



PARACHUTE POLICE DEPARTMENT

Personal History Statement

SECTION 1: PERSONAL			
1. Your Full Name Last: First: Middle:			
2. Other names, including nicknames, you have used or been known by			
3. Address where you reside Number/Street Apt/Unit#			
City		State	Zip
4. Mailing Address, If different from above			
5. Contact Numbers Home () Work () Ext. Other () <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Pager			
6. Email Address Home Business			
7. If you were born outside the United States, are you a U.S. citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Birth Place (City/County/State/Country)		9. Birthdate	10. Social Security Number - -
11. Driver's License NO. State Exp		12. Physical Description Height Weight Hair Color Eye Color	

SECTION 2: RELATIVES AND REFERENCES				
13. Immediate Family				
<input type="checkbox"/> Provide all applicable information in the spaces below <input type="checkbox"/> Mark "N/A" if a category is not applicable or if the individual is deceased <input type="checkbox"/> If more space is needed, continue response on last page				
<input type="checkbox"/> N/A A. Father				
Name	Home Address (Number/Street/Apt)	City	State Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State Zip	
Work Phone ()	Cell Phone ()	Email		
<input type="checkbox"/> N/A B. Step-father				
Name	Home Address (Number/Street/Apt)	City	State Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State Zip	
Work Phone ()	Cell Phone ()	Email		

Initial this page to indicate that you have provided complete and accurate information _____



<input type="checkbox"/> N/A	C. Mother				
Name	Home Address (Number/Street/Apt)	City	State	Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip	
Work Phone ()	Cell Phone ()	Email			
<input type="checkbox"/> N/A	D. Step-Mother				
Name	Home Address (Number/Street/Apt)	City	State	Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip	
Work Phone ()	Cell Phone ()	Email			
<input type="checkbox"/> N/A	E. Spouse/Registered Domestic Partner				
Name	Home Address (Number/Street/Apt)	City	State	Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip	
Work Phone ()	Cell Phone ()	Email			

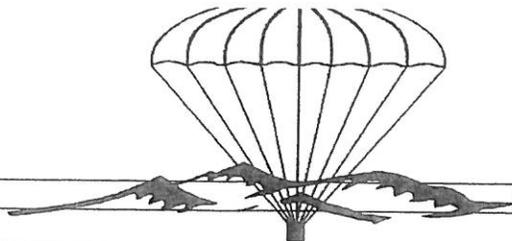
14. References
 List 5-7 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include** relatives, employers or housemates, or other individuals listed elsewhere.

A) Name	Home Address (Number/Street/Apt)	City	State	Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip	
Work Phone ()	Cell Phone ()	Email			
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?		

B) Name	Home Address (Number/Street/Apt)	City	State	Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip	
Work Phone ()	Cell Phone ()	Email			
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?		

C) Name	Home Address (Number/Street/Apt)	City	State	Zip	
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip	
Work Phone ()	Cell Phone ()	Email			
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?		

Initial this page to indicate that you have provided complete and accurate information _____



D) Name	Home Address (Number/Street/Apt)	City	State	Zip
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip
Work Phone ()	Cell Phone ()	Email		
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?	

E) Name	Home Address (Number/Street/Apt)	City	State	Zip
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip
Work Phone ()	Cell Phone ()	Email		
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?	

F) Name	Home Address (Number/Street/Apt)	City	State	Zip
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip
Work Phone ()	Cell Phone ()	Email		
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?	

G) Name	Home Address (Number/Street/Apt)	City	State	Zip
Home Phone ()	Work Address (Number/Street/Apt)	City	State	Zip
Work Phone ()	Cell Phone ()	Email		
How do you know this person? (For Example: Friend, Teacher, Family Friend, Co-worker)			How long have you known this person?	

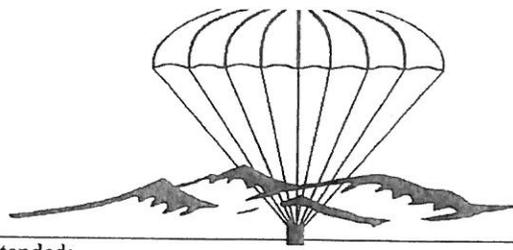
SECTION 3: EDUCATION

NOTE: You will be required to provide transcripts or other proof to support you educational claims

15. List High Schools attended:

A) Name	From	To
Address (Number/Street/Apt) City State Zip	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
B) Name	From	To
Address (Number/Street/Apt) City State Zip	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

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16. List all colleges or universities attended:					
A) Name				From	To
Address (Number/Street/Apt)	City	State	Zip	Total Credits Earned	Type of Degree Earned
B) Name				From	To
Address (Number/Street/Apt)	City	State	Zip	Total Credits Earned	Type of Degree Earned
C) Name				From	To
Address (Number/Street/Apt)	City	State	Zip	Total Credits Earned	Type of Degree Earned

17. List any trade, vocational, or business schools/institutes attended:					
A) Name				From	To
Address (Number/Street/Apt)	City	State	Zip	Topic	Did you complete the course?
B) Name				From	To
Address (Number/Street/Apt)	City	State	Zip	Topic	Did you complete the course?
C) Name				From	To
Address (Number/Street/Apt)	City	State	Zip	Topic	Did you complete the course?

