

LOU CORPORATION
Learning Opportunities Unlimited

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| Application Checklist |
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Applicant:

Please be sure all the information listed below is completed on the application and the certification record disclosure form is notarized before returning.

1) Application is fully completed including:

- Section 1 - Minimum Requirements
- Section 2 - General Information
- Section 3 - Educational Background
- Section 4 - Employment history
- Section 5 - 3 references
- Section 6 - signature/date

2) Criminal History Affidavit completed.

3) Criminal History Affidavit is notarized before returning.

Administrator Receiving Application:

Please check over the application when you receive it to ensure all required information is completed and criminal history form is notarized.

Administrator signature (Person receiving Application)

Date (Application Received)

SUMMARY:

Under general direction and supervision of the Residential Supervisor/Residential Coordinator, Direct Support Providers perform a variety of work consisting of routine difficulty. Services include, but are not limited to, providing personal care based on individual service plans and individualized needs including transportation.

DISTINGUISHING CHARACTERISTICS:

Direct Support Professionals are responsible for interacting with and providing a safe environment, including social and community services/activities, to the individual being served. In addition, Direct Support Providers are responsible for participating and supporting individuals in daily living activities.

DUTIES/RESPONSABILITIES:

- Provides a safe environment by communicating procedures with individuals served, advocates and visitors;
- Observing and reporting individuals behaviors to Supervisor or other administrator;
- Communicates and interacts with individuals being supported on an individual and group basis, promoting self-determination;
- Assists individuals being supported with eating, showering, bathing, toileting, dressing. Shaving, combing hair, shampooing, brushing teeth, cutting nails, and other daily living activities as needed;
- Encourages individuals being supported to participate in counseling, social, recreational, vocational and other activities identified in their service plans while promoting individual choice and decision making opportunities;
- Reviews and implements approved policies, standards, services and procedures;
- Escorts and transports individuals being supported to vocational, residential and social activities as identified, encourages use of public transportation systems when applicable and runs client related errands;
- Takes part in developing and implementing individualized service plans or person centered plans for assigned individuals being supported and assures directives are followed pursuant to state standards;
- Participates in staff and administrative meetings as well as in-service trainings;
- Administers non-prescription and prescription medication (excluding IV medication) as prescribed by licensed medical professionals;
- Protects and secures money and property of individuals be supported.
- Renew and remain current on all required trainings.
- Maintains records, charts progress notes, records daily activities in communication logs, maintains records as needed and may be required to write reports;
- Reports incidents on proper forms and informs appropriate personal regarding incidents involving vocational, day, social, recreational, behavioral, personal living and community services problems within required time-frames;
- Provides direct services in crisis or emergencies situations;
- Observes and reports change's in mental and physical health of an individuals being supported to enable appropriate intervention/ prevention of problems;
- Performs housekeeping tasks such as cleaning, cooking, laundering, making beds, yard work, and other household chores or tasks required to support individuals;
- Assists in performing various activities, including physical management procedures;
- Acts as advocate in resolving problems as well as ensuring personal choice, freedoms, responsibility and support;
- Develops and maintains working relationships with all team members, including LOU Corp Administrators, Service Coordinators, family members, guardians, fiduciaries, advocates, etc.;
- PERFORMS OTHER RELATED DUTIES AND ASSIGNMENTS AS REQUIRED.

KNOWLEDGE AND SKILLS

- Human behavior indicative of mental or physical disability;
- Safety precautions used in transportation and home health care;
- Housekeeping, basic home health functions, nutrition, and personal hygiene techniques;
- Behavior modification techniques/ behavioral treatment plans and the responsibility of an advocate;
- Principles and practices related to developmental disabilities and mental illness;
- Establishes and maintaining effective working relationships;
- Interacting in a support capacity with individuals that are developmentally disabled;
- Principles and practices of self-determination and individualized supports;
- Record keeping, writing reports and taking notes; and
- Administration of medications and awareness of possible side effects.

