



YAVAPAI COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR FINGERPRINTS AND CRIMINAL HISTORY CHECK

I, _____, hereby acknowledge that the Yavapai County Sheriff's Office will fingerprint me as part of the application process for the position listed below. I understand that my fingerprints will be used to check the criminal history records of the Arizona Department of Public Safety (AZ DPS) Criminal Records Section, and the Federal Bureau of Investigation (FBI). Identification records obtained from the AZ DPS and the FBI, may be used solely for the purpose requested and may not be disseminated outside the Yavapai County Sheriff's Office. If the information within this record is used as a disqualifying factor for employment with Yavapai County Sheriff's Office, the Yavapai County Sheriff's Office shall provide me with the opportunity to complete, or challenge the accuracy of, the information contained in the AZ DPS and/or FBI identification records. The Yavapai County Sheriff's Office shall not deny the opportunity for employment based upon the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or unless I have declined to do so. The applicant will be presumed not guilty of any charge and/or arrest for which there is no final disposition stated on the record or otherwise determined. Procedures for correcting the record as it appears in the AZ DPS Criminal Records Section or the FBI's Identification Division Records System are set forth in Arizona Revised Statutes Title 28, CFR, Section 16.34.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Instructions for filling out the Criminal History Checklist

- Print Clearly
- Complete entries for:

Subjects Name (enter your name)

AKA's (enter all other names you have been known by, e.g. maiden name, married name, middle names, etc)

DOB: (enter your date of birth, if you have multiple that may appear in the background check, enter more than one)

SSN: (enter your Social Security Number, if you have ever had/used others, enter them also)

OLN: (enter your operator license number/driver's license number for each state in which you have had a license) ST: (enter the state which issued your driver's license)

POB: (enter the state of your birth)

SEX

RACE

HGT: (enter your height)

WGT: (enter your weight)

HAIR: (enter the color of your hair)

EYES: (enter the color of your eyes)

~~~~~**SKIP ALL SECTIONS UNTIL**~~~~~

DQ ALL 50 States: (enter all states you have lived in)

~~~~~**SKIP ALL SECTIONS UNTIL**~~~~~

(Concealed Weapons Permit) **Permit #:** (enter the permit number if you have a concealed weapons permit)

NOTE: NO WEAPONS ARE EVER ALLOWED TO BE CARRIED INSIDE THE JAIL

Criminal History Checklist

Criminal History documentation must be shredded after you no longer have any use for it. Please do not give it to any other person without first notifying the person who conducted the CCH search. If, and when, you are finished with the hardcopy, return it to the issuer with "SHRED" written on the first page in LARGE letters.

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|----------------------|-----------------------|---------------|--|----------|---|-----|----------|-------|------|----------|-------|--|-------|
| | | Requested By: | | | | DR# | | | | | | | |
| Identifiers | Subjects Name: | | | | | | | | | | | | |
| | AKA's:(1) | | | (2) | | | (3) | | | (4) | | | |
| | Address (1): | | | | | | | | | | | | |
| | Address (2): | | | | | | | | | | | | |
| | DOB (1): | | | DOB (3): | | | SSN (1): | | | SSN (3): | | | |
| | DOB (2): | | | DOB (4): | | | SSN (2): | | | SSN (4): | | | |
| | OLN (1): | | | | ST: | | OLN (3): | | | | ST: | | |
| | OLN (2): | | | | ST: | | OLN (4): | | | | ST: | | |
| | POB: | | SEX: | | RACE: | | HGT: | | WGT: | | HAIR: | | EYES: |
| | S/M/T OR COMMENTS: | | | | | | | | | | | | |
| | YCSO: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (In-House Check) Name# | | | | | | | | |
| 29 | AH29: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (ACIC/NCIC Wanted Person Check) | | | | | | | | |
| 27/28 info | DQ All 50 States: | | ST: | | ST: | | ST: | | ST: | | ST: | | |
| | KQ Specific: | | ST: | | ST: | | ST: | | ST: | | ST: | | |
| | RNQ: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (R/O of Vehicle Inquiry) | | | | | | | | |
| | RQ: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (VIN/License Plate Inquiry) | | | | | | | | |
| AZ history | AHSI: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (Arizona Criminal History) | | | | | | | | |
| | DCQI: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (AZ Incarceration Record) DOC#: | | | | | | | | |
| III | AHQH: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (CCH Triple I Series) SID# | | | | | | | | |
| | AHQR: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (NCIC Rap) FBI# | | | | | | | | |
| State history | IQ: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (Identity Information Inquiry for Specific States) | | | | | | | | |
| | FQ: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (Rap Sheet - Full Record Inquiry for Specific States) | | | | | | | | |
| | ST/SID: | | | ST/SID: | | | ST/SID: | | | ST/SID: | | | |
| | ST/SID: | | | ST/SID: | | | ST/SID: | | | ST/SID: | | | |
| Misc info | SORI: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (AZ Sex Offender Registration) SOPN#: | | | | | | | | |
| | NQXS: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (National Sex Offender Inquiry) | | | | | | | | |
| | ACWI: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (Concealed Weapons Permit) Permit #: | | | | | | | | |
| | PROBATION: | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (Local probation check) | | | | | | | | |
| CCH By: | | | | | BDG: | | | DATE: | | | | | |



YAVAPAI COUNTY SHERIFF'S OFFICE

Volunteer Personal Information

OFFICIAL USE ONLY

PLEASE PRINT ALL INFORMATION

| | | | |
|--|-------------------|--|--|
| INDIVIDUAL INFORMATION | | COUNTY EMPLOYEE NUMBER: | |
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| VOLUNTEER GROUP | | DUTY LOCATION | |
| MAILING ADDRESS | | CITY / STATE / ZIP | |
| PHYSICAL ADDRESS | | CITY / STATE / ZIP | |
| #1 CONTACT PHONE NUMBER | | #2 CONTACT PHONE NUMBER | |
| SPOUSE/SIGNIFICANT OTHERS NAME: | | SPOUSE/SIGNIFICANT OTHERS PHONE NUMBER: | |
| PRIMARY EMAIL ADDRESS: | | | |

| EMPLOYEE PHYSICAL DESCRIPTION/INFORMATION FOR ID PURPOSES ONLY | | | |
|--|-------------|-------------------------------|-------------------|
| SEX | RACE | HEIGHT | WEIGHT |
| BLOOD TYPE | | EYE COLOR | HAIR COLOR |
| DATE OF BIRTH | | SOCIAL SECURITY NUMBER | |

| EMERGENCY CONTACT INFORMATION | |
|-------------------------------|---------------------------------|
| NAME | RELATIONSHIP TO EMPLOYEE |
| CONTACT PHONE NUMBER | |
| ADDRESS | CITY/STATE ZIP |

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| SPECIAL INSTRUCTIONS |
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| EFFECTIVE DATE | UPDATED (to be completed by Office of the Sheriff Only) |
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FORM MUST HAVE ALL INFORMATION COMPLETED OR IT WILL BE REJECTED
SEND DIRECTLY TO THE OFFICE OF THE SHERIFF FOR PROCESSING
 All information is confidential and will not be released without consent