Cherry Hills Police Department

Application and Personal History

Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. Please print, except for your signature at the end of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Colorado POST Certification Number_____

Personal:

1. Last Name	First Name	Middle Name
2. Other names (including nicknames) you have used or been known by:		
3. Address	City	State / Zip Code
4. Home phone number ( ) _____ Hours you can be contacted:	Cell phone number ( ) _____ Hours you can be contacted:	Work phone number ( ) _____ Hours you can be contacted:
5. Email Address:		

6. Are you at least 21 years of age? ☐ Yes ☐ No	7. You must be able to provide documentation that proves your eligibility to work in the United States of America, in accordance with ICE form I-9. Could you provide such documentation, if hired? ☐ Yes ☐ No
8. Social Security Number - -	Note: 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.

9. Our dress and appearance code disallows most visible tattoos, piercings, and similar markings. Please describe any tattoos, piercings, or similar markings that you have.

References:

10. In the space below, please list as references 3 - 5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers listed elsewhere in this application.

Name	Address where person can be contacted (include City, State, and Zip Code)	Telephone number(s) at which person can be contacted

Education:

11. Please check the appropriate box(es) below to indicate your current level of education.

- ☐ I possess a G.E.D. (General Educational Development) diploma.
- ☐ I possess a high school diploma.
- ☐ I have successfully completed a police training academy and my POST certification number is _____.
- ☐ I do not possess a college degree, but have completed _____ college credits.
- ☐ I possess a two-year college degree (TOTAL COLLEGE CREDITS _____).
- ☐ I possess a four-year college or university degree (TOTAL COLLEGE CREDITS _____).
- ☐ I do not currently satisfy the education requirement, but I plan to satisfy the requirement in the future as follows:

When:

How:

12. Please indicate below all the schools you have attended beginning with high school.

Type of School	Name and Location of School (City & State)	Dates Attended		Did you graduate?	School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year		
High School					
Police Academy					
College or Vocational					
College or Vocational					
College or Vocational					

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).*

Experience and Employment:

14. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment From Mo. Yr. / To Mo. Yr.	Name and address of employer	Job title
_____ / _____ _____ / _____ ☐ Full-time ☐ Part-time ☐ Voluntary	Telephone number	Name of supervisor
Salary	Job duties	Name of coworkers
Reason for leaving		

If there is a gap in employment, please explain:
☐ Military Service ☐ Unemployed ☐ _____ From Mo./Yr. _____ To Mo./Yr. _____

Dates of employment From Mo. Yr. / To Mo. Yr.	Name and address of employer	Job title
_____ / _____ _____ / _____ ☐ Full-time ☐ Part-time ☐ Voluntary	Telephone number	Name of supervisor
Salary	Job duties	Name of coworkers
Reason for leaving		

If there is a gap in employment, please explain:
☐ Military Service ☐ Unemployed ☐ _____ From Mo./Yr. _____ To Mo./Yr. _____

Dates of employment From Mo. Yr. / To Mo. Yr.	Name and address of employer	Job title
_____ / _____ _____ / _____ ☐ Full-time ☐ Part-time ☐ Voluntary	Telephone number	Name of supervisor
Salary	Job duties	Name of coworkers
Reason for leaving		

Experience and Employment (Continued):

If there is a gap in employment, please explain:
☐ Military Service ☐ Unemployed ☐ _____ From Mo./Yr. _____ To Mo./Yr. _____

Dates of employment From Mo. Yr. / To Mo. Yr. _____ / _____ _____ / _____ ☐ Full-time ☐ Part-time ☐ Voluntary	Name and address of employer	Job title
	Telephone number	Name of supervisor
	Job duties	Name of coworkers
Salary		
Reason for leaving		

If there is a gap in employment, please explain:
☐ Military Service ☐ Unemployed ☐ _____ From Mo./Yr. _____ To Mo./Yr. _____

Dates of employment From Mo. Yr. / To Mo. Yr. _____ / _____ _____ / _____ ☐ Full-time ☐ Part-time ☐ Voluntary	Name and address of employer	Job title
	Telephone number	Name of supervisor
	Job duties	Name of coworkers
Salary		
Reason for leaving		

If there is a gap in employment, please explain:
☐ Military Service ☐ Unemployed ☐ _____ From Mo./Yr. _____ To Mo./Yr. _____

Dates of employment From Mo. Yr. / To Mo. Yr. _____ / _____ _____ / _____ ☐ Full-time ☐ Part-time ☐ Voluntary	Name and address of employer	Job title
	Telephone number	Name of supervisor
	Job duties	Name of coworkers
Salary		
Reason for leaving		

Experience and Employment (Continued):

15. Would any problem result if your present employer were contacted during the course of the background investigation?

☐ Yes ☐ No When can such contact be made? _____

16. If you have had 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 explain (include when, where, circumstances).

18. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers?

☐ Yes ☐ No If "yes", please give details (include month and year, name of agency, and outcome).

Military Service:

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

Selective Service Number _____ Approx. Date of Registration _____

Address at Time of Registration _____

20. Have you ever served in the armed forces, National Guard or military reserves? ☐ Yes ☐ No
If "yes", please supply the following information:

Branch of Service _____ Service Number _____ Dates of Service _____

21. If you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves, and the information is not sealed, please give details (include branch of service, when, where, circumstances).

Military Service (Continued):

22. 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	Contact Address	Contact Telephone	Years Known	
			From	To

Legal:

23. If you have ever been arrested or convicted for any crime (excluding traffic violations), please give the following information:

Approx. Date	Police Agency	Circumstances and Outcome

24. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
If "yes", please give details (include when, where, why).

25. If you have ever been required to appear before a juvenile court for an act which would have been a crime if committed by an adult and these records have not been sealed, please provide details (when, where, circumstances, outcome).

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

Motor Vehicle Operation:

Operation of a motor vehicle is an integral part of the position of patrol officer. A thorough investigation of your driving history will be conducted. To expedite this procedure, please supply the following information:

27. Colorado Driver's License number:	Expiration Date:

28. Name under which license was granted:

29. Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

30. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No If "yes", please give details (include when, where, why).

31. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Nature of Violation	Location (city)	Approx. Date	Indicate where fined or action taken on drivers license

Motor Vehicle Operation (Continued):

32. Have you ever been involved as a driver in a motor vehicle accident within the last 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	

33. If there is anything you wish to discuss about your driving record, please use the space below.

34. Has your license ever been suspended, revoked, or placed on negligent operator's probation? ☐ Yes ☐ No

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

General Information:

35. Have you ever been refused insurance for any reason other than failure to pay a premium? ☐ Yes ☐ No

If "yes", please explain (include company name and address, date, reason).

36. 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		

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 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 THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CITY MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CITY MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

My signature below is testament that I have read, understand, and consent to these statements.

Signature in full	Date completed

This application for employment will remain active for a limited time. Ask the Human Resources Analyst for details.