18. Have you ever attended a POST Basic Academy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the following information:					
A) Academy Name		From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location (City/State)		Name of Training Officer/Academy Coordinator		Contact Number ()	
B) Academy Name		From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location (City/State)		Name of Training Officer/Academy Coordinator		Contact Number ()	
19. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					

Initial this page to indicate that you have provided complete and accurate information _____



If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or education institution. Include when the action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. List of Residences

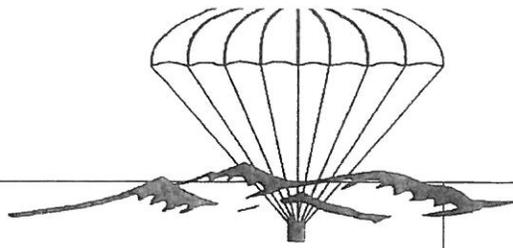
- List all residences during the last ten years or since age 15. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes

- If the residence is a military base, identify name of base in address, nearest city, state and zip code.

A) Address where you live now (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you live:				
B) Former Address (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you lived (include contact number(s):				
Reason for moving:				
C) Former Address (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you lived (include contact number(s):				
Reason for moving:				
D) Former Address Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	

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City	State	Zip	Email
Name of those with whom you lived (include contact number(s):			
Reason for moving:			

E) Former Address (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you lived (include contact number(s):				
Reason for moving:				

F) Former Address (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you lived (include contact number(s):				
Reason for moving:				

G) Former Address (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you lived (include contact number(s):				
Reason for moving:				

H) Former Address (Number Street/Apt)			From	To
City	State	Zip	If Renting: Property Manager	
Address of Property Manager, Rent Collector, or Owner (Number/Street/Apt)			Contact Number ()	
City	State	Zip	Email	
Name of those with whom you lived(include contact number(s):				
Reason for moving:				

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23. Have you ever been evicted or asked to leave a residence?.....[] Yes [] No

24. Have you ever left a residence owing rent?.....[] Yes [] No

If you answered yes to Questions 23 and/or 24, explain (including when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. Job Experience
 -List ALL jobs you have had, including volunteer, temporary, part-time, full-time, and self-employment.
 -If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.

A) Name of Employer _____ From _____ To _____

Address (Number/Street) _____ Supervisor _____

City _____ State _____ Zip _____ Contact Number _____ Ext _____
 ()

Job Title _____ Email _____

Duties/Assignments _____
 Full Time Part Time Temp
 Self-employed Volunteer
 Military

Reason for wanting to leave _____

B) Name of Employer _____ From _____ To _____

Address (Number/Street) _____ Supervisor _____

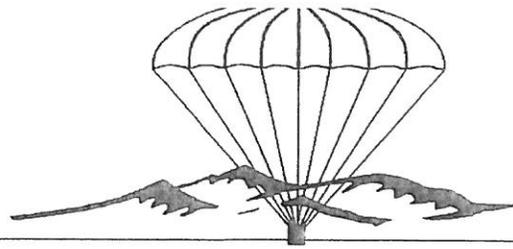
City _____ State _____ Zip _____ Contact Number _____ Ext _____
 ()

Job Title _____ Email _____

Duties/Assignments _____
 Full Time Part Time Temp
 Self-employed Volunteer
 Military

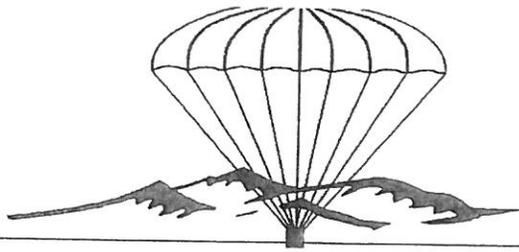
Reason for leaving _____

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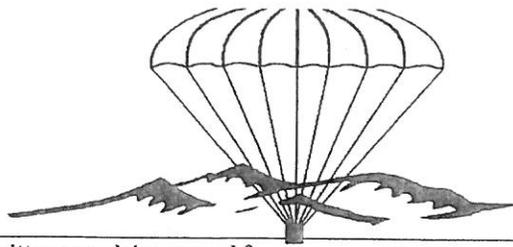
C) Name of Employer				From	To
Address (Number/Street)				Supervisor	
City	State	Zip	Contact Number ()	Ext	
Job Title		Email			
Duties/Assignments		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Military			
Reason for leaving					
D) Name of Employer				From	To
Address (Number/Street)				Supervisor	
City	State	Zip	Contact Number ()	Ext	
Job Title		Email			
Duties/Assignments		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Military			
Reason for leaving					
E) Name of Employer				From	To
Address (Number/Street)				Supervisor	
City	State	Zip	Contact Number ()	Ext	
Job Title		Email			
Duties/Assignments		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Military			
Reason for leaving					

