

Blackwater Community School Akimel O'Otham Pee Posh Charter School, Inc. Application for Employment/Investigative Questionnaire

Notice to Applicant: Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. **This statement is notice that a national criminal record check will be conducted as a condition of employment.**

1. Full Name				2. Today's Date			
Last Name	First Name		Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used -	3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).			4. Social	Security Nu	mber	
Name		,		()		•	
5. Your Telephone No.		6. Alternate Te	lephone No.	7. Your Em	ail Address		
()		()					
8. Place of Birth						9. Position	n Applied For
City		County		State			
10. Residence – List wh	ere you hav	e lived, beginning	with the most rece	ent and working b	ack 10 years	. All periods	in the last 10
years must be accounted			onth and the yea	r in the dates fo	r each resid	ence listed.	
Month/Year Month/Year	Street Address	3	City		State	Zip cod	е
1) To PRESENT							
Month/Year Month/Year	Street Address	3	City		State	Zip cod	е
2\ To							
2) To Month/Year Month/Year	Street Address	 S	City		State	Zip cod	<u> </u>
							-
3) To Month/Year Month/Year	Ctus at Addus a	_	O:t-		Ctata	7:	_
Month/Year Month/Year	Street Address	5	City		State	Zip cod	е
4) To							
Month/Year Month/Year	Street Address	5	City		State	Zip cod	е
5) To							
Mailing Address:			•		.	.	
44 5 11 15 1	4.	0		D (') (''		D / '	1/ 1 !!
11. Residence/Employ				Reservation, VII	iage, Puebio,	Rancneria, a	and/or Indian
community in which you	nave lived o	r worked in the las	at 10 years.				
12. Education – List the schools you have attended, beginning with the most recent and working back 10 years. Use item 25, if							
more space is needed.							
Month/Year Month/Year	Name of Scho	ol			Major	Degr	ee/Diploma/Other
1) To							
Month/Year Awarded	Street Address and City of School			State		Code	
Month/Year Month/Year	Name of Scho	ol			Major	Degr	ee/Diploma/Other
					•		•
2) To onth/Year Awarded	Street Address	s and City of School			State	Zip C	ode.
Ontil / I Gal Awalucu	Olieet Addies	s and only of outloof			Ciale	Δίρ (Joue

Questionnaire Continuation							
Last Name	First Name		Middle Initial	Jr., II, etc.	Social	Security Nur	nber
13. Employment - List your employme	ent activities, beginning with	the pro	esent and wor	king back	10 year	s. The 10-	year period
must be accounted for without breaks.							
the month and the year in the dates		ivity lis	sted.				
Month/Year Month/Year Employer Name	e and Phone Number				Position	Title	
1) To PRESENT							
Employer Street Address			City			State	Zip Code
Supervisor's Name:	Telephone number	Other	Employer Refere	ence		Telephone	Number
Email:		Email					
For this employment, in the last five (5) years h	ave vou/did vou receive a written			primanded.	suspende	ed or disciplin	ed for misconduct
in the workplace, such as a violation of policy?			,	,			
If Yes, Provide the reason(s) for being warned,	renrimanded suspended or disci	nlined				Ιr	Date: (Month/Year)
in res, i rovide the reason(s) for being warned,	reprimariaed, suspended or disor	piirieu.					rate. (Month) rear)
Reason you left							
Month/Year Month/Year Employer Name at	nd Phone Number				Position	Title	
2) To							
Employer Street Address			City			State	Zip Code
Supervisor's Name:	Telephone number	Other	Employer Refere	ence		Telephone	Number
·						' .	
Email:		Email				() d on disciplin	
For this employment, in the last five (5) years h in the workplace, such as a violation of policy?	ave you/did you receive a written ■ No ■ Yes	warning	been officially re	eprimanded,	suspende	a or aiscipiin	ea for misconduct
						T =	
If Yes, Provide the reason(s) for being warned,	reprimanded, suspended or disci	plined.					Pate: (Month/Year)
Reason you left							
Month/Year Month/Year Employer Name a	nd Phone Number			P	osition Tit	le	
3) To Employer Street Address			City			State	Zip Code
Employer of out of Addition			Oity			Otato	210 0000
Companies de Norse	Talambana mumban	Other	Francis van Dafana			Talanhana	Niah an
Supervisor's Name:	pervisor's Name: Telephone number Other Employer Reference			ence		Telephone	Number
Email: () Email: ()							
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy?							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)							
Reason you left							

