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EMPLOYEE APPLICATION PACK - PART 1

Welcome to Helping Hands

Dear Applicant:

Thank you for considering Helping Hands as your new employer. You may rest assured that if you qualify and are hired you will be joining the best staff of administrators and caregivers existing in any in-home care services agency in Yavapai County, and probably in the State of Arizona.

A primary reason for this is that I, as Founder, and nearly all of our administrative staff have had years of experience in the direct, hands-on provision of care services to individuals. So we know what “working in the trenches,” is, and what the service work of caregiving entails and requires of our direct-care staff. Consequently, we value our caregivers just as highly as we value our clients, and do everything we can to provide the best wages, benefits and working conditions possible.

So, again, we thank you for considering us as your new employer, and look forward to welcoming you on board as a new staff member.

Blessings,

John P. Armstrong
Founder
General Member

EMPLOYMENT PACKET
MINIMUM CRITERIA FOR ALL POSITIONS

Applicants for all positions must:

- ◆ Have a High School diploma or its equivalent, or be currently enrolled in school toward the achievement of that end.
- ◆ Be verifiably legally eligible to work in the United States.
- ◆ Have at least 3 month's experience of work and/or service in the same or a similar field of activity.
- ◆ Present the following items:
 - A completed application for employment. A resume may be submitted in addition to, but not in lieu of, a completed application.
 - Copy of current Drivers License or picture ID
 - Copy of Social Security Card and any other document required by law.
 - Completed and signed Employment Eligibility Verification form, Criminal Record Self-Disclosure form, W4 and Arizona Withholding forms, and Arizona MVD Driving Records Release Consent form.
 - Signed Caregiver Acknowledgement and Agreement form.
 - Current Driver's License, automobile registration, and insurance if applicant is to be eligible to provide services to clients where part of the duties require driving in transporting clients, running errands, doing shopping, and so forth.
- Be at least 18 years of age to work in some positions.

QUALIFIED CAREGIVER EMPLOYMENT ELIGIBILITY

(Requirements established under terms of contract with Yavapai County Department of Medical Assistance, Long Term Care, and/or Arizona DES Division of Developmental Disabilities)

Each applicant's file must contain the following items as a condition of employment. All items may be obtained in and through a Helping Hands office if an applicant is not already in possession of all of them.

It is generally necessary that applicants present and/or complete all required items prior to receiving job assignments. In no case may service assignments be maintained without presentation of all required items within 60 days of the date of hire.

- A current Fingerprint Clearance Card, OR, if the applicant does not have a card, a completed fingerprint card and application (Fingerprints can be taken in the office).
- Current CPR Certification
- Current First Aid Certification or CNA Registration
- 3 good, verifiable References from non-relatives, at least one of whom is a former employer.
- Training certification and qualification as a Direct Care Worker (DCW), Certified Caregiver, CNA, or higher degree of certification/licensure.
- Training/orientation in company policies and procedures and business practices
- Acceptable 3 year MVD driving record, or signed agreement not to drive as a part of work.

NOTE: All of the above may be obtained from or through Helping Hands. A fingerprint processing fee of \$69.00 and a MVD Driving Record fee of \$3.00 will be charged to the applicant when obtained through Helping Hands. Such fees may be paid by the applicant at the time of employment, or may be deducted in reasonable amounts from each of a new employee's initial paychecks until paid in full.

Meeting the above requirements will enable caregivers to work with both Private Pay Clients and Long Term Care funded clients. **Additional training (or proof of training) is required of applicants who wish to work with Developmentally Disabled Clients.** This training may also be obtained through Professional Caregiver Training Centers, a branch of Yavapai Care Services, LLC.

EMPLOYMENT BENEFITS FOR CAREGIVER STAFF AND FAMILY ATTENDANT CARE PROVIDERS

- **Competitive wages based upon type of work performed and services provided.**
- **Differential pay of up to \$2.00 more per hour above hourly wage for particular services provided in some special cases.**
- **Mileage expense reimbursement in some private pay and private insurance care cases.**
- **Scholarships for DES required initial, approved Direct Care Worker (DCW) Training.**
- **Free CPR and First Aid training and certification.**
- **Free required continuing training modules.**
- **Free DCW DD Module, Article IX, CIT and other training for caregivers providing developmentally disabled services.**
- **Free personal computer service work.**
- **Bonuses may be paid on special occasions, as determined by the business owners.**

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION TO WORK WITH: ELDERLY DD BOTH FAMILY ATTENDANT CARE

PERSONAL INFORMATION

DATE _____

NAME

SOCIAL SECURITY NUMBER

LAST

FIRST

MIDDLE

LAST

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes No

CELL PHONE NO.

ACCEPT TEXT MESSAGES? Yes No IF YES, CARRIER?

EMAIL ADDRESS

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

STATUS

ARE YOU EMPLOYED NOW? Yes No

DATE YOU CAN START

WAGE DESIRED

DO YOU PLAN TO STAY WITH CURRENT EMPLOYER? Yes No

EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? Yes No WHEN?

REFERRED BY

FIRST

MIDDLE

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

CURRENT CERTIFICATIONS FINGERPRINT CLEARANCE DCW CPR FIRST AID CNA

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

CAN YOU PASS A BACKGROUND CHECK? Yes No DRUG TEST? Yes No

DO YOU SMOKE? Yes No IF NO, CAN YOU WORK WITH SMOKERS? Yes No

WOULD YOU HAVE A PROBLEM WITH: FIREARMS IN A HOME? Yes No DOGS IN A HOME? Yes No

CATS IN A HOME? Yes No USING CERTAIN CLEANING CHEMICALS? Yes No Some

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

ABILITIES, EXPERIENCE AND AVAILABILITY

NAME _____

Directions - Check off each item which applies to you in terms of trainings, work experience and availability for work at special times and in special circumstances. Note any limitations on any checked item. **Do not** check off items which you do not have any experience with nor any items that you do not care to do.

ROUTINE CAREGIVING	LIMITATIONS?	SUPERVISORY NOTES
<input type="checkbox"/> Homemaking/Housekeeping		
<input type="checkbox"/> Personal Care Assistance		
<input type="checkbox"/> Personal Care, Extensive		
<input type="checkbox"/> Transfers/Lifting—Limited		
<input type="checkbox"/> Transfers/Lifting—Unlimited		
<input type="checkbox"/> Cooking		
<input type="checkbox"/> Shopping/Errands		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Companionship		
SPECIAL CAREGIVING SKILLS	LIMITATIONS?	SUPERVISORY NOTES
<input type="checkbox"/> Speak Foreign Language		
<input type="checkbox"/> Alzheimer's/Dementia		
<input type="checkbox"/> Mental Illness		
<input type="checkbox"/> Developmental Disabilities		
<input type="checkbox"/> Habilitation		
<input type="checkbox"/> Medication Assistance		
<input type="checkbox"/> Catheter Care		
<input type="checkbox"/> Colostomy Care		
<input type="checkbox"/> Tube Feeding		
<input type="checkbox"/> Oxygen/Nebulizer		
<input type="checkbox"/> Hoyer Lift		
<input type="checkbox"/> Hospice		
SPECIAL AVAILABILITY	LIMITATIONS?	SUPERVISORY NOTES
<input type="checkbox"/> 24 Hours Shifts		
<input type="checkbox"/> 12 Hour Overnight Shifts		
<input type="checkbox"/> Weekend/On Call/Urgent Fill-In		

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 |

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