MINIMUM QUALIFICATIONS:

- Must be at least 21 years of age and have a clean driving record or 25 or older with no more than two (2) moving violations or two (2) accidents within the past five (3) years;
- Must possess a current/valid Arizona driver's license and be insurable under the agency's automobile policy.
- Minimum Qualifications: Any combination of training and experience that demonstrates the necessary skills.
- Have access to reliable transportation
- Be available by home phone, cell phone, etc. for easy access by agency personnel.
- Able to work flexible schedules: weekends, nights, days, evenings and partial shifts.
- CPR and Standard First Aid and other state required trainings including Prevention & Support and Article IX
- To be able to clear a Central Registry Check through APS/CPS
- Be able to obtain a Level One Fingerprint Clearance Card.

MENTAL AND EMOTIONAL REQUIREMENTS

- Ability to effectively communicate in English both in writing and verbally.
- Able to positively interact and develop rapport with individuals being supported and their families
- Able to maintain a calm, non-defensive, supportive attitude during crisis or potential crisis situations.

PHYSICAL REQUIREMENTS:

- Must be fully ambulatory and able to lift consumers (be able to lift a minimum of 30 pounds but maybe more).
- Must be able to climb stairs and assist individuals being supported in moving household items if necessary.
- Must be able to assist individuals being supported with household chores (involving many physical activities, including but not limited to kneeling, reaching, stretching, bending, etc., and the use of household cleaners).
- Must be able to demonstrate competency in the following areas: Operate an agency transport vehicle; manual dexterity to keep documentation records; perform crisis intervention techniques to prevent behaviors harmful to the individuals being supported or others which may require significant physical activity; assess and provide behavior management in crisis situations and call for assistance if needed; and be able to physically perform First Aid/CPR and Client Intervention Training.

SALARY RANGE:

It is the intent of LOU Corporation to maintain rates of pay that are externally competitive in order to attract and retain highly qualified support staff and to maintain rates of pay that are internally fair and consistent. Employees are eligible for merit raises at the time of performance evaluations. The base pay for this position is \$9.00 hourly; the maximum hourly rate for this position is \$12.00. Pay scales will be reevaluated periodically and adjusted based on a competitive wage in this field.

Special Notice Items: Due to Department of Economic Security/Division of Developmental Disabilities requirements, positions in this category are required to provide fingerprint class one clearance card. Department of Labor regulation CFR Part 1910.1030 requires notification that this position may have a risk of exposure to blood-borne pathogens.

This job description is intended to indicate the basic nature of the position and examples of typical duties that may be assigned. It does not list all possible duties that may be assigned.

*Unless expressly waived by the Division, Under Titles VI and VII of the Civil Rights Act of 1964 (respectively "Title VI" and "Title VII") and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, LOU Corporation prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. LOU Corporation must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, LOU Corporation must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that LOU Corporation 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 please contact: Quality Assurance Coordinator at (928) 527-8898. Para obtener este documento en otro formato u obtener información adicional sobre esta política, Quality Assurance Coordinator at (928) 527-8898.

LOU CORPORATION
Learning Opportunities Unlimited
Application for Employment

Name: _____ Date: _____

Position Applied For: _____

SECTION 1: MINIMUM REQUIREMENTS

| | | | |
|---|---|-----|----|
| Educational Requirements | Do you have a high school diploma or G.E.D.? | Yes | No |
| Right to Work | Are you a US citizen or eligible to work in the United States? | Yes | No |
| Age | Are you at least 21 years old? (must be 21 to transport) | Yes | No |
| Driver's License | Do you have a valid Arizona license and are you 23 years old with no more than 2 minor moving violations or one accident within the past 5 years; or 21 years old with no more than 1 minor moving violation within the past 3 years? | Yes | No |
| Criminal History | Are you able to obtain a Fingerprint Clearance Card? | Yes | No |
| Lifting | Do you have the ability to lift light weight (30lbs.)? | Yes | No |
| If you answered "No" to any question in Section 1, you will not meet our minimum hiring requirements. | | | |

SECTION 2: GENERAL INFORMATION

Physical Address: _____
Street City State Zip

Mailing Address: _____
 Street City State Zip

Telephone: _____ E-mail: _____

What date are you available to start? _____ What is your desired pay? _____

Are you currently employed? Yes No **Have you ever applied at LOU Corp?** Yes No When? _____

Have you ever been employed at LOU Corp? Yes No If yes, when? _____

| | | | | | | | |
|----------------------------|-----------|-----------|------------------|---------|---------|-----------|---------|
| Employment desired: | Full time | Part time | Relief (On Call) | Daytime | Evening | Overnight | Weekend |
|----------------------------|-----------|-----------|------------------|---------|---------|-----------|---------|

How did you find out about LOU Corporation?