Last Name	Questionnaire Continuation										
## Email:	Last Name		•			Jr., II, e	etc. Social	Security N	rity Number		
Employer Street Address Telephone number Other Employer Reference Telephone Number	Month/Year Month/Year Empl	loyer Name an	d Phone Number				Position Title	е			
Supervisor's Name: Telephone number Cher Employer Reference Telephone Number	4) To										
Email: C Email: Email:	Employer Street Address				City			State	Zip Cod	de	
For this employment, in the last five (5) years have youldid you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy?	Supervisor's Name:		Telephone number	Other	Employer Refere	nce		Telephor	lephone Number		
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined. 14. Personal References — List 4 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere else on this questionnaire. 1) Name Dates Known Month/Year Month	Email:		()	Email:				()			
Reason you left											
14. Personal References – List 4 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere else on this questionnaire. Dates Known	If Yes, Provide the reason(s) for b	eing warned, r	eprimanded, suspended or disci	olined.					Date: (Mor	th/Year)	
Name Name Dates Known Month/Year Telephone Number Month/Year To Gell () Gell ()		List A nas	ole obelia kan marking Th			:				Ja a	
Month/Year Mon	have known you for at least				one who is lis		ewhere els	e on this			
Dates Known Telephone Number Work () Work () Home or Work Address City State Zip Code	,			Month/\	ear Month	/Year	□ Work (□ Cell (Number))			
2) Name Dates Known Month/Year Month/Year Month/Year Work ()				City					Zin Codo		
Month/Year To Month/Year				City					Zip Code		
City State Zip Code				Month/\	ear Month	/Year	□ Work (□ Cell (Number))			
3) Name				City					Zin Code		
Month/Year To Work () Cell ()				Oity					2.10 0000		
Home or Work Address City State Zip Code A) Name Dates Known Month/Year	,			Month/\	ear Month	/Year	□ Work (□ Cell (Number))			
4) Name Dates Known Month/Year Month/Year Work () Cell () Home or Work Address City State Zip Code Military History Telephone Number Work () Cell () Home () Home ()				City				/	Zin Code		
Month/Year Month/Year Work () Cell () Home or Work Address City State Zip Code Military History 15. Have you served in the United States military? If "YES," please provide a copy of your DD214. YES NO Circumstances, date of discharge and type of discharge below.				Oity					Zip Code		
Home or Work Address City State Zip Code Military History 15. Have you served in the United States military? If "YES," please provide a copy of your DD214. YES NO The circumstances, date of discharge and type of discharge below. YES NO The circumstances is the control of the circumstances in the military? If "YES," provide the circumstances is the circumstances in the military? If "YES," provide the circumstances is the circumstances in the military? If "YES," provide the circumstances is the circumstances in the military? If "YES," provide the circumstances is the circumstances in the military? If "YES," provide the circumstances is the circumstances in the circumstances is the circumstances in the circumstances in the circumstance is the circumstance in the circumstance in the circumstance is the circumstance in the circu	,			Month/\	ear Month	/Year	□ Work (□ Cell (Number)))			
15. Have you served in the United States military? If "YES," please provide a copy of your DD214. YES NO 16. Have you ever received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.				City					Zip Code		
15. Have you served in the United States military? If "YES," please provide a copy of your DD214. YES NO 16. Have you ever received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.											
16. Have you ever received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below. YES NO											
circumstances, date of discharge and type of discharge below.	15. Have you served in the United States military? If "YES," please provide a copy of your DD214. YES N						NO 🗖				
circumstances, date of discharge and type of discharge below.	16. Have you ever received other than an honorable discharge from the military? If "YES." provide the							NO			
Month/Year Type of Discharge Circumstances	• • • • • • • • • • • • • • • • • • • •										
	Month/Year	Type of Disc	harge	С	ircumstances				L	ı	

Information contained in this questionnaire is for Official Use Only by Blackwater Community School/Akimel O'Otham Pee Posh Charter School.

