (list types below)			( )	( )	_____
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	( )	( )	_____						_____

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUGS WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS NEEDED, USE THE BACK PAGE. **YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.**

### 9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF ARIZONA?     YES     NO

ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?     YES     NO  
**IF SO, EXPLAIN ON THE BACK PAGE.**

A. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE?     YES     NO    IF SO, EXPLAIN ON THE BACK PAGE.

### 10. MILITARY STATUS

A. SELECTIVE SERVICE NUMBER - (If unknown go to [www.sss.gov](http://www.sss.gov))

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION?  YES  NO IF SO, LIST EACH SERVICE PERIOD SEPARATELY.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. LIST ALL MILITARY SERVICE NUMBERS

D. CURRENT MILITARY STATUS

E. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY?  YES  NO IF YES, EXPLAIN ON THE BACK PAGE.

Please answer the following question concerning the scheduling of your polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a polygraph examination?

\_\_\_\_\_ Hours(s)

\_\_\_\_\_ Days



**IMPORTANT: NOTARIZED SIGNATURE REQUIRED**

**Please read statement below and sign before a notary public prior to submitting questionnaire.**

I affirm that this questionnaire contains no inaccurate, false, incomplete or misleading information or any omission or concealment of any fact or statement, and that information I provided is true and complete to the best of my knowledge and belief. I am aware that any of the information provided by me on this questionnaire is subject to investigation. I am further aware that should any investigation disclose any inaccurate, false, incomplete or misleading information or any omission or concealment of any fact or statement, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I authorize the Mesa Police Department, of Mesa Arizona, to make inquiry of employers and references listed on the questionnaire regarding my character, integrity, and reputation.

I realize that it is necessary for the Mesa Police Department, of Mesa Arizona, to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the City of Mesa, I expressly waive all legal rights and cause of action to the extent that the Mesa Police Department, of Mesa Arizona, investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

Undersigned agrees to hold harmless and to forever release, discharge, cancel, waive and acquit the City of Mesa and all of its current, former, or future agents, servants, employees, elected officials or any person or entity action by or through or in concert with it from any and all rights, claims, demands, and/or causes of action, obligations, damages, penalties, fees, costs, expenses and liability that undersigned had, has, or may hereafter have existing as of the date this document is signed, whether known at the time of execution of this document or not, related to this investigation into my background, reputation, and mental or physical health.

State of \_\_\_\_\_ ,                 )  
  :SS  
County of \_\_\_\_\_ ,             )

\_\_\_\_\_ Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Notary Public

My Commission Expires:  
\_\_\_\_\_



**Notice that Credit Report Will Be Obtained  
AND  
Authorization for Disclosure**

I, \_\_\_\_\_, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Mesa, Arizona Police Department, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA" or the "Act")

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Mesa, Arizona Police Department to consider in determining my suitability of employment.

Should an investigative consumer report be requested, I understand that I will have the right to demand a complete and accurate disclosure of the nature and scope of the credit investigation requested (i.e. credit report) and a written summary of my rights under the Fair Credit Reporting Act.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or agents and employees from and against all claims, damages, losses, and expenses to include attorney fees, arising out of or by reason of complying with this request.

**A PHOTOCOPY OF THIS WAIVER WILL BE VALID AS AN ORIGINAL.**

**Must be signed in the presence of a notary:**

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2015

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY