

# IDAHO SPRINGS POLICE DEPARTMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.



## General Instructions

1. Print all information so that it is legible. **Do Not Type.**
2. If an item doesn't apply to you, write "N/A".
3. A completed application is required.
4. Any misstatements, misrepresentations, or omissions by you are cause for disqualification from employment consideration.
5. All information is subject to verification.
6. Answer every question.

## Documentation

Please enclose the following documentation with your application:

1. Photocopy of your certified birth certificate.
2. Photocopy of your social security card.
3. Photocopy of your Colorado driver's license.
4. Photocopy of your high school diploma or G.E.D.
5. Photocopy of your college transcripts or diploma.
6. Photocopy of your Colorado P.O.S.T. certificate.
7. All other applicable special or professional certificates or licenses (please do not enclose photocopies of original certificates, a listing or a resume would be fine).

## Personal Information

Position for which you are applying: \_\_\_\_\_

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

Alias(es), Nicknames, Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E mail Address: \_\_\_\_\_

## General Information

\*Answer each question, write "N/A" if the question does not apply to you.

\*If you answer yes to any question, provide a detailed account of the incident(s) on the back of this sheet or attach additional sheets if necessary.

1. Do you have any relatives or friends that are employed by the Idaho Springs Police Department? \_\_\_\_\_

Who? Relationship to you: \_\_\_\_\_

2. Have you ever applied for any position with the Idaho Springs Police Department? \_\_\_\_\_

Position/Dates: \_\_\_\_\_

3. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have charges pending against you? \_\_\_\_\_

4. Do you have a valid driver's license? \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

5. Have you ever had your driver's license suspended, denied, or revoked? \_\_\_\_\_

6. Are you a Certified Peace Officer? \_\_\_\_\_

State: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

7. Are you able willing to perform the essential functions of the position for which you have applied? \_\_\_\_\_

8. Are you able and willing to work varying shifts including weekends, holidays, and overtime? \_\_\_\_\_

9. Are you willing to submit to a credit check? \_\_\_\_\_

10. If required, do you consent to the following: Polygraph? \_\_\_\_\_ Background Investigation? \_\_\_\_\_ Drug Screening? \_\_\_\_\_  
Physical Examination? \_\_\_\_\_ and Psychological Examination? \_\_\_\_\_

11. Have you ever been the subject of a civil suit? \_\_\_\_\_

12. Have you ever taken a polygraph examination? \_\_\_\_\_

Date: \_\_\_\_\_ Agency/Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Agency/Examiner: \_\_\_\_\_

13. Are you presently an applicant or on an eligibility list for any other agency? \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

14. Are there any incidents in your life which might be discovered by subsequent investigation that might disqualify you as an applicant, whether or not you were directly involved? \_\_\_\_\_

15. Have you ever been fired from a job or asked to resign? \_\_\_\_\_

Reason: \_\_\_\_\_

16. How many days or work have you missed during the past year (Excluding absences due to disability or those covered by FMLA)? \_\_\_\_\_

## Education

What is the highest level of education that you have received? \_\_\_\_\_

<u>High School:</u>		<u>Graduation Year:</u>
<u>Location:</u>		<u>Dates Attended:</u>

<u>GED Number:</u>	<u>Location:</u>	<u>Date:</u>
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<u>College or University:</u>		<u>Graduation Year:</u>
<u>Location:</u>		<u>Dates Attended:</u>

<u>Did You Obtain a Degree?</u>	<u>Degree:</u>
<u>If No Degree, List Major Course of Study:</u>	

<u>Vocational School:</u>		<u>Graduation Year:</u>
<u>Location:</u>		<u>Dates Attended:</u>

<u>Law Enforcement Academy:</u>		<u>Graduation Year:</u>
<u>Location:</u>		<u>Dates Attended:</u>

## Special Skills or Qualifications

Please check all that apply.

\_\_\_\_\_ Typing? \_\_\_\_\_ wpm

\_\_\_\_\_ Laser

\_\_\_\_\_ Word Processing

\_\_\_\_\_ Radar

\_\_\_\_\_ Teletype/CCIC

\_\_\_\_\_ In Car Video

\_\_\_\_\_ MDT

\_\_\_\_\_ SFST/HGN

Other Relevant Training not Listed : \_\_\_\_\_

Please list all volunteer service or reserve service with law enforcement agencies.

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**Narcotics**

- Have you ever used any illegal drugs, including but not limited to, marijuana, hashish, cocaine, depressants, amphetamines, tranquilizers, hallucinogens, etc? \_\_\_\_\_

If yes, what drug(s) did you use? \_\_\_\_\_

How many times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

- Have you ever sold or given any illegal drugs, narcotics, marijuana, hashish, etc. to anyone? \_\_\_\_\_

If yes, what drugs? \_\_\_\_\_

How many times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

- Do you associate with any person or persons who use illegal drugs, narcotics, marijuana, hashish, etc.? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Traffic**

Complete the following for each occurrence. Include all traffic citations regardless of dispositions.

✓ Offense: \_\_\_\_\_ Agency Issuing Citation: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Accident? \_\_\_\_\_

✓ Offense: \_\_\_\_\_ Agency Issuing Citation: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Accident? \_\_\_\_\_

✓ Offense: \_\_\_\_\_ Agency Issuing Citation: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Accident? \_\_\_\_\_

✓ Offense: \_\_\_\_\_ Agency Issuing Citation: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Accident? \_\_\_\_\_

✓ Offense: \_\_\_\_\_ Agency Issuing Citation: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Accident? \_\_\_\_\_

List all motor vehicle accident that you have been involved in not listed above (give dates, locations, injuries, and agency handling accident).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If Self-employed, give firm name and supply business references. List all jobs held for the last ten years or until after high school.

Note: a job offer may be contingent upon acceptable reference from current and former employers.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Employer:	Dates, From:	To:
Address:	Phone Number(s):	
Supervisor:	Hours Worked Weekly:	
Duties:		
Co-worker(s):		
Reason for Leaving or Wanting to Leave:		

Employer:	Dates, From:	To:
Address:	Phone Number(s):	
Supervisor:	Hours Worked Weekly:	
Duties:		
Co-worker(s):		
Reason for Leaving or Wanting to Leave:		

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Employer:	Dates, From:	To:
Address:	Phone Number(s):	
Supervisor:	Hours Worked Weekly:	
Duties:		
Co-worker(s):		
Reason for Leaving:		



# AFFIDAVIT

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon by successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the organization representative for details.

**Idaho Springs Police Department**  
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Idaho Springs, CO. 80452  
303-567-4291  
Fax 303-567-1014