		Questionnaire con	unuation							
Last Name		First Name	y Number							
Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number are on any attachments to this questionnaire.										
Miscellaneo check as a c	Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:									
probation,	or been on parole for any off	arrested for, charged with, or co ense(s)? Include all offenses w (Leave out traffic fines of less th	here you have b			YES	S NO			
	se item 22 to provide the date the police department or cou	e, explanation of violation, place irt involved.	e of occurrence,	and the na	me and					
18. Have y	ou been convicted by a milit	ary court-martial in the past 5 y	ears?			YES	S NO			
If "YES," use item 22 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.										
	u now under charges for any					YES	S NO			
If "YES," use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.										
		r charged with a crime involving	g a child?			YES	S NO			
If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.										
		f, or entered a plea of nolo cont			y to, any	YES	S NO			
	•	misdemeanor offenses under			•		ι П			
crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?							' '			
If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.										
22. If you have answered "YES" for any of the above questions in this section, explain your answer(s) below and provide court documentation for the information submitted.										
Month/Year	Offense	Action Taken	Arresting Law Enf	orcement /Mil	itary Agency	State	Zip Code			

Questionnaire Continuation						
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number		
O2 During the last Finance have you had	n fined from any ich fon any near	ان د د د د د د د د د د د د د د د د د د د	- ft i	told that VEO	NO	
23. During the last 5 years, have you bee	• • • • • • • • • • • • • • • • • • • •	• •	•	told that YES	NO	
you would be fired, or did you leave any jo	bb by mutual agreement becaus	e or specific pro	DIEITIS!			
If "YES," use item 25 to provide the date,	an explanation of the problem	eason for leavin	na and the	emnlover's	_	
name and address.	an explanation of the problem, i	cason for icavii	ig, and the	omployer 3		
24. In the last 5 years have you illegally	used any controlled substance.	for example, ma	ariiuana. co	caine, crack YES	NO	
cocaine, hashish, narcotics (opium, morph						
methaqualone, tranquilizers, etc.), hallucin					Ш	
. ,	, _		·			
If "YES," use item 25 below to provide the	•		` '	prescription		
drugs used, and the number of times each	n was used. Include any treatme	ent or counseling	g received.			
25. Use this space to provide explanation	ns to any of the above questions	you have answ	ered "YES"	on this questionnaire or	for	
which you need more space.						

Questionnaire Continuation						
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number		
	Certification that My Ans	wers Are True				
My statements on this question	naire, and any attachments to	it, are true, cor	nplete, and	d correct to the best of my		
knowledge and belief and are n	nade in good faith. I understan	I that a false or	fraudulen	t answer to any question or		
item on any part of this questio						
work, and may be punishable by		9		are, or many me enter a regin-		
work, and may be parametrable by	Applican	's Initials	Date			
	, тррпоат	o miliaio	Dato			
I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Blackwater Community School/Akimel O'Otham Pee Posh Charter School and my rights to challenge the accuracy and completeness of any information contained in the report.						
Applicant's Signature	Printed Name			Date		

BWCS is an equal opportunity employer. However, consistent with 42 U.S.C. § 2000e-2(i) of the Civil Rights Act of 1964, the School will give preference in hiring to qualified Indians who meet or exceed the relevant qualifications for a position. As used here, the term "Indian" means any person who is presently an enrolled member of a federally recognized tribe.

If you are claiming Preference in one or more of the following categories please attach a copy of the required documentation to the completed Employment Application. Native American applicants should submit proof of tribal enrollment. Veterans must meet statutory requirements and submit proof of their service.

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Blackwater Community School/Akimel O'Otham Pee Posh Charter School who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official Blackwater Community School/Akimel O'Otham Pee Posh Charter School only for the purposes of determining my suitability for employment with the Blackwater Community School/Akimel O'Otham Pee Posh Charter School. I hereby agree to indemnify and hold harmless Blackwater Community School/Akimel O'Otham Pee Posh Charter School, its employees, representatives and agents with respect to any information it receives pursuant to this authorization or its handling thereof.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Blackwater Community School/Akimel O'Otham Pee Posh Charter School and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and national criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Blackwater Community School/Akimel O'Otham Pee Posh Charter School whichever is sooner.

