

City of Tempe

Citizens' Panel for Police Review Questionnaire



To be considered to serve on the review panel, all applicants will undergo a police background check based on the information supplied in this application; a police detective will also contact you by telephone and speak with you for approximately 10 minutes.

1. Name: (Last, First, Middle)		2. Date of Birth: (mm/dd/yyyy)	
3. Home Address:		4. City:	
5. State & Zip Code:		6. Business Address: (Only business owner in Tempe)	
7. City: Tempe		8. State & Zip Code: AZ	
9. Business Name: (Only business owner in Tempe)		10. Driver License Number & State:	
11. Social Security Number:		12. Preferred Telephone Number:	
13. Email Address:		14. What is your highest level of education?	
15. Ethnicity:			
* This is optional information and is used to ensure the panel is culturally diverse and reflective of the community.			
16. What are all the states you have lived in, including those while attending school?			
17. Review panels are scheduled on weekday afternoons. Will you be available to serve on a review panel during this time? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. Will you be able to participate in a one-day or two-day orientation class prior to serving on the review panel? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. Are you a resident of Tempe or owner of a business physically located in Tempe? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Are you related directly to a Tempe Police Department employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. Are you a current or former Tempe Police Department employee? <input type="checkbox"/> YES <input type="checkbox"/> NO		22. Are you a former employee of any other police agency and within five (5) years of your police employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If any answer to questions #23 through #26 is YES, please explain on the area for additional comments.			
23. Have you been arrested by the Tempe Police Department within the last five (5) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. Have you ever been convicted of a felony crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Are you an adversary party, a representative of an adversary party, or have any financial litigation or claim against the City relating to the Police Department or any individual in the Police Department? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. Are there currently any criminal charges pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO	

27. Highlight your professional experiences:

28. Highlight your community activities:

29. Have you previously been a member of a board, commission or committee?

30. What skills do you think qualify you to be a review panel member?

31. Why are you interested in serving on this review panel?

Area for additional comments:



AUTHORIZATION FOR RELEASE OF INFORMATION

I (print your name), _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, 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 for membership the City of Tempe Citizens' Panel of Police Review. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct and behavior.

This authorizes release to the City of Tempe and the City of Tempe Police Department and the City of Tempe Human Resources Division. 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 (mm/dd/yyyy)

Sworn and Subscribed to Before Me This: _____ Day of _____, _____

By: _____

State of: _____ County of: _____

Signature of Notary Public: _____

Notary Stamp:

Notary Commission Expires: _____