SECTION 4: EDUCATIONAL BACKGROUND

| Name of Institute | Number of Years Completed | Major | Degree or Rank | Graduated? Yes or No |
|-------------------|---------------------------|-------|----------------|----------------------|
| High School: | | | | |
| College: | | | | |
| Military: | | | | |
| Other : | | | | |

SECTION 5: EMPLOYMENT HISTORY

Please list all your employers for the past ten years, beginning with the most recent. Please see the receptionist if you need an additional sheet. This information must be completed even if you are submitting a resume.

| | | | |
|---------------------|------------------------|---------------------|------------------------------|
| Employer: | _____ | Type of Business: | _____ |
| Address: | _____ | | |
| Telephone: | _____ | Last Position Held: | _____ |
| Dates Employed: | ___ / ___ to ___ / ___ | Supervisor's Name: | _____ May we contact? Yes No |
| Job Functions: | _____ | | |
| Reason for Leaving: | _____ | Salary: | _____ |

| | | | |
|---------------------|------------------------|---------------------|------------------------------|
| Employer: | _____ | Type of Business: | _____ |
| Address: | _____ | | |
| Telephone: | _____ | Last Position Held: | _____ |
| Dates Employed: | ___ / ___ to ___ / ___ | Supervisor's Name: | _____ May we contact? Yes No |
| Job Functions: | _____ | | |
| Reason for Leaving: | _____ | Salary: | _____ |

| | | | |
|---------------------|------------------------|---------------------|------------------------------|
| Employer: | _____ | Type of Business: | _____ |
| Address: | _____ | | |
| Telephone: | _____ | Last Position Held: | _____ |
| Dates Employed: | ___ / ___ to ___ / ___ | Supervisor's Name: | _____ May we contact? Yes No |
| Job Functions: | _____ | | |
| Reason for Leaving: | _____ | Salary: | _____ |

Comments: Include explanation of any gaps in employment.

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

ADDITIONAL INFORMATION: Summarize special job-related skills and qualifications.

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

MILITARY SERVICE:

U.S. MILITARY BRANCH of SERVICE: _____ RANK: _____

YEARS ACTIVE: _____ PRESENT MEMBERSHIP: _____

Note to applicants: Do not answer this question unless you have a full understanding of the job requirements (see attached job description). If you have any questions, please contact at LOU Corporation administrator at (928) 527-8898.

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the job for which you have applied? ☐ YES ☐ NO

SECTION 6: REFERENCES give the names of a previous supervisor, co-worker and friend whom you have known at least one year

| Name | Phone # | Relationship | Years Acquainted |
|------|---------|--------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

This application and all attached documents become official records of LOU Corp. and will not be returned. This application for employment expires after 30 days. If you have not heard from LOU Corp in 30 days and still wish to be considered for the position, you will need to complete a new application packet. LOU Corp is an Employment-At-Will Employer, which means that either LOU Corp or the employee can terminate employment relationship at any time for any lawful reason. An Employment-At-Will relationship can only be altered by a written employment contract specific to all terms and conditions of employment which is signed by the employee and an administrator of LOU Corp. By signing below you hereby certify that the information contained in this application and related documents are true, correct and complete to the best of your knowledge and belief.

Signature: _____ Date: _____

Emergency Contact: _____ Phone #: _____

"Unless expressly waived by the Division, Under Titles VI and VII of the Civil Rights Act of 1964 (respectively "Title VI" and "Title VII") and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, LOU Corporation prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. LOU Corporation must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, LOU Corporation must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that LOU Corporation 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 please contact: Quality Assurance Coordinator at (928) 527-8898. Para obtener este documento en otro formato u obtener información adicional sobre esta política: Quality Assurance Coordinator at (928) 527-8898.

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 administering 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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