

# CPES

## Application for Employment

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

### SECTION 1

Educational Requirements	Do you have a high school diploma or G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letters of Recommendation	Can you supply three letters of recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right to Work	Are you a US citizen or eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age	Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Requirements	Are you able to meet the physical requirements as described on the Notice to Direct Care Applicants with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training Requirements	Direct care positions require mandatory training as described on the Notice to Direct Care Employees. Do you understand these requirements and agree to hold CPES harmless against physical injury that may arise from training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License	Do you have a valid Arizona license and are you 21 years old with no more than 2 minor moving violations or one accident within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Clearance	Could you pass a TB test (or chest X-ray) and a medical exam, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fingerprint Clearance	Do you possess a current, valid Fingerprint Clearance card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 2

Conviction Record	Have you ever been convicted of or awaiting trial for a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Registry	Do you have a substantiated finding with Child Protective Services(CPS) or Adult Protective Services(APS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Record	Have you been convicted of a <u>D</u> ri <u>v</u> ing <u>U</u> nder the <u>I</u> nfluence in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 3 GENERAL INFORMATION *Please PRINT using BLACK ink only*

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Message phone \_\_\_\_\_ E-mail \_\_\_\_\_

Can you:  speak English  write English  read English

Are you fluent in any languages other than English?  No  Yes, which? \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Are you currently or have you ever been employed by CPES?  Yes  No When/Where? \_\_\_\_\_

Have you ever applied for employment with CPES?  Yes  No When/Where? \_\_\_\_\_

Employment desired:  Full time  Part time  Relief (On Call)  Daytime  Evening  Overnight  Weekend

Times you are available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Locations desired:  Tucson  Phoenix  Tempe  Mesa  Gilbert/Chandler  Sierra Vista  Bisbee  Willcox  
 Douglas  Safford  Flagstaff  Payson  Yuma  Casa Grande  Other \_\_\_\_\_

If you were referred to us from a current CPES employee, please give us their name \_\_\_\_\_

**SECTION 4 EDUCATIONAL BACKGROUND** Please PRINT using BLACK ink only

Name of Institute	Number of Years Completed	Major	Degree	Graduated Yes or No
High School____				
College____				
Other____				
Other Skills/Certifications				

**SECTION 5 EMPLOYMENT HISTORY** Please PRINT using BLACK ink only

Please list all your employers for the past ten years, beginning with the most recent. Please see the receptionist if you need an additional sheet. This information must be completed even if you are submitting a resume.

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_  
 Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact  Yes  No  
 Job Functions \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_  
 Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact  Yes  No  
 Job Functions \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_  
 Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact  Yes  No  
 Job Functions \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

This application and all attached documents become official records of CPES and will not be returned. This application for employment expires after 30 days. I understand that if I have not heard from CPES in 30 days and still wish to be considered for the position I will need to complete a new application packet. I understand that CPES is an Employment-At-Will Employer, which means that either CPES or I can terminate the employment relationship at any time for any lawful reason. I understand that this Employment-At-Will relationship can only be altered by a written employment contract specific to all terms and conditions of employment which is signed by both myself and the CEO of CPES. I hereby certify that the information contained in this application and related documents are true, correct and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation or falsification, my application will be rejected, or if discovered subsequent to hiring, will be grounds for termination. I authorize CPES to make all necessary and appropriate investigations to verify the information contained herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only

Accepted  Declined #

HR Signature

Date

**SUPPLEMENTAL EMPLOYMENT HISTORY PAGE**

**NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_

Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact  Yes  No

Job Functions \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_

Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact  Yes  No

Job Functions \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_

Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact  Yes  No

Job Functions \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_

Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact  Yes  No

Job Functions \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Last Position Held \_\_\_\_\_

Dates Employed \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact  Yes  No

Job Functions \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

# CPES

## AUTHORIZATION TO RELEASE INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Address Dates Lived Here  
Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

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

\_\_\_\_\_  
Date of Birth Other Names Used (including maiden name) Years Used

\_\_\_\_\_  
Social Security Number Driver's License # State

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name Applicant Signature Date

**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.**

# COMMUNITY PROVIDER OF ENRICHMENT SERVICES (CPES)

## Voluntary Applicant Data Record

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation. Please be advised that this information is not a part of your official application for employment. It is confidential information for statistical data gathering purpose only and will not be made available to those making the hiring decision.

Community Provider of Enrichment Services does not unlawfully discriminate in the employment process on any basis prohibited by local, state or federal law.  
Your cooperation in providing this information is appreciated.

