

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			

LAST

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER

FIRST

MIDDLE

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DECRPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DECRPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DECRPTION OF WORK			
REASON FOR LEAVING			

### REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

### SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

YES

NO

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

### AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE

HIRED (DATE) FOR DEPT.		FOR POSITION	
SALARY WAGES		WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE	
APPROVED 2	DEPARTMENT MANAGER	DATE	
APPROVED 3	GENERAL MANAGER	DATE	

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Form No. 9287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Developmental Disabilities

**DIRECT SERVICE POSITION**

You have applied for a position that provides direct services to children or vulnerable adults. Arizona Revised Statutes (ARS § 8-804.I) require you to certify, under penalty of perjury, whether an allegation of abuse or neglect was made against you and was substantiated. If your certification does not indicate a current investigation or a substantiated report of abuse or neglect, your employer may permit you to provide direct services pending the findings of a Central Registry Background Check by the Division of Developmental Disabilities. Your employer is required to keep this form and all information provided on it as confidential.

NAME (Last, First, M.I.)		SOC. SEC. NO.
ALIASES (Maiden, nick names, etc.)		DATE OF BIRTH
ADDRESS (No., Street, City, State, ZIP)		

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction?  
 Yes     No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?     Yes     No

If Yes, to the question immediately above:

What was the allegation(s)?

When was the investigation(s) conducted?

Where was the investigation(s) conducted?

If you wish to provide additional information see Direct Service Position Supplement

**STATEMENT OF CERTIFICATION**

By signing this form, I certify that the information provided is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE	DATE
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**Employers: Please maintain this form as confidential.**

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, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. 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 the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.

## DIRECT SERVICE POSITION SUPPLEMENT

**Explanation:**

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If you have ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (*determined to have occurred*) finding, you may provide an explanation of the incident of child abuse or neglect. Do not include the name of any child or any person involved in the investigation. If more space is needed, please attach additional sheets.

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If you are called in for an interview, please bring in the attached  
Certification Record of Self-Disclosure signed and notarized.

Thank you,

Desert Survivors Hiring Manager

**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 I 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. § 13-3506   |
| <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. Trafficking of persons for forced labor or services as defined in A.R.S. § 13-1308  |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Transporting persons for the purpose of prostitution, polygamy and concubinage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Portraying adult as a minor as prescribed in A.R.S. § 13-3555   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Any felony offense involving contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Unlawful sale or purchase of children   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Child bigamy  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. 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 June 29, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Felony indecent exposure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Felony public sexual indecency  |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. 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 I Clearance Card.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Terrorism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. 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 to 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, possession, 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 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 under Title 13, Chapter 15  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. A criminal offense involving criminal burglary under Title 13, Chapter 15  |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism  |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Misdemeanor offenses involving child neglect   |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Misdemeanor offenses involving contributing to the delinquency of a minor  |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601  |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. 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 June 29, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Arson  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Criminal damage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818  |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Taking identity of another person or entity  |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Aggravated taking identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Trafficking in the identity of another person or entity  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Cruelty to animals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Prostitution as described in A.R.S. § 13-3214  |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. 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"/> | 41. Welfare fraud  |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Kidnapping   |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Robbery, aggravated robbery or armed robbery   |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. Misdemeanor endangerment   |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. Misdemeanor threatening or intimidating  |

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 46. Misdemeanor assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Misdemeanor aggravated assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Misdemeanor dangerous or deadly assault by prisoner or juvenile   |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot  |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. Misdemeanor assault by vicious animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. Misdemeanor drive-by shooting   |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. Misdemeanor assaults on public safety employees or volunteers and state hospital employees  |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. Misdemeanor discharging a firearm at a structure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. Misdemeanor prisoner assault with bodily fluids   |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. Misdemeanor aiming a laser pointer at a peace officer   |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. Misdemeanor possession and sale of peyote   |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance   |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. Misdemeanor selling or giving nitrous oxide to underage persons   |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. Misdemeanor sale of regulated chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. Misdemeanor sale of precursor chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. Misdemeanor production or transportation of marijuana   |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs  |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15   |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. Misdemeanor involving or using minors in drug offenses  |
| <input type="checkbox"/> | <input type="checkbox"/> | 68. 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"/> | 69. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia   |
| <input type="checkbox"/> | <input type="checkbox"/> | 70. Misdemeanor use of wire communication or electronic communication in drug-related transactions  |
| <input type="checkbox"/> | <input type="checkbox"/> | 71. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 72. Misdemeanor manufacture or distribution of prescription-only drug   |
| <input type="checkbox"/> | <input type="checkbox"/> | 73. 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"/> | 74. Misdemeanor manufacture of certain substances and drugs by certain means  |

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