





**POSSE APPLICANT NOTICE:**

The Maricopa County Sheriff's Office is committed to providing the finest service possible to the citizens of this County. It is essential that all Maricopa County Sheriff's Office volunteers exhibit the highest degree of honesty, integrity, and accountability as representatives of this Office to our community. A background investigation will be conducted into your personal history.

The application process is designed to obtain and evaluate your complete personal and employment history. It is essential that you look over your application to ensure it is complete and accurate. Take time during the posse orientation process / application process to ask any questions for which you may need clarification. Please be advised that any information that is intentionally omitted or minimized shall result in the immediate termination of your application process. Your information may also be used when necessary to comply with federal, state and local statutes.

Initial: \_\_\_\_\_

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, no documents submitted by me will be returned, and I further understand that the information collected will be used in the evaluation process for volunteer service with the Maricopa County Sheriff's Office. If I am not selected, I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Initial: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Email address: \_\_\_\_\_

Posse Branch Affiliation / Sponsorship: \_\_\_\_\_

Posse Commander Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Posse Branch interest if unsponsored:

\_\_\_\_\_

**APPLICANT:**

Read every question carefully. Use **black ink only**. Answer **every** question. If a question does not apply to you, write "DNA" in the space. If additional space is required, use the continuation page.

Last name	First name	Middle name
Address ( ) _____ - _____ Home telephone number	City ( ) _____ ( Work telephone number	State ( ) _____ other telephone number
Date of Birth: _____ Age: _____ Race: _____ Sex: _____		

List any other names, social security numbers, or dates of birth you have ever used.

Place of Birth (city & state)	Social Security Number
Citizenship Status: Unites States Citizen _____ Permanent Resident Alien _____ Other (specify) _____	

**EMERGENCY CONTACT:**

Emergency Contact Name	Relationship
Address ( ) _____ - _____ telephone number	City ( ) _____ - _____ Work telephone number
State ( ) _____	Zip Code ( ) _____ Home other telephone number

**FAMILY:**

Status (check one): Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Co-Habitate ( )

Date married: \_\_\_\_\_ If married, list spouse's maiden name: \_

Spouse's or Co-Habitant's full name	Date of birth	Spouse or Co-Habitant's occupation
Child's name	Date of birth	Address
Child's name	Date of birth	Address
Child's name	Date of birth	Address
Child's name	Date of birth	Address

**List all previous residences in the last ten (10) years:** (List complete street addresses, City, State and Zip code)

Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year
Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year
Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year
Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year

**DRIVING HISTORY**

Current driver's license number & state \_\_\_\_\_ Expiration date \_\_\_\_\_ Previous driver's license state (s) \_\_\_\_\_

Have you ever had your license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Date of suspension: Month \_\_\_\_\_ / Year \_\_\_\_\_ Date reinstated: Month \_\_\_\_\_ / Year \_\_\_\_\_

Date of suspension: Month \_\_\_\_\_ / Year \_\_\_\_\_ Date reinstated: Month \_\_\_\_\_ / Year \_\_\_\_\_

List below all **traffic citations** you have received **in the last 10 years**, in this country or any other country.

<b>Date</b> (Month/Year)	<b>Location</b> (City, State)	<b>Issuing Agency</b> (DPS, Phoenix PD)	<b>Charge</b> (Speeding, Failure to yield, etc.)	<b>Disposition</b> (id fine, driving school, etc.)	<b>Accident related Y / N</b>

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

---



---

**MILITARY HISTORY**

Have you ever been in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of discharge \_\_\_\_\_

Dates of active service: From \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

Dates of reserve service: From \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

MOS: \_\_\_\_\_ Rank upon discharge: \_\_\_\_\_

List any disciplinary action that you have ever received in the military (include type, date and reason):

\_\_\_\_\_

Male applicants: Are you registered with the Selective Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Registration# \_\_\_\_\_ If No, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List all places of employment during the last ten (10) years, beginning with the present or most recent employer and going backwards. List all employers in proper sequence. OMIT NONE!

