

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No GED: Yes No

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:		

Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:		

Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:		

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:	Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:	Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

LICENSES/CERTIFICATION/REGISTRATIONS: If a license/certificate/registration is required for the job for which you are applying, please complete the following. If you need additional space attach a separate sheet of paper using the same format.

Professional/Specialty License Type: _____ License Number (if applicable): _____

Expiration Date: _____ State and/or Agency Granting License: _____

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Expiration Date: _____ State and/or Agency Granting License: _____

EMPLOYMENT HISTORY: List your employment history of the position(s) held for the last 10 years. Start with the most recent job, including part-time, temporary, and volunteer jobs. If more than one position was held with a given organization, list each position as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the City of Fort Lupton and/or may be removed from a job after hire.

Current or Last Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary: \$ per	Ending or Current Salary: \$ per	Reason for Leaving:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:	
Date Separated (mo/yr)	Major Job Duties:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Previous Employer:		Address:		Previous Names Used:
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:	
Date Separated (mo/yr)	Major Job Duties:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

SPECIALIZED SKILLS: Please list skills / equipment operated.	

<p>OTHER QUALIFICATIONS: Please list any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills.</p>
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Summarize special job-related skills and qualification:			
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Spreadsheet Software _____	<input type="checkbox"/> POST Certified	<input type="checkbox"/> _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Processing Software _____	<input type="checkbox"/> Commercial Driver License (CDL)	<input type="checkbox"/> _____
WPM _____	<input type="checkbox"/> Database Software _____	<input type="checkbox"/> CPR	<input type="checkbox"/> _____
	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> First Aid	<input type="checkbox"/> _____

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:

CERTIFICATION: I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature:	Date:
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FOR AGENCY USE ONLY

Application Received:	Application Entered:
Application Reviewed: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept:	
Second Review of Application: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	



CITY OF FORT LUPTON APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of the City of Fort Lupton to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative4 action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Job Title as Announced:				
Name: Last Name	First Name	Middle Name	Suffix	Social Security Number:
How did you learn about us?	<input type="checkbox"/> Newspaper - Please Specify _____ <input type="checkbox"/> City of Fort Lupton Website <input type="checkbox"/> Channel 16 <input type="checkbox"/> Posting at City Hall		<input type="checkbox"/> Posting at the Community Center <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____	

I elect not to identify. <input type="checkbox"/>
Ethnicity/Race: Check only one. <input type="checkbox"/> 1 – African American, Non-Hispanic <input type="checkbox"/> 2 – American Indian or Alaska Native <input type="checkbox"/> 3 – Asian <input type="checkbox"/> 4 – Native Hawaiian or Pacific Islander <input type="checkbox"/> 5 – White
Ethnicity: Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Signature:	Today's Date:
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Police Department

PERSONAL HISTORY STATEMENT



Performance, Integrity, Teamwork,
 Accountability and Service

Please print or type. Must be turned in with completed Employment Application.

PERSONAL *The following information is required of you for verification and contact purposes only.*

1. Name:

Last	First	Middle
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Other names you have used or been known by (including nicknames, maiden names, AKA's, etc.):

2. Please list address at which you can be contacted (home address):

Street	City	State	Zip
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3. Please list the local telephone number(s) at which you can be contacted:

(_____) _____ Hours you can be contacted: _____

(_____) _____ Hours you can be contacted: _____

4. Birth date:

Month	Day	Year
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5. You must have the proper documentation to fulfill I-9 requirements. (For example, the Immigration & Naturalization Service requires that you provided a Passport or Driver's License and Social Security Care, etc., to fulfill requirements.) Do you have proper I-9 documentation?

Yes No

6. Social Security Number: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

7. For the purposes of identification, please provided the following:

Height	Weight	Hair Color	Eye Color
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Scars, tattoos, or other distinguishing marks

RELATIVES AND REFERENCES *During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Police Officer. Inquiries will be confined to job-relevant matters.*

8. Please supply the appropriate information in the spaces provided below. If a category is not application, write "N/A". Please circle the type of phone number.

If living:

Father	Address, City, State, Zip	Phone Number: Home, Work, Other
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Mother	Address, City, State, Zip	Phone Number: Home, Work, Other
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Father-in-law (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Mother-in-law (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Stepfather (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Stepmother (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other

Brother(s) and Sister(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Stepbrother(s) and Stepsister(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Other relatives with whom you have a close personal relationship (including children):

Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other

9. Please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

10. Please list 3 to 5 references who have knowledge of you and your qualifications. Exclude relatives and former employers:

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

EDUCATION

11. The Commission of Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regards to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. Institution.
- I passed the G.E.D. (General Educational Development) test.
- I passed the Colorado High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I possess a master’s degree.
- I possess a doctorate degree.

12. Please indicate all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City and State)	Dates Attended From / To	School References (Teacher, Counselor, etc.)

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools; any formal education beyond the high school level.) Yes No
 If “Yes”, please explain (include school, date, and circumstances): _____

RESIDENCE *Individuals who have been acquainted with you by your residing in different locations are often helpful in providing useful information for the background investigation.*

14. Please list all your residences during the last 10 years (list no information prior to your 15th birthday.) Begin with your most current residence.

