

WORK HISTORY

(Continued)

From _____/_____/_____ To: _____/_____/_____ Job Title: _____

Name of employer or company: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ Telephone: (_____) _____ - _____ ext _____

Duties performed: _____

Reason for leaving: _____

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HIGHER EDUCATION

University / College: _____ Dates: From: _____ - _____ To: _____ - _____

Address: _____ Graduated: _____ Yes _____ No
(Street) (City) (State) (Zip)

Credit Hours: _____ Major: _____ Type of Degree: _____

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Address: _____ Graduated: _____ Yes _____ No
(Street) (City) (State) (Zip)

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SPECIAL QUALIFICATIONS

List relevant skills, foreign languages, training, college courses and special schools (trade, vocational, business).

Are you a P.O.S.T. Certified Peace Officer? _____ Yes _____ No

Certification #: _____ State: _____ Date Issued: _____/_____/_____
MM DD YY

If you are not certified as a Peace Officer, are you certifiable in the state of Colorado? _____ Yes _____ No

VOLUNTEER SERVICE

List all volunteer work, groups and organizations.

Agency: _____ Dates: From: _____ - _____ To: _____ - _____

Position, Title or Rank: _____ Telephone #: (_____) _____ - _____ ext _____

Duties Performed: _____

Were you ever discharged, asked to resign, or subjected to any disciplinary action while with this organization?

____ Yes ____ No

If yes, please explain: _____

Agency: _____ Dates: From: _____ - _____ To: _____ - _____

Position, Title or Rank: _____ Telephone #: (_____) _____ - _____ ext _____

Duties Performed: _____

Were you ever discharged, asked to resign, or subjected to any disciplinary action while with this organization?

____ Yes ____ No

If yes, please explain: _____

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence. Include all traffic citations and criminal offenses, regardless of disposition. List occurrences as an adult and as a juvenile. This includes military offenses in foreign countries.

Offense / Charge: _____ Felony ____ Misdemeanor ____ Traffic ____ Other ____

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Offense / Charge: _____ Felony ____ Misdemeanor ____ Traffic ____ Other ____

Law enforcement agency issuing charge(s): _____ Date of violation: ____/____/____
MM DD YY

Case disposition: _____

Offense / Charge: _____ Felony ____ Misdemeanor ____ Traffic ____ Other ____

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MM DD YY

Case disposition: _____

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Law enforcement agency issuing charge(s): _____ Date of violation: ____/____/____
MM DD YY

Case disposition: _____

Have you ever used any illegal drugs including, but not limited to, marijuana, hashish, amphetamines, depressants, tranquilizers, cocaine, etc.? ____ Yes ____ No If yes, what drug(s) did you use? ____

How many times? _____ When was the last time? _____

Have you ever sold or given illegal drugs, narcotics, marijuana or hashish to anyone?
____ Yes ____ No If yes, please explain: _____

ACKNOWLEDGMENT

I certify that I have made no misrepresentations, omissions, or falsifications in this application. All entries are true, complete, and correct to the best of my knowledge. Any misrepresentation or falsification of this application will cause my disqualification for employment consideration and /or immediate termination if discovered after employment. I agree to take a polygraph (lie detector) examination at any time before or after employment. All application materials, without exception, become the property of the Central City Police Department.

Print full legal name of applicant: _____

Signature of applicant: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, _____

Notary Public

My commission expires: _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Central City Police Department, I am required to furnish information concerning my moral, physical, educational, and mental qualifications. In this regard, I hereby authorize the Central City Police Department to make any and all appropriate inquiries regarding the above mentioned qualifications. Moreover, I authorize those persons or organizations selected by the Central City Police Department to release any and all information that they may have concerning me, including information of a confidential nature.

I hereby release you, your organization, agents, employees or others from any liability or damage which may result from furnishing information herein requested.

Print full legal name of applicant: _____

Signature of applicant: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, _____

Notary Public

My commission expires: _____