Initial this page to indicate that you have provided complete and accurate information _____



F) Name of Employer				From	To
Address (Number/Stree)				Supervisor	
City	State	Zip	Contact Number ()	Ext	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Military				
Reason for leaving					
G) Name of Employer				From	To
Address (Number/Stree)				Supervisor	
City	State	Zip	Contact Number ()	Ext	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Military				
Reason for leaving					
H) Name of Employer				From	To
Address (Number/Stree)				Supervisor	
City	State	Zip	Contact Number ()	Ext	
Job Title	Email				
Duties/Assignments	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Military				
Reason for leaving					
27. Have you ever quit without giving proper notice?.....[] Yes [] No					
28. Have you ever resigned in lieu of termination?.....[] Yes [] No					
29. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, supervisor, subordinate or customer?.....[] Yes [] No					

Initial this page to indicate that you have provided complete and accurate information _____



30. Were you ever the subject of a written complaint at work?.....[] Yes [] No

31. Have you ever been counseled at work due to lateness or absences?.....[] Yes [] No

32. Have you ever received an unsatisfactory performance review?.....[] Yes [] No

33. Have you ever sold, released, or given away legally confidential information?.....[] Yes [] No

34. Have you ever called in sick when you were neither sick nor caring for a sick family member?.....[] Yes [] No

35. In the past three years, have you missed or been late to work due to drug or alcohol consumption?...[] Yes [] No

36. Has your work performance ever been affected by your use of alcohol or drugs?.....[] Yes [] No

37. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?.....[] Yes [] No

If you answered yes to any of Questions 27-37, explain (include when, where and circumstances; indicate corresponding number):

SECTION 6: MILITARY EXPERIENCE

38. Are you required to register for Selective Service?.....[] Yes [] No
 If yes, have you registered?.....[] Yes [] No
 If no, explain:

39. Branch of Service	40. Dates of Service From _____ To _____
-----------------------	---

41. Type of Discharge: [] Entry Level [] Honorable [] General [] OTH (Other than Honorable [] Bad Conduct
 [] Dishonorable Re-entry Code (1-4) if applicable-refer to your DD-214:

42. Are you currently participating in one of the following? [] Military Reserve [] National Guard
 If checked, date obligation ends:

43. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?.....[] Yes [] No

44. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?.....[] Yes [] No

If you answered yes to Questions 43 and or 44, explain (include dates and circumstances):

Initial this page to indicate that you have provided complete and accurate information _____



SECTION 8: LEGAL

As an applicant for a peace officer position, you are required to disclose any, arrests, whether they resulted in a conviction or not, and any convictions of a crime, even if the records were sealed, expunged, dismissed or pardoned.

57. Either as an adult or juvenile have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?.....[] Yes [] No

If yes, explain each incident.

A) Approximate Date	Arresting or Detaining Agency
Charge	
Disposition or Penalty	

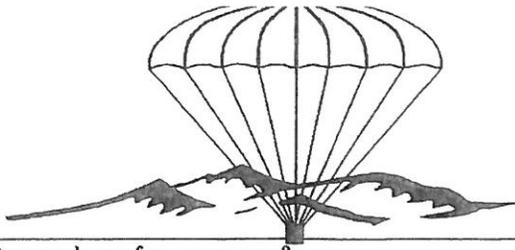
B) Approximate Date	Arresting or Detaining Agency
Charge	
Disposition or Penalty	

C) Approximate Date	Arresting or Detaining Agency
Charge	
Disposition or Penalty	

D) Approximate Date	Arresting or Detaining Agency
Charge	
Disposition or Penalty	

E) Approximate Date	Arresting or Detaining Agency
Charge	
Disposition or Penalty	

Initial this page to indicate that you have provided complete and accurate information _____



58. Have the police ever been called to your home for any reason?.....[] Yes [] No

59. Have you or your spouse/partner ever been referred to Child Protective Services?.....[] Yes [] No

60. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?.....[] Yes [] No

61. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....[] Yes [] No

62. Have you ever filed a false insurance or workers' compensation claim?.....[] Yes [] No

If you answered yes to any of Questions 58-62, explain (include court case or document, dates, and circumstances, corresponding number)

