

Detention Officer Academy TRAINING REGISTRATION FORM

Please type or print all information legibly.
Please complete all applicable fields-failure to complete all fields may result in a processing delay.

Date of Academy:

Training Location:

Hotel Room Needed: Yes No
(if not indicated a room WILL NOT be reserved)

OFFICER INFORMATION

Last four digits of SS# 000-00-

Last Name
First Name
Middle Name

Detention Center
Address
City/Zip

County
Gender Male/Female
Email Address @ Office

Hire date (per job description above)
Contact Ph #
Date of Birth

Home Address:
City/ST
ZIP

Supervisor's Name-Printed
Supervisor's Phone #
Office Main Ph#

Attendee's Signature
Supervisor's Signature

PLEASE COPY THIS FORM FOR ATTENDEE'S AND SUPERVISOR'S INFORMATION

If you need special accommodations, due to a disability, including auxiliary aids or materials in alternative formats, please contact Diane Bouconi @ (602) 452-3017.

Fax # 602-452-3004

To use this form electronically, please save attachment to hard drive. Please rename each form as you complete them for your new hire employees that you are signing up for training (Joe Smith.xls). Tab through the form completing each tab stop then save the form. Email the completed form to dbouconi@courts.az.gov