Month and Year: \_\_\_\_\_

Name of employer \_\_\_\_\_

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To: **CURRENT** Complete street address City State Zip Code Phone

Salary: \_\_\_\_\_ Job title – Describe you duties \_\_\_\_\_

Start: \_\_\_\_\_

End: \_\_\_\_\_ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) \_\_\_\_\_

Month and Year: \_\_\_\_\_

Name of employer \_\_\_\_\_

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Complete street address City State Zip Code Phone

Salary: \_\_\_\_\_ Job title – Describe you duties \_\_\_\_\_

Start: \_\_\_\_\_

End: \_\_\_\_\_ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) \_\_\_\_\_

Month and Year: \_\_\_\_\_

Name of employer \_\_\_\_\_

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Complete street address City State Zip Code Phone

Salary: \_\_\_\_\_ Job title – Describe you duties \_\_\_\_\_

Start: \_\_\_\_\_

End: \_\_\_\_\_ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) \_\_\_\_\_

Month and Year: \_\_\_\_\_

Name of employer \_\_\_\_\_

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Complete street address City State Zip Code Phone

Salary: \_\_\_\_\_ Job title – Describe you duties \_\_\_\_\_

Start: \_\_\_\_\_

End: \_\_\_\_\_ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) \_\_\_\_\_

EMPLOYMENT HISTORY continued:

Have you been terminated, or left employment in lieu of termination within the past 3 years? Yes \_\_\_ No \_\_\_

Have you ever been accused of misconduct by an employer? Examples: theft, harassment, misconduct, etc. Yes \_\_\_ No \_\_\_

If yes please explain. \_\_\_\_\_

**LAW ENFORCEMENT HISTORY:**

Have you ever applied to, or been employed by the Maricopa County Sheriff's Office in any capacity as a paid employee or as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, date and position: \_\_\_\_\_

Have you ever applied for any position with another law enforcement agency, including the Department of Corrections and similar agencies? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain (use continuation page if necessary):

Month/Year	Agency name and state	Position	Status of application	Contact person
------------	-----------------------	----------	-----------------------	----------------

Month/Year	Agency name and state	Position	Status of application	Contact person
------------	-----------------------	----------	-----------------------	----------------

Month/Year	Agency name and state	Position	Status of application	Contact person
------------	-----------------------	----------	-----------------------	----------------

Have you ever received any law enforcement training? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain below:

When	Where	Type of training
------	-------	------------------

Have you ever been certified as a police officer? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain below:

When	Where	Type of certification
------	-------	-----------------------

Have you ever had any involvement or association with another law enforcement agency, including the Department of Corrections and similar agencies, either as a volunteer or paid employee?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when and where: \_\_\_\_\_

Have you ever been terminated while working for a law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received discipline while working for a law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to **any** of the questions above, please provide Month/Year, Employer and a detailed explanation in the space below: \_\_\_\_\_

**EDUCATION AND TRAINING:**

List all schools (high schools, colleges, universities and graduate schools) you have attended. List GED if applicable:

<u>Date Graduated</u>	<u>School Name</u>	<u>Address</u>	<u>Type of diploma received</u>
-----------------------	--------------------	----------------	---------------------------------


List any skills or abilities possessed (PC skills, foreign languages you can speak, read and write fluently, CDL, etc.):


**REFERENCES**

List the names of any acquaintances employed by this department:

List three (3) personal references (**No MCSO employees, former employers or relatives**) who are responsible adults, and have known you **well** for a minimum of one year within the past five (5) years: **include phone numbers with area codes and email addresses.**

(1)

Full name	Street address	City	State	Zip code	Occupation
Email address		Home phone	Work/cell phone (optional)		How long known?

(2)

Full name	Street address	City	State	Zip code	Occupation
Email address		Home phone	Work/cell phone (optional)		How long known?

(3)

Full name	Street address	City	State	Zip code	Occupation
Email address		Home phone	Work/cell phone (optional)		How long known?