Questions 63 and 64 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)	-Glue	-Mescaline
-Barbiturates (Downers)	-Hallucinogens (peyote, LSD, Mushrooms)	-Morphine
-Cocaine/Crack Cocaine	-Hashish/Hashish Oil	-PCP/Angel Dust
-Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	-Heroin/Opium	-Quaaludes
-GHB (Date Rape Drug)	-Marijuana	-Steroids
		-Tetrahydrocannabinol (THC)

63. Within the past five years, have you used any drug(s) as indicated above?.....[] Yes [] No

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

64. Prior to the past five years.....[] I have NEVER used any drug recreationally
[] I have tried or used one or more drugs

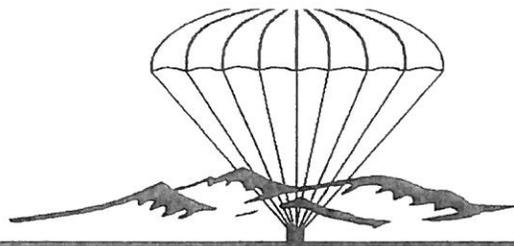
If second box is checked, give details, including drug(s) used, approximate date and circumstances:

65. 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.

Initial this page to indicate that you have provided complete and accurate information_____



SECTION 9: MOTOR VEHICLE OPERATION

66. Have you ever had a license in a different state (than your current)?..... Yes No

67. Have you ever been refused a driver's license, had your license suspended, revoked, or denied?..... Yes No

If yes to either 66 and/or 67 explain (include when, where, and circumstances):

68. Personal vehicle insurance (list below)

Insurance Company	Policy Number	Contact Number ()
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69. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

If yes, give details below:

70. List all traffic citations, excluding parking citations, you have received within the past seven years:

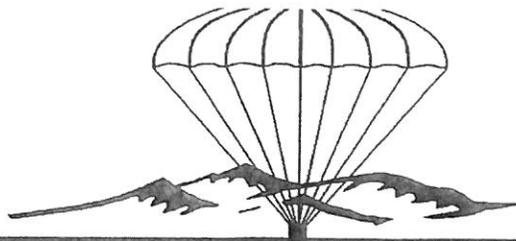
A) Nature of Violation	Location (Street)	City	State
Date Violation Occured	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed		
B) Nature of Violation	Location (Street)	City	State
Date Violation Occured	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed		
C) Nature of Violation	Location (Street)	City	State
Date Violation Occured	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Dismissed		

71. Have you been involved as the driver in a motor vehicle accident within the past seven years?..... Yes No

If yes, give details.

A) Date	Location (Number/Street/Apt)	City	State
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
B) Date	Location (Number/Street/Apt)	City	State
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
C) Date	Location (Number/Street/Apt)	City	State
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

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SECTION 10: OTHER TOPICS

72. Have you ever been refused a permit to carry a concealed weapon?.....[] Yes [] No

73. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....[] Yes [] No

74. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....[] Yes [] No

75. Have you ever hit or physically overpowered a spouse or romantic partner?.....[] Yes [] No

If you answered yes to any of Questions 72-75, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

76. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, my disqualify me from continued employment.

Signature

Date

Initial this page to indicate that you have provided complete and accurate information _____

PARACHUTE POLICE DEPARTMENT
222 Grand Valley Way
Parachute, CO 81635
(970)285-7630

**EMPLOYMENT AND PERSONAL REFERENCE
AUTHORITY FOR RELEASE OF INFORMATION**

Date: _____

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

This release, or photocopy of same, when presented by an authorized representative of the Parachute Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding:

- School records including those from colleges, universities and / or any institution of learning.
- Medical records of any kind from hospitals, clinics, medical offices.
- Records and / or statements from current or previous employers.
- Selective service field, military records, and military medical records.
- Credit records, any employment, account or transactions, current or previously held by any corporation, bank, brokerage house, building and loan association, automobile agency, store or any business concern, or other individual.
- Employment and personal references.
- Criminal background and records check.

This shall be done with full knowledge and understanding that the Parachute Police Department may use, consider or disclose such information, statements, records, within the scope of their official duties and responsibilities.

I, _____ hereby release to those concerned, their officers, agents, employees, and individuals from any and all liability for damages of whatever kind or nature may at any time result to me on account of compliance or any attempt to comply with this authorization. I also hereby release from any and all liability resulting from the release of any information any school, college or university and / or institution of learning, personal or developed references, and custodians of any medical and / or employment records.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Subscribed and Sworn to before me this ____ day of _____ 20____, Witness my hand Official Seal

My Commission expires: _____ 20____.

Notary Public: _____