



TOWN OF IGNACIO, COLORADO

Police Officer Employment Application

All applicants seeking employment with the Town of Ignacio in any law enforcement capacity that requires peace officer certification is required to complete this Employment Application.

NOTE TO APPLICANT:

All applicants shall be subject to an extensive background investigation and verification of the validity and content of the answers given herein.

INSTRUCTIONS:

1. Answer all questions completely. If a question is not applicable, write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from records.
2. Type, write or print legibly. Illegible or incomplete applications will not receive consideration. It is imperative that all information is accurate and current. Information regarding names, addresses and references must be correct in order to process this application.
3. Responses more lengthy than space provided should be continued on an attached supplemental sheet.

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PLEASE READ CAREFULLY

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False or Misleading Statements or Omissions

You are advised that this Employment Application Form is an official document. Any false or misleading information or omission from this application will be sufficient grounds for rejection of your application or termination of your employment

APPLICATION

_____ Position Applied For

Name: _____ Date of Birth: _____
(Last) (First) (Middle) (Month / Day / Year)

Other names used (maiden, nickname, alias): _____

Home Phone Number: _____ Alternate Number: _____
(area code / number) (area code / number)

Email address _____

U.S. Citizen Yes ____ No ____ Place of Birth: _____
(City, State, Country if other than U.S.)

Social Security Number: _____ Driver's License Number: _____

Driver's License State of Issue: _____ Driver's License Date of Issue: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

PERSONAL HISTORY

Marital Status: _____

If Married (as applicable)

Wife's Maiden Name: _____ Date of Birth: _____

Husband's Name: _____ Date of Birth: _____

Spouse's Occupation and Employer: _____

If Divorced or Separated:

Former Spouse's Name: _____ Date of Birth: _____

Former Spouse's Current Address: _____

Children's Name(s)	Age	Address	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you paying child support? Yes ____ No _____. If yes, are you current on your payments?

Yes ____ No _____. If no, please provide an explanation.

ADDRESSES FOR THE LAST FIVE YEARS

Current Address: _____
 (Street) (City) (State) (Zip)

From: _____ Check One: Own: _____ Rent: _____

If Rented, Landlord: _____
 (Name) (Address / City / State / Zip / Phone)

Previous Address: _____

From: _____ To: _____ Check one: Own _____ Rent _____
 (Date) (Date)

If Rented, Landlord: _____
 (Name) (Address / City / State / Zip / Phone)

Previous Address: _____

From: _____ To: _____ Check one: Own _____ Rent _____
 (Date) (Date)

If Rented, Landlord: _____
 (Name) (Address / City / State / Zip / Phone)

EDUCATIONAL BACKGROUND

Type of School	Name / Location	Years Attended	Graduated Y/N	Course/Major
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Elementary or Grade: _____

High School: _____

College: _____

Other: _____

LICENSES AND CERTIFICATES (including Law Enforcement certification)

Please list any special license or certificate you have which is required or pertains to the position for which you are applying:

(License/Certificate Type)	(State/agency of issuance)	(Number)	(Expiration)
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(License/Certificate Type)	(State/agency of issuance)	(Number)	(Expiration)
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List law enforcement training you attended and whether you are certified, if applicable.

Course Title	Date Attended	Certificate Issued Y/N
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MILITARY SERVICE

Have you been an active member of the military service? Yes _____ No _____

If yes, what branch of the service? _____

NOTE: You must also complete the Release of Military Records Form in this application.

Dates Served: From _____ to _____ Highest Rank attained: _____

Describe your duties: _____

Type of Discharge: _____

Were you released from the military early: Yes _____ No _____. If Yes, explain why: _____

List your last duty station: _____

Were you subject to any demotion or other disciplinary action in the military service? Yes _____ No _____

If yes, please explain _____

Are you presently a member of the military reserve? Yes _____ No _____. If Yes, give your anticipated date of discharge. _____.

GENERAL HISTORY

Are you acquainted with any employees of the Town of Ignacio? Yes _____ No _____. If Yes, please List their names:

Do you have any relatives who are currently employed by the Town of Ignacio? Yes _____ No _____. If Yes, please list their names:

What is your primary employment goal? _____

CHARACTER HISTORY

Have you ever been treated for mental illness? Yes _____ No _____. If Yes, please explain: _____

Have you ever intentionally caused physical injury to another person? Yes _____ No _____. If Yes, please explain:

Have you ever been arrested, served with a criminal summons or charged with a criminal offense in any other manner? You must include ALL arrests and charges since the age of 18. You must include ALL offenses, regardless of class of crime (felonies, misdemeanors and petty offenses). You must include serious traffic offenses, such as driving under the influence of alcohol or drugs, reckless driving, hit and run, etc., and any other traffic offense that resulted in the suspension or revocation of your driver's license. Yes _____ No _____. If Yes, list the arresting agency, date, charges, disposition and circumstances. If you received a deferred judgment or sentence, or probation, you must include the terms and conditions imposed and the date that you were discharged or released from supervision.