Signature (sign in black ink)	Printed Name				Date Signed
Position for Which you are being Investigated				Primary Contact Nur	mber
Current Address		State	Zip Code	Secondary Contact I	Number

Information contained in this questionnaire is for Official Use Only by Blackwater Community School/Akimel O'Otha	am Pee Posh Charter School.

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CRIMINAL HISTORY DISCLOSURE AFFIDAVIT

() I have not been convicted of nor am I under pending indictment for any of the crimes listed below. () I have been convicted of or I am under pending indictment for a crime(s) listed below. Please circle applicable crime(s). Sexual abuse of a minor Incest First or second degree murder Kidnapping Arson Sexual Assault Sexual Exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the second or third degree Burglary in the second or third degree Burglary in the second or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses [,			
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Sexual abuse of a minor Incest First or second degree murder Kidnapping Arson Sexual Assault Sexual Exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,	() I have <u>not</u> been convicted of nor am I un	der pending indictment for any of the crir	nes listed below.
First or second degree murder Kidnapping Arson Sexual Assault Sexual Exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robberty A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses L, certify that this document is true, accurate, and complete to the best of my knowledge. Notary Public	() I <u>have</u> been convicted of or I am under p	ending indictment for a crime(s) listed be	low. Please circle applicable crime(s).
First or second degree murder Kidnapping Arson Sexual Assault Sexual Exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I	Sexual abuse of a minor		
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Sexual Assault Sexual Exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses [a,	Kidnapping		
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Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,, certify that this document is true, accurate, and complete to the best of my knowledge. Signature Social Security # Date Notary Public State of Arizona, County of Subscribed AND SWORN (or affirmed) before me this day of, 20 Signature Date My Commission Expires	Felony offenses involving contributing	to the delinquency of a minor	
Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I, certify that this document is true, accurate, and complete to the best of my knowledge. Signature Social Security # Date Notary Public State of Arizona, County of Subscribed AND SWORN (or affirmed) before me thisday of, 20 Signature Date My Commission Expires	Commercial sexual exploitation of a mi	nor	
Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses [,	Felony offenses involving the possession	n or use of marijuana, dangerous drug	gs or narcotic drugs
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Robbery A dangerous crime against children Child abuse Sexual conduct with a minor - Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,, certify that this document is true, accurate, and complete to the best of my knowledge. Signature Social Security # Date Notary Public State of Arizona, County of SUBSCRIBED AND SWORN (or affirmed) before me this day of, 20 Signature Date My Commission Expires	Burglary in the second or third degree		- '
A dangerous crime against children Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,	Aggravated or armed robbery		
Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,	Robbery		
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Molestation of a child Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,	Child abuse		
Manslaughter Aggravated assault Assault Exploitation of minors involving drug offenses I,	Sexual conduct with a minor		-
Aggravated assault Exploitation of minors involving drug offenses I,	Molestation of a child		
Assault Exploitation of minors involving drug offenses I,	Manslaughter		
Exploitation of minors involving drug offenses I,	Aggravated assault		
I,	Assault		
Signature Social Security # Date Notary Public	Exploitation of minors involving drug of	offenses	
Signature Social Security # Date Notary Public	I,	, certify that this document is tru	ue, accurate, and complete to the best o
Signature Social Security # Date Notary Public State of Arizona, County of	my knowledge.		r
Notary Public State of Arizona, County of SUBSCRIBED AND SWORN (or affirmed) before me thisday of, 20 Signature Date My Commission Expires	, ,		
State of Arizona, County of	Signature	Social Security #	Date
State of Arizona, County of			
SUBSCRIBED AND SWORN (or affirmed) before me thisday of, 20 Signature Date My Commission Expires		Notary Public	
Signature Date My Commission Expires	State of Arizona, County of		
My Commission Expires	SUBSCRIBED AND SWORN (or at	ffirmed) before me thisda	y of, 20
·	Signature	Date	
·			
(seal)	My Commission Expires		(seal)