Address City, State, Zip	Dates (From / To)	If rented, give name & address of the person responsible for the collection of the rent.

(Continued on Next Page)

EXPERIENCE AND EMPLOYMENT

15. Would any problem result if your present employer was contacted during the course of the background investigation? Yes No
If "No", when should such contact be made? _____

16. If you have no prior employment, please explain. _____

17. Have you ever been fired or asked to resign from any place of employment? Yes No
If "Yes", please give details (include when, where, circumstances). _____

18. Have you ever applied for another position requiring peace officer powers? Yes No
If "Yes", please give details (include when, name of agency, circumstances). _____

19. List any job you held since age 18 that was not listed on the Fort Lupton application. Include dates of employment, salary, job title, supervisor and phone number, duties, and reason for leaving.

_____	May we contact them?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE

20. If you are a male under age 26, please provide the following:

_____	_____	_____
Selective Service Number	Approximate Date of Registration	Address at Time of Registration

21. Have you ever served in the armed forces, National Guard or military reserves? Yes No
If "Yes", please give details (include branch of service, when, where, circumstances). _____

22. Are you currently participating in any military reserve or National Guard program? Yes No
If "Yes", please give details (include branch of service, when, where, circumstances). _____

23. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?

Yes No

If "Yes", please give details (include branch of service, when, where, circumstances). _____

24. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Phone Number	Years Known (From / To)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

◀ ◀ Please submit your DD-214 with application packet. ▶ ▶

FINANCIAL

25. Have you ever filled for or declared bankruptcy? Yes No

If "Yes", please give details (include when, where, why). _____

26. Have any of your bills or checks ever been turned over to a collection agency? Yes No

If "Yes", please give details (include when, firms involved, circumstances). _____

27. Have you ever had purchased goods repossessed? Yes No

If "Yes", please give details (include when, firms involved, circumstances). _____

28. Have your wages ever been garnisheed? Yes No

If "Yes", please give details (include when, where, why). _____

29. Have you had debts or financial obligations four or more months in arrears in the last five years? Yes No

30. Within the past five years, has any property owned, or partially owned by you been the subject of a lien? Yes No

LEGAL

31. If you have ever been arrested, convicted or ticketed for any crime (excluding traffic), please list:

Approximate Date	Police Agency	Circumstances
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_____	_____	_____
_____	_____	_____
_____	_____	_____

32. Have you ever been placed on court probation, or sentenced to jail as an adult? Yes No
 If "Yes", please give details (include when, where, why). _____

33. Were you ever required to appear before a court as a juvenile for an act that would have been a crime if committed by an adult?
 Yes No
 If "Yes", please give details (include when, where, why). _____

34. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
 If "Yes", please give details (include date, law enforcement agency, circumstances).

35. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action (excluding dissolution of marriages)?
 Yes No
 If "Yes", please give details (include when, where, names and location of court, circumstances).

36. Have you ever been the subject of a restraining order? Yes No
 If "Yes", please give details (include when, where, why). _____

DRUG USE

37. Have you ever used marijuana? Yes No
 When was the last time? _____

38. With the exception of marijuana, have you ever used any illegal drugs, including non-prescribed steroids? Yes No
 What was the drug used? When was the last time? _____

39. Have you sold, manufactured or distributed any drug, including marijuana, at any time? Yes No
 If "Yes", please explain. _____

40. When was the last time you used any prescription medication that was not prescribed to you, if ever? _____
 Please explain. _____

MOTOR VEHICLE OPERATION *Operation of a motor vehicle is an integral part of the position of Police Officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.*

41. Colorado driver's license number: _____ Expiration Date: _____

42. Please list other states where you have been licensed to operate a motor vehicle.

State: _____ Name under which license was granted: _____

State: _____ Name under which license was granted: _____

(Continued on Next Page)

State: _____ Name under which license was granted: _____

State: _____ Name under which license was granted: _____

43. Have you ever been refused a driver's license by any state? Yes No

If "Yes", please explain (include when, where, why). _____

44. Colorado law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Please list the current liability insurance you have with your motor vehicle(s).

Company & Address	Policy Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are bonded or have deposited \$35,000 to meet your motor vehicle finance responsibility, please indicate.

Bond \$35,000

45. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

46. Have you ever been involved as a driver in a motor vehicle accident within the past 5 years? Yes No

If "Yes", please give details for each accident.

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

47. Has your license ever been suspended, revoked, denied or your driving privilege restricted in any manner? Yes No

If "Yes", please give details (include what, when, where, why). _____

48. If there is anything you wish to discuss about your driving record, please do so. _____

GENERAL INFORMATION

49. Have you ever been refused automobile insurance for any reason other than failure to pay a premium? Yes No
If "Yes", please give details (include company name and address, date, and reason(s)). _____

50. Have you ever applied for a permit to carry a concealed weapon? Yes No
If "Yes", please provide the following information:
Permit granted? Yes No Date: _____
Name of law enforcement agency: _____
Purpose: _____

I hereby certify that all statements made in the Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal. I understand that all statements made by me are subject to verification by a polygraph examination, voice stress analyzer exam and/or a detailed background investigation.

Signature in full _____ Date _____

Print full name _____