Have you ever used any illegal drugs such as marijuana, amphetamines, cocaine, etc.? Yes ____ No ____
If Yes, please explain.

Do you associate with anyone who uses illegal drugs or narcotics? Yes _____ No _____. If Yes, please explain.

Do you drink alcoholic beverages? Yes _____ No _____. If Yes, to what extent? Daily ___ Weekly ___
Average number of drinks per week? _____

Have you ever received treatment in a substance abuse or alcohol treatment program? Yes ____ No ____
If Yes, please give name and address of facility and date(s) of treatment.

Have you been involved in a traffic accident or been issued a moving traffic citation in the past five (5) years? Yes _____ No _____. If Yes, please explain and give approximate dates and locations.

Have you ever taken a polygraph examination? Yes _____ No _____. If Yes, please indicate the date and the name of the examining agency.

EMPLOYMENT HISTORY

This portion must be accurate and complete. It is the first screening device in the examination process. This application is used only to determine if you meet minimum qualifications. A resume will not be accepted in place of the application. Applications lacking sufficient information will be rejected. List your employment history starting with the most recent job, including part-time, self-employment, temporary and volunteer jobs. Under “specific 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 duties. If you need more space, attach a separate sheet of paper using the same format.

(1)

Employer / Type of Business	Phone Number	
Street Address	City, State, Zip	
Your Position	Dates of Employment	Supervisor
Salary / Wages	Number of people you supervised	

List Specific Duties: _____

Reason for Leaving: _____

(2)

Employer / Type of Business	Phone Number	
Street Address	City, State, Zip	
Your Position	Dates of Employment	Supervisor
Salary / Wages	Number of people you supervised	

List Specific Duties: _____

Reason for Leaving: _____

(3)

Employer / Type of Business		Phone Number
Street Address		City, State, Zip
Your Position	Dates of Employment	Supervisor
Salary / Wages	Number of people you supervised	

List Specific Duties: _____

Reason for Leaving: _____

DISCIPLINARY ACTIONS

Have you ever been subject to a disciplinary action or an internal affairs investigation? If Yes, please explain date, employer and brief details of the circumstance.

APPLICANT’S PRE-EMPLOYMENT WAIVER
AND
AUTHORIZATION TO RELEASE INFORMATION

I, _____ As an applicant for employment with the Town of Ignacio as a law enforcement officer, do hereby give my permission for an authorized agent of the Town of Ignacio to investigate my employment history, including access to any and all personnel files from present and past employers and to investigate my personal history and/or personal references.

I also authorize the Ignacio Police Department and the Colorado Bureau of Investigation to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information to these listed investigatory agencies, are hereby authorized to provide such information.

I hereby authorize and request each and every former employer, educational institution, or other entity or person to answer any and all questions that may be asked. I hereby release them from liability and hold such persons harmless for giving any and all information within their knowledge or records.

NOTE: This waiver **MUST** be signed before a Notary Public.

Signature of Applicant

Date

STATE OF COLORADO

COUNTY OF LA PLATA

Subscribed and sworn to before me this _____ day of _____, _____

My commission expires _____

Notary Public

RELEASE FOR MILITARY RECORDS

Applicant: _____
(Last Name) (First Name) (Middle Name)

Social Security Number : _____ Date of Birth _____

Military Serial Number: _____

Branch of Service: _____

I hereby authorize the _____ (Branch of Service), Personnel Center of the National Personnel Records Center to release the following information to:

The Town of Ignacio
Personnel Department
P O Box 459
Ignacio, CO 81137

- 1. Information and/or copies from my military personnel records and related medical records.
- 2. Any drug or alcohol information.
- 3. Any undeleted DD Form 214 including re-enlistment code.
- 4. The type and reason for discharge
- 5. All criminal misconduct information.
- 6. Any derogatory or disciplinary information contained in my records.

Signature of Applicant

Date

PERSONAL REFERENCES (List Three)

Do not include former employers or relatives.

Name and Occupation	Address	Phone Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ACKNOWLEDGMENTS

As an employee of the Town of Ignacio, I understand that neither this document nor any offer of employment from the Town constitutes an employment contract unless a specific document to that effect is executed by the employee in writing and approved by the Ignacio Town Board of Trustees.

I understand that the Town reserves the right to interview applicants in order to obtain further clarification on education, experience, knowledge, and skills to determine whether the applicant meets minimum qualifications for the position. Granting an interview neither confirms an applicant meets minimum qualifications of the position nor assures employment.

I acknowledge the information I have supplied is correct to the best of my knowledge and understand that any falsifications, omissions, misrepresentations, or misstatements of information or fact may be grounds for rejection of my application for employment or dismissal from subsequent employment.

Signature of Applicant: _____

Date of Application: _____

NOTE: UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.