**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 has 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?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

**POLICE CONTACT:**

Please list ANY contact you have had with a civil or military official of any kind, including as a witness, victim, suspect, responder, etc. Also list if you have **EVER** been **arrested, convicted, charged, questioned or detained** (including cited and released) for ANY offense, violation of ANY statute or ordinance by any civil or military authority? (Please include ANY convictions or adjudications as a juvenile also)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list in the following chart (Do not use criminal codes):

Date (Month/Year)	Location (City/State)	Issuing Agency (DPS, Phoenix PD, MCSO, etc.)	Original Charge (Aggravated assault, Burglary, Grand Theft, etc.)	Reduced to (Assault, Theft, Theft of means, etc.)	Disposition/ Court Action (Guilty, not guilty, paid fine)

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

---



---



---



---



---



---



---



---



---



---



**Drug Use**

Have you ever used a prescription drug that was **not** prescribed to you? (Pain killers, muscle relaxers, antibiotics, sleep aids, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_ Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_

Have you ever used a prescription drug for **other** than the prescribed purpose? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_ Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_

Have you ever **GIVEN** or **SOLD** prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain what drug, the quantity, given or sold, when including month and year and the amount you profited, if any: \_\_\_\_\_

**How to determine number of uses:** A use is defined as an “occurrence”. For instance, if you used marijuana on one occasion, but took multiple puffs, it would count as one (1) use. However, if different drugs were used, they each count as one (1) use. So, if you used marijuana and cocaine during the same “occurrence”, this would count as one (1) “use” of marijuana and one (1) “use” of cocaine.

In the chart below, please indicate your marijuana usage by checking the boxes that most accurately reflect your history.

**Do not guess!**

**MARIJUANA:**

<b>Marijuana</b>	<b>TOTAL times tried before Age 21.</b>						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TOTAL times tried Age 21 and older</b>						
0	1	2-5	6-10	11-20	21-50	51+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of last use (Month/Year): \_\_\_\_\_

Age at last use: \_\_\_\_\_

**OTHER DRUGS:**

In the charts below, please indicate your usage for all other drugs (**excluding marijuana**) by checking the boxes that most accurately reflect your history with that drug. **Do not guess! This does not include medications prescribed to you!**

<b>(A)</b> <b>Cocaine / Crack</b>	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(B)</b> <b>Hallucinogens</b> LSD, PCP, Acid, Peyote, Mushrooms, Mescaline, Angel Dust	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(C)</b> <b>Dangerous Drugs</b> Opium, Morphine Heroin, Ecstasy, GHB, etc.	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(D)</b> <b>Amphetamines</b> Speed, Ice, Crystal Meth, Glass, etc.	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(E)</b> <b>Steroids</b> Pills / Injections	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(F)</b> <b>Inhalants</b> Spray Paint, Glue, Lighter Fluid, Gas, etc.	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(G)</b> <b>Designer Drugs</b> Incense, Spice, K2, Bath Salts, etc. <b>Other Drugs Not listed</b>	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER DRUGS – Date of last use (Month/Year):**

**Age of last use:**

<b>Totals Of Other Drugs</b> Add results for tables A-G	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date of last use (Month/Year): \_\_\_\_\_

Age at last use: \_\_\_\_\_







MARICOPA COUNTY SHERIFF'S OFFICE  
POSSE APPLICATION  
AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, DO HERBY AUTHORIZE and release from any and all liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State and Federal entities including the MARICOPA COUNTY SHERIFF'S OFFICE to release, furnish and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement volunteer service and/or employment with Maricopa County may be determined. This includes, but is not limited to my character, integrity and reputation.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
phone number

County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(SEAL)

PUBLIC DISCLOSURE OF INFORMATION

\_\_\_\_\_  
NOTARY PUBLIC

Your Social Security number is requested for identification and record keeping purposes. Disclosure of your Social Security number is for the purpose of conducting a thorough background investigation. The information included on this form may constitute a public record of matter requiring disclosure under Arizona's Public Records Law, A.R.S. 39-121 *et seq.*