

## **Sun City West Posse**

## MEMBERSHIP APPLICATION

## **Posse Support Positions**

(Print forms to complete)

(Print or Type)				
Name:			Spoi	use:
(First	Middle	Last)		
Any other names us	ed:			
Any other names us		{First	Middle	Last)
			Middle	
Address:				, Sun City West (SCW)
SCW Phone: ()	·		Cell Phone: (	
E-mail address:			@	
DATE OF BIRTH:	//1	19		
Physical Condition:	(Check one)	Excelle	ntGood _	Fair
Are you a permaner	nt residen	t of SCW?	(Check one)Y	esNo
How many mo	nths are	you here?		
Do you have a valid	Arizona d	lriver's lice	nse? (Check one	)YesNo
D. L. #		State: _	Ехр.	Date/20
Any Other valid driv	er's licen	se used?		
D. L. #		State: _	Ехр.	Date/20

COMPUTER SKILLS Word Proficiency: ( ) None Excel Proficiency: ( ) None Other IT Experience: Progra	( ) Minimal ( ) Average (	) Excellent
Please list any special skills, a	ability or interest:	
Briefly explain why you want	t to join the SCW Posse:	
AREAS OF INTEREST:		
☐ Accounting	☐ Finger Printing	☐ Social Committee
☐ Audio/Visual	☐ IT Department	<ul><li>☐ Vacation Watch-Data Entry</li></ul>
☐ Automotive	☐ Printing/Photography	•
☐ Building/Grounds	•	
☐ Data Processing/Entry	☐ Scheduling Posse	
Preferred Administrative Shi	ft: Mon. – Fri. ( ) 0800-1	200 <u>or</u> ( ) 1200-1600
Applicant Signature:		_ <b>Date</b> :/20
Bring this completed a	pplication, your Covid vacc	ination card, unsigned

Bring this completed application, your Covid vaccination card, <u>unsigned</u>
Acknowledgement & Authorization for Background Check, Confidentiality
Statement & Communications forms to the SCW Posse Office.

### **CONFIDENTIALITY STATEMENT:**

I understand that if I become a Member of the Sun City West Posse, any information I receive in my duties will be held in confidence and will not be divulged to anyone unless need-to-know by Maricopa County Sheriff's Office/Posse to perform their duty. Sheriff's Posse Program GJ-27 #10 A&B.

Additionally, I understand that previous to acceptance of my application a background check will be conducted using my Social Security number and other information obtained in this application in order to protect the confidentiality of all information regarding commercial businesses, residents and fellow posse members of Sun City West. My signature below authorizes the Sun City West Posse to conduct background verification.

Applicant Signature:				Da	te: _	/_	/20
Name (print):							
Witness:		Posse/Member #:					
DO NOT	WRIT	E BELOW	THIS	LINE			
Fingerprints taken:	(date)	Processe	d by (	Posse/	Mem	ber#)	•
Sent to verify:	(date)	Processe	d by (	Posse/	Mem	ber#)	•
Verify received:	(date)	Approve	d by (I	Posse/	Mem	ber#)	•
Date accepted:	(date)	Approve	d by (I	Posse/	Mem	ber#)	•
Background taken:	(date)	Processe	d by (	Posse/	Mem	ıber #	):
Sent to verify:	(date)	Processe	d by (	Posse/	Mem	ıber #	):
Verify received:	(date)	Processe	d by (	Posse/	Mem	ıber #	):
Date accepted:	(date)	Approve	d by (I	Posse/	Mem	ber #)	:
Department Head acceptance:	Yes	No					_ (signature)
*Commander acceptance:							
(*) If not accepted, provide brief explana	ition (use	e back of pap	oer if ne	eded): _			
Personnel Records Input/Reten	ition: _			(date)			

# **COMMUNICATIONS**Sworn and Member Dispatcher

Dispatch is the heart beat of all normal operations of daily patrol activities. They are responsible for dispatching patrol cars to assist in various situations. They are responsible for logging all transactions in the field, phone calls from citizens, hospital and Maricopa County Sheriff Office (MCSO). They work in conjunction with the Duty Officer and Officer of the Day. They must be able to multi-task and handle emergency situations.

All information on residents, phone numbers, addresses, etc. is confidential and <u>NOT TO BE GIVEN OUT</u>. A request from MCSO is an exception to that rule. If a MCSO deputy requests information on residents or businesses in Sun City West, verify request with their name and serial number.

Sworn/Member Dispatchers are required to attend in-house Advanced training course, consisting of six (6) classes: two (2) AM, two (2) Noon, two (2) PM shifts. The second noon shift will be with the Communications Officer who will also administer the final exam.

Each Dispatcher is required to sign a confidentiality form, attend all semi-monthly meetings led by the Communication Officer. All new Dispatchers are required to work four (4) shifts a month.

Sworn/Member Dispatchers will be in uniform at the start of their shift. No Dispatcher shall wear a uniform outside of the office, unless coming into work.

<b>DUTY PLEDGE:</b> As a Sworn/Member Di	spatcher of the Sun City West Posse, in
accordance with the minimum service	expected of a Sworn/Member Dispatcher, I
, her	eby agree to service four (4) shifts per month as
a Sworn/Member Dispatcher, and attended	nd Dispatch meetings as scheduled.
	<b>T</b>
Applicant Signature:	Date:/20
<b>Name</b> (print):	
Witness:	Posse/Member #:



### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Sun City West Posse, LLC. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net. I do \_\_\_\_\_do not\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.) I also consent to have any legally required notices sent electronically. Name (print): \_\_\_\_\_ Signature: Date: / /20 Witness Name (print): Witness Signature: \_\_\_\_\_\_ Date: \_\_\_\_/20\_\_\_\_

Posse/Member #:

Version 7/2018

Last Name	First Name	Middle Name	
Current Address		 Dat	es Lived Here
Date of Birth	Other Names Used (including	ng maiden name)	Years Used
 Social Security Number	Driver's License #	DL	State
Email Address (May be ι	used for official corresponder	nce)	

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you
  in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper
  identification, which may include your Social Security number. In many cases, the disclosure will be free.
  You are entitled to a free file disclosure if:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness
  based on information from credit bureaus. You may request a credit score from consumer reporting agencies
  that create scores or distribute scores used in residential real property loans, but you will have to pay for it.
  In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to
  people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or
  other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before

extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

TYPE OF BUSINESS:	CONTACT:		
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552		
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357		
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050		
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	<ul> <li>b. Federal Reserve Consumer Help Center</li> <li>P.O. Box 1200</li> <li>Minneapolis, MN 55480</li> <li>c. FDIC Consumer Response Center</li> <li>1100 Walnut Street, Box #11</li> <li>Kansas City, MO 64106</li> </ul>		
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314		
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590		
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423		
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor		
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416		
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549		
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090		
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357		