Name: \_\_\_\_\_  
(Last Name)
(First Name)
(Middle Initial)

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)
(City)
(State)
(Zip)

Position Applied For: \_\_\_\_\_

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

*Please check one of the following:*

- American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Black or African American
- White (not of Hispanic origin)
- Two or more races
- Other

*Please check one of the following:*

- Under 30
- 31 - 40
- 41 - 50
- 51 - 59
- 60 +

*Please check one of the following, if applicable:*

- Disabled Veteran
- Vietnam Era Veteran
- Individual with Disability

*Please check one of the following:*

- Male
- Female

*How did you learn about employment opportunities with CPES?*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CPES Website                                       | <input type="checkbox"/> AZ. Republic       | <input type="checkbox"/> The Range News       |
| <input type="checkbox"/> Employees Wanted                                   | <input type="checkbox"/> AZ Daily Star      | <input type="checkbox"/> Prism Communications |
| <input type="checkbox"/> Employment Guide                                   | <input type="checkbox"/> Tucson Citizen     | <input type="checkbox"/> Sierra Vista Herald  |
| <input type="checkbox"/> Jobing.com   | <input type="checkbox"/> Tucson Weekly      | <input type="checkbox"/> Northern AZ Courier  |
| <input type="checkbox"/> DES Job Service                                    | <input type="checkbox"/> Bisbee Review      | <input type="checkbox"/> Radio                |
| <input type="checkbox"/> Internet/other Websites                            | <input type="checkbox"/> Bisbee Observer    | <input type="checkbox"/> Magazine             |
| <input type="checkbox"/> Walk-in  | <input type="checkbox"/> The Daily Dispatch |   |
| <input type="checkbox"/> Referral from current/past employee                |   |   |
| <input type="checkbox"/> Referral from a friend (not current/past employee) |   |   |
| <input type="checkbox"/> Other: _____                                       |   |   |

*Official Use Only*

Office processing the paperwork: \_\_\_\_\_

*File separately and retain for one year*

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

Data input into Abra by \_\_\_\_\_

HR Signature

Date

**CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT**

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General's Office for prosecution.**

***Be sure that you go over all five (5) pages of the self-disclosure affidavit.***

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YY)
---------------------------------	--------------------------

ADDRESS (No., Street, Apt. No., City, State, ZIP)

Check one of the following and provide information as directed:

- I have not been convicted of nor am I under pending indictment for any crimes.
- I have been convicted of or I am under pending indictment for the following crime(s) (provide dates, location/jurisdiction, circumstances and outcome-attach additional pages as needed).

**ALSO** – Check one of the following:

- I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- I am subject to registration as a sex offender in Arizona or in any other jurisdiction. (If you are subject to registration as a sex offender in this state or any other jurisdiction, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.)

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Notary Public

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Commission Expiration date

\_\_\_\_\_  
Notary Public's Signature

### Non-Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark “Yes” or “No” as applicable.

If you are subject to registration as a sex offender in this state or any other jurisdiction, or awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating, or conspiring to commit one or more of the crimes in this section DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.

Expunged convictions from any court other than juvenile court must be identified.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Homicide, including first or second-degree murder, manslaughter and negligent homicide  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sexual assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sexual exploitation of a minor or vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Commercial sexual exploitation of a minor or vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Child prostitution as prescribed in A.R.S. § 13-3212  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Child abuse   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Felony child neglect  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Sexual conduct with a minor  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Molestation of a child or vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Dangerous crime against children as defined in A.R.S. § 13-705   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Exploitation of minors involving drug offenses   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Neglect or abuse of a vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Sex trafficking  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Sexual abuse   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3502  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Luring a minor for sexual exploitation   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Enticement of persons for purposes of prostitution   |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Procurement by false pretenses of persons for purposes of prostitution   |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Procuring or placing persons in a house of prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Receiving earnings of a prostitute   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Causing one's spouse to become a prostitute  |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Detention of persons in a house of prostitution for debt   |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Keeping or residing in a house of prostitution or employment in prostitution   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Pandering  |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Transporting persons for the purpose of polygamy and concubinage   |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Portraying adult as a minor as prescribed in A.R.S. § 13-3555  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558  |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Any felony offense involving contributing to the delinquency of a minor  |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Unlawful sale or purchase of children  |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Child bigamy   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Any felony offense involving domestic violence as defined in A.R.S. § 13-3601, except for a felony offense only involving criminal damage in an amount more than \$250, but less than \$1000 if the offense was committed before July 1, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Felony indecent exposure   |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Felony public sexual indecency   |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Felony driving under the influence, driving under the extreme influence or aggravated driving under the influence if committed within 5 years of the date you apply for a Level 1 Clearance Card.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Terrorism  |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Any offense involving a violent crime as defined in A.R.S. § 13-901.03   |

### Appealable 5 Years After Conviction

The following **felony** offenses are non-appealable if committed within 5 years before the date you apply for a Level 1 Fingerprint Clearance Card. If you have been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of the crimes in this section *within 5 years* of applying for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the denial.

