



Pinal County Sheriff's Office

Volunteer Checklist – Level 2



Please complete and provide the items listed below to continue in your pursuit of becoming a volunteer with Pinal County Sheriff's Office. Read each part carefully before answering and answer each part completely. Please either type or print using black ink only. You will have 10 days from the date received to complete and return this packet to Pinal County Sheriff's Office Personnel Division.

You may return your packet any of the following ways:

Via email- pcsopersonnel@pinalcountvaz.gov

In Person- 971 N Jason Lopez Circle
Florence, Arizona, 85132

By Mail- PO Box 867, Florence, Arizona, 85132

Volunteer Checklist and Packet **Received** on:

Applicant signature*: _____

Volunteer Checklist and Packet **Returned** to Pinal County Sheriff's Office on:

_____.

Applicant Signature*: _____

Pinal County Personnel Signature: _____

**Applicant is to receive a copy of this document to use as a receipt. Personnel will provide a copy each time that the applicant is required to sign as proof of compliance.*

Applicant Initials:	Required:	PCSO Personnel Initials:
	Birth Certificate, Naturalization Papers, or Current Passport	
	Arizona Driver's License	
	Social Security Card	
	Certified Driving History for the last five (5) years –original document	
	PCSO Selection Guidelines	
	Credit Report	
	Truth Verification Exam Instructions	
	Authorization for Release of Information-completed and notarized	

I have provided all of the documents listed above to a member of the Pinal County Sheriff's Office. I have read and followed all instructions. I have fully answered all questions in each part of the packet.

Applicant Signature: _____ Date: _____



PINAL COUNTY SHERIFF'S OFFICE

TRUTH VERIFICATION EXAM INSTRUCTIONS



APPLICANT'S NAME (Print)

POSITION

Initial

1. You should have a minimum of six (6) hours of sleep the night before the examination.

Initial

2. If you have been subjected to any serious emotional trauma, prior to the examination (such as a death in the family, lengthy interrogation or interview) please reschedule.

Initial

3. If you have performed any physical duties or activities the day of the examination that will cause you to feel exhausted, please reschedule.

Initial

4. No consumption of any alcoholic beverage 12 hours prior to examination.

Initial

5. If taking a prescription drug, narcotic in nature, prescribed to person within one week prior to examination, please reschedule when medication is no longer prescribed. Over the counter allergy or sinus medications, Ibuprofen, Aspirin, Tylenol or stomach aids are ok to use. If you have a cold or are suffering from allergies to a point where sneezing and/or sniffing is constant, then reschedule your appointment after symptoms subside. Continue, as directed with all prescribed medication.

Initial

6. No consumption of any over the counter diet pills or any type of ephedrine related pill, tablet or liquid within 48 hours prior to examination.

Initial

7. If you have had any surgeries or tooth extractions have been performed on you, in the week prior to your appointment, please reschedule.

Initial

8. Turn off all pagers and cellular phones prior to examination.

Initial

9. All Pinal County Sheriff Office applicants are required to pass a truth verification exam, regardless of position applied for.

Initial

10. Your picture ID must be presented, at the time of your examination.

I, _____ AGREE AND CONSENT TO THESE INSTRUCTIONS.

APPLICANT'S SIGNATURE

DATE

WITNESSED BY: SIGNATURE

DATE



PINAL COUNTY SHERIFF'S OFFICE

PERSONNEL UNIT SELECTION GUIDELINES



Application:

1. Applicant will not receive nor are entitled to a copy of the contents of their test results.
2. No documents, copies of reports submitted by the applicant will be returned.
3. No documents, reports or information utilized for, or obtained, during the selection process will be furnished to the applicant.
4. Applicant will not be advised of the reason(s) for non selection.

Drug Use:

1. Marijuana – Illegal use more than twenty (20) times total or more than five (5) times since age 21, or at any time in the past three (3) years.
2. Dangerous Drugs/Narcotics/Vaporous Substances – Illegal use more than five (5) times total or more than one (1) use since age 21, or at anytime within the past seven (7) years. This includes dangerous drugs, narcotics, hashish, cocaine, crack, amphetamines, barbiturates, anabolic steroids (since January 1, 1994), LSD, acid, PCP, angel dust, magic mushrooms, etc.
3. Peyote/ Mescaline - Illegal use as described above. (Exception- Bona fide religious ceremonies)
4. Heroin – Illegal use at any time.
5. Sale, Production, Cultivation or Transportation for Sale of illegal drugs at any time.
6. Pattern of abuse of prescription drugs.
7. **Victim Services Volunteers Only: No Drug Use for 10 years** (Effective 9/10-Per Chief Henry)

Theft or Misappropriation of Property:

1. Any demonstrated pattern of habitual theft.
2. Any theft while serving in a position of trust.

Acts Constituting a Felony or any Conviction for Domestic Violence Involving Physical Violence:

1. A conviction for any act which would constitute a Felony in the State of Arizona, at any time.

Fraud or Misrepresentation:

1. Any intentional attempt to practice any deception or fraud in the Employment Application, Testing Process, or any failure to properly complete the application.

Driving Record:

1. Any recent demonstrated pattern of excessive traffic violations (for positions that require operation of a motor vehicle).

I ACCEPT THAT EXISTENCE OF ANY OF THE CONDITIONS LISTED ABOVE MAY RESULT IN THE AUTOMATIC REJECTION FROM THE SELECTION PROCESS WITH PINAL COUNTY SHERIFF'S OFFICE AND THAT THESE AREAS WILL BE EXPLORED DURING THE BACKGROUND INVESTIGATION AND TRUTH VERIFICATION EXAM.

Applicant Signature

Date



PINAL COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION



I, _____, **Do Hereby Authorize** any and all persons, employers, partnerships, corporations and civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state, and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a volunteer or employee. This includes but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior, and fitness for duty.

This authorizes release to the **Pinal County Sheriff's Office**. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I Do Hereby Release** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: _____ **Date:** _____

Sworn and Subscribed to before Me This ___ Day of _____

By: _____

State of: _____ **County of:** _____

Signature of Notary Public: _____