

MARICOPA COUNTY BACKGROUND INFORMATION

The following will be used to conduct a background check in preparation for fingerprinting as required for this position.

Name (full name) _____
First Middle Last

Phone _____

Address _____

Date of Birth _____

Place of Birth _____

Driver's License # _____ State _____

Social Security # * _____

Bar ID # _____

(For Attorney positions only)

Currently Arizona POST Certified? Yes No

(For Investigator positions only)

Signature _____ Date _____

In Case of Emergency: _____

Name

Address

Phone

* Pursuant to ARS § 11-532, providing your Social Security number is mandatory. It will be used for background checking purposes.

MARICOPA COUNTY ATTORNEY'S OFFICE
SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

SECTION I

1. How did you learn about this position?

2. Are you acquainted with, or related to, any employee or former employee of the County Attorney's Office?

3. Are you willing to accept any assignment within the office for which you are qualified?

4. Are you willing to work at any location within Maricopa County where your services are needed?

5. Are you willing to work overtime or shift work including weekends or holidays if required?

6. List number and issuing date for all current drivers' licenses.

7. Have you ever had your driver's license suspended or revoked? If yes, explain.

8. Other than minor traffic offenses or parking violations, have you ever been convicted of any crime including, but not limited to, offenses involving illegal drugs or driving under the influence? If yes, please explain and give dates and jurisdictions as appropriate.

9. Have you ever used any other name for any purpose (including maiden name)? If yes, explain (including where, when, etc.).

10. Have you ever been censured or disbarred or had any professional license or certificate suspended or revoked? If yes, explain.

11. List your current address and all previous addresses where you have lived during the past five years.

12. List your complete military history including branch of service, dates served, and service number.

13. Are you willing to sign a release for military, education, and prior employment history records?

14. Have you ever used, sold or distributed illegal drugs? Yes No

If yes, please indicate:

Number of times _____

Date last used, sold or distributed _____ Your age at the time _____

Names of illegal drugs: _____

15. Have you ever sold or distributed prescription drugs? Yes No

If yes, please indicate:

Number of times _____

Date last sold or distributed _____ Your age at the time _____

Names of prescription drugs: _____

16. If the necessity arose in the course of your duties as an employee of the Maricopa County Attorney's Office for you to participate in the prosecution of an individual who had engaged in the illegal use, sale or distribution of drugs, would you have any reluctance to do so?

Yes No

If yes, explain

17. Do you have a history of past illegal drug use that might, to the best of your knowledge, undermine your credibility as you participate in the prosecution of cases involving the illegal use of drugs?

Yes No

If yes, explain:

18. Have you ever been disciplined by an employer?

Yes No

If yes, state:

A) The name, address and telephone number of the employer:

- B) The year in which the incident that was the basis of the discipline occurred:
 - C) The type of discipline you received:
 - D) The reason the employer disciplined you:
 - E) Any other information you consider relevant to the disciplinary action:
19. List any references you wish to include, in addition to, those provided on the initial application form.

SECTION II

1. What do you see as the relationship between supervisor and employee in the work environment?

2. What are the personal goals you would like to achieve by working for the Maricopa County Attorney's Office?

3. What significant responsibilities have you fulfilled in your previous employment?

4. What significant responsibilities have you fulfilled in speaking before groups?

5. What are your strengths and weaknesses in the work environment?

6. Please describe your style of communication, preferred job task performance style, (for example, do you prefer to work independently or as part of a team; do you delegate to others or do it all yourself, etc.?), and method of managing conflict.

WAIVER OF LIABILITY AND RELEASE

In consideration of the Maricopa County Attorney’s Office (MCAO) processing of my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term “background investigation” as used in this document, refers to any and all information and sources of information that MCAO, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Maricopa County Attorney’s Office.

2. I authorize any person or entity contacted by MCAO agents or employees during the course of my background investigation, to furnish to such officers, agents, or employees any information they may have which is reasonably related to my potential employment with the Maricopa County Attorney’s Office including, but not limited to records maintained by the United States Armed Forces, any university, college or other educational institution and any current or previous employer.

3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, all person or entities who shall in good faith furnish any information or records to the officers, agents or employees of MCAO who conduct my background investigation and agree to release the Maricopa County Attorney’s Office, its officer, agents and employees from all liability for acts necessary to conduct and finalize the investigation.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

READ CAREFULLY BEFORE SIGNING

SIGNATURE: _____ DATE: _____

WITNESS: _____

ACKNOWLEDGED before me this ____ day of _____, _____.

NOTARY PUBLIC:

My Commission Expires:

AUTHORIZATION TO OBTAIN CONFIDENTIAL RECORDS

I, _____, in connection with my application for employment with the Maricopa County Attorney's Office, authorize the Maricopa County Attorney's Office to examine or receive copies of any records maintained by the United States Armed Forces; any university, college or any other education institution; or any employment records relating to me, in the manner and to the same extent as if I personally applied for the same, and I hereby authorize such records to be disclosed or furnished upon request made on behalf of the Maricopa County Attorney's Office.

SIGNATURE: _____ DATE: _____

WITNESS: _____

ACKNOWLEDGED before me this ____ day of _____, _____.

NOTARY PUBLIC:

My Commission Expires: