

# WOODLAND PARK POLICE DEPARTMENT

## PERSONAL HISTORY QUESTIONNAIRE



Equal Employment Opportunity/Affirmative Action Employer

The City of Woodland Park is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding an applicant from consideration on a basis prohibited by local, state or federal law. Equal access to employment services and programs is available to all persons.

Last Updated May 10, 2014

## APPLICANT ACKNOWLEDGMENT

I understand that my signature verifies I have read and understand the following information:

- I certify that statements, information and documents provided with regard to this Personal History Statement are true and complete.
- **I understand that failure to submit a complete statement or comply with the procedures established for submitting such statement could disqualify me for consideration for employment without prior notification. I also understand that omissions, discrepancies, conflicting information, misleading statements, false information, or evidence of fraud or deceit in any manner associated with my application, subsequent testing, or consideration for employment will disqualify me and constitute grounds for discharge, if hired.**
- In addition, I give the Woodland Park Police Department the right to investigate and verify any information obtained through this application. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Woodland Park in providing relevant, job related information that will assist in this process.
- I understand that the Woodland Park Police Department may obtain a driving history and criminal records check as part of the background process.
- I understand that I am required to submit official college/university transcripts with this questionnaire so that the Woodland Park Police Department can verify the information provided in the personal history questionnaire.
- If I am an honorably discharged veteran, I understand that I must submit an unedited version of my DD Form 214, or other suitable documentation, so that the Woodland Park Police Department can verify the information provided in the personal history questionnaire.
- I understand if I have any military service, I must sign and return a "Request for Military Records" Standard Form 180 (Section 5). The form will be completed and mailed by this department.
- I am aware that all submitted documents will not be returned to me or retrieved from my file for any reason, thus I have submitted true copies where applicable.
- I understand that a final employment offer as a Police Officer with the City of Woodland Park is contingent upon successful completion of a pre-employment alcohol/drug test, medical examination, polygraph examination, psychological evaluation, and background check. Background checks include, but are not limited to, work and personal references, driving records, criminal records, employment history, military service, and educational attainment.
- If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.
- If employed, I agree to abide by all policies, regulations and guidelines established by the City of Woodland Park.
- The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Woodland Park Police Department or another law enforcement agency in possession of a notarized waiver signed by you.
- There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity or have committed an undiscovered felony within the statutes of limitations, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

- One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Woodland Park Police Department has an unwavering stand against untruthfulness and dishonesty that may result in the dismissal of an employee who engages in such misconduct.

If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you will be permanently disqualified from being employed by the Woodland Park Police Department. Information regarding a candidate's disqualification may also be made available to other law enforcement agencies with an authorized request

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Applicant's Signature

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Date

**WOODLAND PARK POLICE DEPARTMENT  
PERSONAL HISTORY QUESTIONNAIRE**

**INSTRUCTIONS**

Complete this statement in full and with as much detail as possible. This statement will be provided to a background investigator to assist him or her in evaluating your suitability for employment.

- All questions must be answered completely and accurately. If a question does not apply, write N/A in the space provided. Avoid errors by reading the directions carefully before making any entries on the form. Make sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses, including zip codes and counties. Your local library may have a directory service or copies of local telephone directories to assist you.
- Whenever a report of an incident is required, be sure that you give all facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate dates or times the events took place and the names of persons or organizations involved.
- If there is not sufficient space on the form for you to include all the information required, the additional information should be placed on another sheet of paper and the item(s) properly identified by restating the question being answered.
- Remember, every item will be checked and verified. Careful, accurate and complete answers will help us to verify the information that you provide.
- You are expected to actively assist your Background Investigator in obtaining any additional information that he or she needs.

Complete the four waiver forms at the end of this packet and return them to us with the Personal History Questionnaire. **Please note that the Release of Information Form must be notarized.**

Mail or bring the completed questionnaire and waivers to the following address:

**Sergeant Chris Adams  
911 Tamarac Parkway  
Woodland Park, CO 80863**

If you have any questions regarding completion of this questionnaire, contact Sgt. Chris Adams at the Woodland Park Police Department at 719-687-9262 or by email at [cadams@city-woodlandpark.org](mailto:cadams@city-woodlandpark.org).

# PERSONAL

Date Submitted: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Other names you have used or by which you have been known, including nicknames. Give explanation for them:

Name: \_\_\_\_\_  
First Middle Last Explanation

Current Address: \_\_\_\_\_  
Street City County State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
City County State

With whom do you reside? \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No From what state? \_\_\_\_\_

License Number: \_\_\_\_\_ Type (operator, chauffer, etc.) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Ethnicity: ---SELECT BELOW---

Are you a citizen of the United States?  Yes  No If no, list country of citizenship: \_\_\_\_\_

If no, are you in the United States legally and have a legal right to work here?  Yes  No

Are you fluent in any language other than English?  Yes  No List language(s) \_\_\_\_\_

Are you single, married, separated, divorced or widowed: ---SELECT BELOW---

Name of spouse/significant other/boyfriend or girlfriend: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse/Significant Other Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Maiden name of spouse, or other name he/she might be known by: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Location of marriage ceremony: \_\_\_\_\_

If separated, divorced or annulled, answer the following questions:

Name of former spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_  
First Middle Last

Maiden name of former spouse, or other name he/she might be known by: \_\_\_\_\_

Location of marriage ceremony: \_\_\_\_\_  
City County State

Email Address: \_\_\_\_\_

Former spouse's phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Former In-laws: (Name, Address, Phone) \_\_\_\_\_

Title of court issuing decree: \_\_\_\_\_

Date filed: \_\_\_\_\_ Date granted: \_\_\_\_\_

On an additional piece of paper, add the identical information on any **additional** separations, divorces or annulments.

## DOMESTIC VIOLENCE INQUIRY

Are you currently, or have you ever been in the past, subject to a domestic restraining order, including a permanent restraining order, temporary restraining order, or emergency restraining order?  Yes  No

If yes, provide the following information with respect to that order:

Court/Jurisdiction \_\_\_\_\_

Docket/Case Number \_\_\_\_\_

Date(s) imposed \_\_\_\_\_

Disposition \_\_\_\_\_

Have you ever been charged with a Crime of Domestic Violence, in any court anywhere, including a military tribunal?  
 Yes  No

An offense that is Domestic Violence Related under federal or state law includes the commission of a crime\* against the following person's:

- a. A current or former spouse, parent or guardian of the victim
- b. A person with whom the victim shares a child in common
- c. A person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian
- d. A person similarly situated to a spouse, parent or guardian of the victim

\* These crimes can include: property crimes, threats, physical violence, obstruction of communications, stalking, etc.

If you have ever been charged with a Crime of Domestic Violence, provide the following information with respect to the

charge:

Court/Jurisdiction \_\_\_\_\_

Docket/Case Number \_\_\_\_\_

Statute/Charge \_\_\_\_\_

Disposition (convicted, dismissed, etc.) \_\_\_\_\_

Date Sentenced \_\_\_\_\_

If the Sentence was deferred, conditions of deferment: \_\_\_\_\_

a. Was your case dismissed?  Yes  No

b. Was your conviction expunged?  Yes  No

c. If any of your civil rights were removed as a result of the conviction, have they been restored?  Yes  No

If you answered "yes" to any of these questions, **attach copies** of documents verifying your response.

\*\*\*\*\*

If you have been charged more than once with a Crime of Domestic Violence, provide the same information as above for each incident on a separate sheet(s).

\*\*\*\*\*

Describe ANY domestic violence incidents in which you were involved, whether reported or not reported:

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# FAMILY HISTORY

List all natural children, step-children, adopted children, foster, children or other dependents. If deceased, indicate so on the Age line. Include Street Address, City, County, State and Zip for all addresses. Add additional sheet if necessary.

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Other Parent Name:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Other Parent Name:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Other Parent Name:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Other Parent Name:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Other Parent Name:** \_\_\_\_\_



# FAMILY HISTORY (CON'T)

List other relatives in the following order: father, mother (include maiden name), brothers, sisters, mother-in-law, father-in-law, brother-in-law, sister-in-law, or other legal guardians. If the relative is deceased, indicate "deceased" on the line for "Age". Include Street Address, City, County, State and Zip Code for all addresses. Attach additional sheet if necessary.

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City County State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

# REFERENCES

List five persons who know you well enough to provide a broad spectrum of information about your current and past life. **Do not list relatives, significant others, boyfriends, girlfriends or supervisors. Complete information is required for all references.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years Known: \_\_\_\_\_

# RESIDENCE HISTORY

List all addresses where you have lived during the past ten (10) years including any temporary addresses. Account for all of the time, starting with the most recent address. List date by month and year. Include county and zip code. Attach additional sheet if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address \_\_\_\_\_

City

County

State

Zip

With whom did you reside? \_\_\_\_\_

**Current** email and phone number of person with whom you resided: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If rental, give **current** name and phone of landlord: Phone: \_\_\_\_\_

Why did you move from here? \_\_\_\_\_

.....

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address \_\_\_\_\_

City

County

State

Zip

With whom did you reside? \_\_\_\_\_

**Current** email and phone number of person with whom you resided: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If rental, give **current** name and phone of landlord: Phone: \_\_\_\_\_

Why did you move from here? \_\_\_\_\_

.....

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address \_\_\_\_\_

City

County

State

Zip

With whom did you reside? \_\_\_\_\_

**Current** email and phone number of person with whom you resided: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If rental, give **current** name and phone of landlord: Phone: \_\_\_\_\_

Why did you move from here? \_\_\_\_\_

# RESIDENCE HISTORY (CON'T)

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip

With whom did you reside? \_\_\_\_\_

**Current** email and phone number of person with whom you resided: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If rental, give **current** name and phone of landlord: Phone: \_\_\_\_\_

Why did you move from here? \_\_\_\_\_  
.....

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip

With whom did you reside? \_\_\_\_\_

**Current** email and phone number of person with whom you resided: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If rental, give **current** name and phone of landlord: Phone: \_\_\_\_\_

Why did you move from here? \_\_\_\_\_  
.....

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip

With whom did you reside? \_\_\_\_\_

**Current** email and phone number of person with whom you resided: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If rental, give **current** name and phone of landlord: Phone: \_\_\_\_\_

Why did you move from here? \_\_\_\_\_  
.....

**If you had additional addresses during the last ten years, list the same detailed information on a separate page.**

Have you ever been evicted from a residence?  Yes  No If yes, give details

:

# EMPLOYMENT HISTORY

Begin with your current or most recent position and list all positions you have held for the last ten (10) years; including part-time, temporary, or seasonal employment, and any military service. Identify part-time jobs with a "PT" and temporary jobs with "TEMP" on the "Duties" line. Describe any gaps in employment on a separate page if necessary. (You may have held multiple positions with the same employer). List dates in month and year format (MM/YY).

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  Yes  No If Yes, explain on separate sheet.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No  
If Yes, please explain on separate sheet.

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No  
If Yes, please explain on separate sheet.

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# EMPLOYMENT HISTORY (CON'T)

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No If Yes, please explain on separate sheet.

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# EMPLOYMENT HISTORY (CON'T)

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  Yes  No If Yes, explain on separate sheet.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No  
If Yes, please explain on separate sheet.

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From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  Yes  No If Yes, explain on separate sheet.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No  
If Yes, please explain on separate sheet.

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# EMPLOYMENT HISTORY (CON'T)

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  Yes  No If Yes, explain on separate sheet.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No  
If Yes, please explain on separate sheet.

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Type of business: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Hours to contact: \_\_\_\_\_  
(Name, Title, Dept) (incl. ext.)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  Yes  No If Yes, explain on separate sheet.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No  
If Yes, please explain on separate sheet.

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# WORK HISTORY

If you answered "YES" to any of the following questions about your work history, explain your answer in detail either below or on a separate sheet. These questions ask you about your **entire** work history, not just the last 10 years.

- a. Have you ever been terminated for any reason (excluding lay-off) by an employer?  Yes  No
- b. Have you ever been asked to resign by an employer?  Yes  No
- c. Have you ever resigned after being informed that you would be terminated by an employer?  Yes  No
- d. Have you ever received a formal written reprimand, letter of counseling, or any other documentation of disciplinary action from your employer?  Yes  No
- e. Have you ever been demoted, suspended, or fined by an employer?  Yes  No
- f. Have you ever been investigated by your employer for improper conduct or illegal activities which resulted in you being found in violation of any organization policies, regulations, rules or any State or Federal laws?  Yes  No
- g. Have you ever been placed on a performance improvement plan for poor job performance by any employer?  Yes  No
- h. If you served in the military, were you ever disciplined (courts martial, captain's masts, company punishment or other)?  Yes  No

Explain:

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Have you ever worked or volunteered for the City of Woodland Park?  Yes  No

Do you have any relatives employed with the City of Woodland Park? Our policy is that relatives shall not be employed in either a direct or indirect supervisory relationship.  Yes  No

**If yes, please list:**

Name: \_\_\_\_\_ Division: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Division: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Division: \_\_\_\_\_ Relationship: \_\_\_\_\_

# MILITARY HISTORY

List all periods of active service in the Armed Forces of the United States, including the Coast Guard, National Guard, and Reserves. (If you are serving in the National Guard or Reserves, do not include periods called to active duty just for training).

From (MM/YY)	To (MM/YY)	Branch of Service	Specialty	Highest Rank Held	Character of Discharge

If you were discharged with any discharge other than Honorable, explain the reason for the discharge:

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List each location where you were stationed on active duty. Include deployments or TDY's of more than 90 days. List dates by month and year (MM/YY)

From (MM/YY)	To (MM/YY)	Job Title	Unit, Base Name, Location (City, State, Country)

**List additional assignments on a separate sheet of paper if necessary.**

# INACTIVE SERVICE

From (MM/YY)	To (MM/YY)	Branch of Service	Specialty	Highest Rank Held	Character of Discharge

If you are currently serving in the Reserves or National Guard, are you required to attend a period of active duty annually?

Yes  No

If yes, how many days? \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_

Unit Address: \_\_\_\_\_

If you are an honorably discharged veteran and want to claim veteran's preference in testing, submit an unedited version of your DD Form 214 with this questionnaire. For more information on veteran's preference, see our Job Application Guide.

# LAW ENFORCEMENT EXPERIENCE

Have you worked in law enforcement, including Corrections, at any time in the past?  Yes  No

If yes, and you did not provide this information under Employment History because it was more than 10 years ago, include it here:

From: \_\_\_\_\_ To: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone: \_\_\_\_\_ Hours To Contact: \_\_\_\_\_

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Job Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supv. Phone: \_\_\_\_\_ Hours To Contact: \_\_\_\_\_

\*\*\*\*\*

Are you a Colorado State certified police officer?  Yes  No If yes, certificate number: \_\_\_\_\_

Are you a certified peace officer in any other state?  Yes  No If yes, where? \_\_\_\_\_  
(provide documentation of certification)

Have you received any commendations, honors, awards, medals, etc. List with date received and provide documentation.

Have you received any specialized training or assignments (**only list training beyond basic skills courses**)? List training and date(s) received, and provide documentation of completion.

Were you ever the subject of a civil suit or a criminal prosecution because of your actions as a law enforcement officer?

- No
- Yes, but charges were dropped. No settlements were made.
- Yes, but charges were dropped. A settlement was made.
- Yes, charges were upheld and settlements made.

# APPLICATIONS WITH OTHER LAW ENFORCEMENT AGENCIES

List below any public law enforcement agency (federal, state, county or municipal), including correctional facilities, that you have applied to in the last ten years. (Include any previous application with the Woodland Park Police Department)

Agency: \_\_\_\_\_ Date of Application (MM/YY): \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

Check all that apply:

- |   |                                    |   |                                   |
|---|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Took test                | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Background Investigation | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Conditional Offer        | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Final Offer              | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |

Reason / Status: \_\_\_\_\_

\*\*\*\*\*

Agency: \_\_\_\_\_ Date of Application (MM/YY): \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

Check all that apply:

- |   |                                    |   |                                   |
|---|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Took test                | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Background Investigation | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Conditional Offer        | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Final Offer              | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |

Reason / Status: \_\_\_\_\_

\*\*\*\*\*

Agency: \_\_\_\_\_ Date of Application (MM/YY): \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

Check all that apply:

- |   |                                    |   |                                   |
|---|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Took test                | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Background Investigation | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Conditional Offer        | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |
| <input type="checkbox"/> Final Offer              | <input type="checkbox"/> Qualified | <input type="checkbox"/> Disqualified (list reason) _____ | <input type="checkbox"/> Withdrew |

Reason / Status: \_\_\_\_\_

**List other applications on a separate sheet of paper in sequence from most to least recent.**

# EDUCATION HISTORY

List all high schools, colleges, universities, trade and business schools attended. Begin with the most recent and continue in sequence. List by month and year. (MM/YY) Submit official transcripts with this questionnaire from all colleges or universities you have attended so that the Woodland Park Police Department can verify you meet educational minimum qualifications.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Degree/Credits earned: \_\_\_\_\_ Graduate?  Yes  No

GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

\*\*\*\*\*

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Degree/Credits earned: \_\_\_\_\_ Graduate?  Yes  No

GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

\*\*\*\*\*

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Degree/Credits earned: \_\_\_\_\_ Graduate?  Yes  No

GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

\*\*\*\*\*

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Degree/Credits earned: \_\_\_\_\_ Graduate?  Yes  No

GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Did you earn any honors during your educational history (President's List, Cum Laude, etc.)?  
 \_\_\_\_\_

Were you ever suspended or expelled from any school?  Yes  No *If yes, explain:*

# FINANCIAL HISTORY

List all of your current outstanding debts and any open accounts including those with a zero balance and debts held jointly with your spouse (Mortgage, vehicle, personal loans, student loans, charge accounts/credit cards, etc.) Do not list closed accounts. Add additional pages if necessary.

## Home Mortgage

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

## Car Loan

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

## Car Loan

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

## Credit Card

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

# FINANCIAL HISTORY (CON'T)

## Credit Card

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

## Credit Card

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

## Credit Card

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

## Other Loan:

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Account Number: \_\_\_\_\_

Amount Borrowed: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Were you ever delinquent on payment?  Yes  No If yes, explain: \_\_\_\_\_

**What is your total indebtedness at present?**



## FINANCIAL HISTORY (CON'T)

Have you or your spouse ever:

Had your wages attached?  Yes  No

Been delinquent on payments?  Yes  No

Been refused credit?  Yes  No

Had any property repossessed?  Yes  No

Filed or declared bankruptcy?  Yes  No

Been sued for non-payment of financial obligations?  Yes  No

Had checks returned for insufficient funds?  Yes  No

Failed to file federal/state income tax?  Yes  No

Had any accounts turned over to a collection agency?  Yes  No

If the answer to any of the above questions is yes, provide a detailed explanation on a separate page, including dates, locations, etc.

Are you now or have you been under court order to pay child support/alimony?  Yes  No

If yes, explain:

Are you now or have you ever been delinquent on your court ordered child support/alimony payments? Yes No

If yes, explain:

Name of your bank: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

Address of your bank: \_\_\_\_\_

Have you ever been refused a life, health, auto or other insurance policy?  Yes  No

If yes, explain reason:

# LEGAL

If you answer "YES" to any of the following criminal history items, you must explain your answer in detail below the question or on an additional sheet. If applicable, include original charge, charging police agency and state, disposition of case and date of disposition. For item "f", provide charge, charging police agency and state and status of charge. For item "g", provide when, where, and specifics of incident.

a. Have you had any traffic convictions in the last three years?  Yes  No

Conviction or Accident:  Conviction  Accident Date: \_\_\_\_\_

Conviction or Accident:  Conviction  Accident Date: \_\_\_\_\_

Conviction or Accident:  Conviction  Accident Date: \_\_\_\_\_

b. Have you ever been arrested for, convicted of, pled guilty to, or received deferred judgment or deferred sentencing for a felony?  Yes  No

Explain:

c. Have you ever been arrested for, convicted or, pled guilty to, or received deferred judgment or deferred sentencing for a misdemeanor other than domestic violence or traffic offenses?  Yes  No

Explain:

d. Have you ever received deferred prosecution, deferred judgment or deferred sentencing for any offense against municipal or county ordinances or federal/state/military law?  Yes  No

Explain:

e. Have you ever been arrested for, convicted of, pled guilty to, or received deferred judgment or deferred sentencing for a felony or misdemeanor involving domestic violence?  Yes  No

Explain:

f. Have you ever pled no contest to any offense of the law?  Yes  No

Explain:

g. Do you have any pending charges for any offense?  Yes  No

Explain:

h. Have you ever engaged in ANY undetected criminal activity, as an adult or juvenile, for example: theft of goods or services, shoplifting, underage drinking, wildlife violations, trespassing, indecent exposure, fighting, soliciting prostitution, unlawful sexual activity, etc?  Yes  No

Explain:

i. Have you ever been contacted, detained, questioned, held on suspicion, or fingerprinted, although not arrested during the course of a criminal investigation conducted by any law enforcement agency, including military police?  Yes  No

Explain:

j. Has any member of your immediate family or have you shared a residence with anyone who has ever been arrested for or convicted of a felony offense?  Yes  No

Explain:

k. Have you ever been reported to a law enforcement agency as a missing person or runaway?  Yes  No

Explain:

## LEGAL (CON'T)

I. Have you ever had any contact with law enforcement not documented in items a-k?  Yes  No

Explain:

The questions below ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include **but not be limited to**, your use of any of the following drugs:

- Amphetamines/Methamphetamines  
(Uppers, Speed, Crank, Etc.)
- Barbiturates  
(Downers)
- Cocaine/Crack Cocaine
- Designer Drugs  
(Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue
- Hallucinogens  
(Peyote, LSD, Mushrooms)
- Heroin/Opium
- Marijuana
- Mescaline
- Morphine
- Steroids
- Tetrahydrocannabinol (THC)

Have you ever used any drug(s) as indicated above?  Yes  No

If yes, give details, including **drug(s) used** and **circumstances**:

Have you ever engaged in any of the activities listed below for drugs, narcotics, or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give details including **drug(s) involved**, over what **time period(s)** and **circumstances**.

# TRAFFIC HISTORY

List all driving citations you have received as an adult or juvenile, including speeding tickets. **Be sure to list original charge and final disposition.** Do not list parking tickets.

Month/Year (MM/YY)	Original Charge	City & State	Disposition	Resulted in Accident?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any traffic accidents in which you have been involved, including any accident while you were working, giving approximate dates, locations, circumstances, and determination of fault.

Month/Year (MM/YY)	Location	City & State	Description	Were You At Fault?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your license ever been suspended, revoked or denied?  Yes  No

Date of action: \_\_\_\_\_

Do you carry auto insurance on all of the vehicles you own?  Yes  No

Name of Insurer: \_\_\_\_\_

Have you ever possessed a driver's license from another state or country?  Yes  No

State or Country: \_\_\_\_\_ License Number: \_\_\_\_\_

State or Country: \_\_\_\_\_ License Number: \_\_\_\_\_

State or Country: \_\_\_\_\_ License Number: \_\_\_\_\_

## ORGANIZATIONAL MEMBERSHIP

Are you now or have you ever been a member of any organization, movement, or group, which advocates or approves of the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States or the State of Colorado, by any unlawful or unconstitutional means?  Yes  No

If yes, explain:

List all organizations, clubs and associations, including fraternities or sororities, of which you are or have been a member, or with which you have been associated:

## VOLUNTEER HISTORY

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# VOLUNTEER HISTORY (CON'T)

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## MISCELLANEOUS

Do you know of anything that would disqualify you from being appointed as a police officer or prevent you from performing the essential duties of the job?  Yes  No If yes, explain in detail:

The job of a police officer requires that you are able to make a forceful arrest and fire a weapon with either hand. Is there any reason that you would not be able to perform these duties?  Yes  No If yes, explain in detail:

If it became necessary in the course of your duties to take a human life, would you be reluctant to do so?  Yes  No If yes, explain in detail:

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?  Yes  No If yes, explain in detail:



## MISCELLANEOUS (CON'T)

Were you ever the subject of a civil suit? (i.e. Insurance, Damages, Corporate, etc. excluding divorce or bankruptcy)   
Yes  No

If yes, explain and provide documentation, including disposition.

Have you ever applied for a permit to carry a concealed weapon?  Yes  No  
If yes, please provide the date, agency and outcome of application(s).

Have you ever been arrested for, convicted of, pled guilty to, or received deferred judgment or deferred sentencing for a DUI, DWAI or other alcohol related offense?  Yes  No

Explain:

Have you ever been the subject of any disciplinary action to include all internal affairs investigations?  Yes  No

Explain:

## MISCELLANEOUS (CON'T)

Is there any other information you feel would be helpful in considering you for employment?:



This waiver is valid for a period of twelve months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Name (print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
(NAME)

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

### **Disclosure**

The Woodland Park Police Department, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (If you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency" about you. These terms are defined in the Fair Credit Reporting Act, which applies to you. As an applicant for employment with the Woodland Park Police Department, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as the Woodland Park Police Department.

A "consumer report" is any written, or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If the Woodland Park Police Department obtains a "consumer report" about you, and if the Woodland Park Police Department considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is made final by the Woodland Park Police Department. You are also free to contact the Federal Trade Commission about your rights under the FCRA, as a "consumer," with regard to "consumer reports" and "consumer reporting agencies."

### **AUTHORIZATION**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the Woodland Park Police Department to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding my employment at the Woodland Park Police Department. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

---

Signature

Date

**WOODLAND PARK POLICE DEPARTMENT  
AUTHORIZATION TO USE SOCIAL SECURITY NUMBER**

I, \_\_\_\_\_, am voluntarily providing the Woodland Park Police Department with my Social Security number of \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Further, I authorize the Woodland Park Police Department to include my Social Security Number on all necessary documents in order to assist the Woodland Park Police Department in determining my qualifications and fitness for the position I am seeking as a Police Officer.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing my Social Security Number.

Given this \_\_\_\_\_ day of \_\_\_\_\_.  
Date Month/Year

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Last First MI

**AFFIDAVIT**

**ATTESTING TO MY AGE, HIGH SCHOOL COMPLETION  
AND DRIVER LICENSE**

I \_\_\_\_\_, by completing and signing this Affidavit does hereby attest that:  
(Applicant Print Name )

\_\_\_\_I am 21 years of age as of the date of this affidavit, or I will be 21 years of age within the next thirty days as required by the minimum requirements to apply to become as Police Officer with the Woodland Park Police Department.

\_\_\_\_I currently possess a high school diploma or GED certificate as required by the minimum requirements to apply to become a Police Officer with the Woodland Park Police Department.

\_\_\_\_As of the date of this affidavit, I possess a valid driver license as required by the minimum requirements to apply to become a Police Officer with the Woodland Park Police Department.

\_\_\_\_I understand that if I sign this affidavit and it is later discovered during any part of the selection process for the position of Police Officer that I do not meet the requirements stated above, I will be considered to have falsified information in my application and I will be disqualified from continuing in the process.

\_\_\_\_I further understand that signing this affidavit does not release me from the requirement to produce valid copies of my birth certificate, high school diploma or GED certificate, and driver license if extended a conditional offer of employment.

\_\_\_\_I sign this release voluntarily and without coercion or duress.

\_\_\_\_\_  
Applicant Print Name Here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature Here