If the conviction was *more than 5 years* before you apply for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the denial to the Arizona Board of Fingerprinting.

Mark "Within 5 Years," "Over 5 Years" or "No" as applicable.

WITHIN 5 YEARS	OVER 5 YEARS	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Endangerment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Threatening or intimidating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Aggravated assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Unlawfully administrating intoxicating liquors, narcotic drugs or dangerous drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Dangerous or deadly assault by prisoner or juvenile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Prisoners who commit assault with intent to incite riot or participate in riot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Assault by vicious animals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Drive by shooting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assaults on public safety employees or volunteers and state hospital employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Discharging a firearm at a structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Prisoner assault with bodily fluids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Aiming a laser pointer at a peace officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Possession and sale of peyote
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Possession and sale of a vapor-releasing substance containing a toxic substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Selling or giving nitrous oxide to underage persons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Sale of regulated chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Sale of precursor chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Production or transportation of marijuana
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Involving or using minors in drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Possession, manufacture, delivery and advertisement of drug paraphernalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of wire communication or electronic communication in drug-related transactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Using a building for sale or manufacture of dangerous or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Manufacture or distribution of prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Manufacture of certain substances and drugs by certain means

### Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark “Yes” or “No” as applicable.

If you are awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the decision to the Arizona Board of Fingerprinting.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Theft  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Theft by extortion   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Shoplifting  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Forgery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Criminal possession of a forgery device  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Obtaining a signature by deception   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Criminal impersonation   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Theft of a credit card or obtaining a credit card by fraudulent means  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Receipt of anything of value obtained by fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Forgery of a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Possession of any machinery, plate or other contrivance or incomplete credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. False statements as to financial condition or identity to obtain a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Fraud by persons authorized to provide goods or services  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Credit card transaction record theft  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Misconduct involving weapons  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Misconduct involving explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Depositing explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Misconduct involving simulated explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Concealed weapon violation  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Misdemeanor indecent exposure   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Misdemeanor public sexual indecency   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Aggravated criminal damage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Adding poison or other harmful substance to food, drink or medicine   |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. A criminal offense involving criminal trespass and burglary under Title 13, Chapter 15  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Misdemeanor offenses involving child neglect  |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Misdemeanor offenses involving contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Felony offenses involving domestic violence if the offense only involved criminal damage in the amount of \$250 but less than \$1000 and the offense was committed before July 1, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Arson   |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Criminal damage   |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Taking identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Aggravated taking identity of another person or entity  |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Trafficking in the identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Cruelty to animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Prostitution as described in A.R.S. § 13-3214   |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Sale or distribution of material harmful to minors through vending machines as prescribed in A.R.S. § 13-3513   |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Welfare fraud   |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Kidnapping  |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Robbery, aggravated robbery or armed robbery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Misdemeanor endangerment  |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. Misdemeanor threatening or intimidating   |

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 45. Misdemeanor assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | 46. Misdemeanor aggravated assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Misdemeanor dangerous or deadly assault by prisoner or juvenile   |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot  |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. Misdemeanor assault by vicious animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. Misdemeanor drive-by shooting   |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. Misdemeanor assaults on public safety employees or volunteers and state hospital employees  |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. Misdemeanor discharging a firearm at a structure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. Misdemeanor prisoner assault with bodily fluids   |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. Misdemeanor aiming a laser pointer at a peace officer   |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. Misdemeanor possession and sale of peyote   |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance   |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. Misdemeanor selling or giving nitrous oxide to underage persons   |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. Misdemeanor sale of regulated chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. Misdemeanor sale of precursor chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. Misdemeanor production or transportation of marijuana   |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs  |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. Misdemeanor involving or using minors in drug offenses  |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. Misdemeanor possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone |
| <input type="checkbox"/> | <input type="checkbox"/> | 68. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia   |
| <input type="checkbox"/> | <input type="checkbox"/> | 69. Misdemeanor use of wire communication or electronic communication in drug-related transactions  |
| <input type="checkbox"/> | <input type="checkbox"/> | 70. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 71. Misdemeanor manufacture or distribution of prescription-only drug   |
| <input type="checkbox"/> | <input type="checkbox"/> | 72. Misdemeanor manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs          |
| <input type="checkbox"/> | <input type="checkbox"/> | 73. Misdemeanor manufacture of certain substances and drugs by certain means  |

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local DES office manager; TTY/TDD Services: 711.