

Cherry Hills Police Department

Personal History Statement

Personal:

The following information is requested of you for verification and contact purposes:

Colorado Post Certification Number _____

1. Your Name (please print or type)			
Last	First	Middle	
Other names (including nicknames) you have used or been known by:			
2. Please list address at which you can be contacted:			
Number	Street	City	State Zip
3. Please list the local telephone number(s) at which you can be contacted.		() _____ Hrs you can be contacted:	() _____ Hrs you can be contacted:
4. Are you at least 21 years of age?	5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Social Security Number	(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.)		
- -			
7. For the purpose of identification, please provide the following:			
Height	Weight	Hair Color	Eye Color
Scars, tattoos, or other distinguishing marks:			

Relatives and References:

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below: If a category is not applicable, write in "N/A."		
If living, name of your:	Address where person can be contacted (include City, State, and Zip Code)	Telephone number at which person can be contacted
Father		()
Mother		()
Father-in-Law		()
Mother-in-Law		()
Spouse		()
Former Spouse(s)		()
		()

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Relatives and References Continued:

If living, name of your:	Address where person can be contacted (include City, State, and Zip Code)	Telephone number at which person can be contacted
Brother(s) and Sister(s)		()
		()
		()
		()
Step-mother		()
Step-father		()
Step-brother(s) and Step-sister(s)		()
		()
		()
Other relatives with whom you have a close personal relationship (including children)		
	Relationship	()
		()
		()
		()
<p>9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.</p>		
		()
		()
		()
		()
		()

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Relatives and References Continued:

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.

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

Education:

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking on of the appropriate boxes.

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Educational Development) test.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- ◆ TOTAL COLLEGE CREDITS _____
- I do not currently have a high school diploma or its equivalent, 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. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

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Experience and Employment:

14. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (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	Name and address of employer	Name and address of employer
From Mo. Yr. _____ / _____ To Mo. Yr. _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. () Title or duties (for identification purposes)	Name(s) of co-workers Salary
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo./Yr. _____ To Mo./Yr. _____		
Dates of employment	Name and address of employer	Name and address of employer
From Mo. Yr. _____ / _____ To Mo. Yr. _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. () Title or duties (for identification purposes)	Name(s) of co-workers Salary
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo./Yr. _____ To Mo./Yr. _____		
Dates of employment	Name and address of employer	Name and address of employer
From Mo. Yr. _____ / _____ To Mo. Yr. _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. () Title or duties (for identification purposes)	Name(s) of co-workers Salary
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo./Yr. _____ To Mo./Yr. _____		

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Experience and Employment Cont.:

Dates of employment	Name and address of employer	Name and address of employer
From Mo. Yr. _____ / _____ To Mo. Yr. _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. () Title or duties (for identification purposes)	Name(s) of co-workers Salary
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo./Yr. _____ To Mo./Yr. _____		
Dates of employment	Name and address of employer	Name and address of employer
From Mo. Yr. _____ / _____ To Mo. Yr. _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. () Title or duties (for identification purposes)	Name(s) of co-workers Salary
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo./Yr. _____ To Mo./Yr. _____		
Dates of employment	Name and address of employer	Name and address of employer
From Mo. Yr. _____ / _____ To Mo. Yr. _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. () Title or duties (for identification purposes)	Name(s) of co-workers Salary
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From Mo./Yr. _____ To Mo./Yr. _____		

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Experience and Employment Cont.:

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

Yes No If "no" when should such contact be made:

17. If you have had no prior employment, please explain in the space below:

18. Have you had any extended work absences for reasons other than earned vacations? Yes No
If "yes", please explain (include when, name of employer, why).

19. Have you ever been fired or asked to resign from any place of employment? Yes No
If "yes", please explain (include when, where, circumstances).

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

Yes No If "yes", please give details (include when, name of agency, circumstances).

Military Service:

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

Selective Service Number	Approx. Date of Registration	Address at Time of Registration
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22. 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 / to /	Type of Discharge
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23. Are you currently participating in any military reserve of National Guard program? Yes No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?
 Yes No If "yes", please give details (include branch of service, when, where, circumstances).

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Experience and Employment Cont.:

25. 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

Financial:

26. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
	\$			\$	
Monthly salary			Real Estate (mortgage) payment(s)		
Spouse's salary			Rent		
Other monthly income – describe:			Other monthly payments – describe:		
			Estimated monthly cost of living (including utilities, food, gasoline, home & car maintenance, entertainment, etc.) and any other obligations...		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	
Current Assets			Current Liabilities		
	\$				
Savings			Real Estate Indebtedness		
Checking			Long-term Loans		
Real Estate			Charge Accounts		
Stocks and Bonds			Other Liabilities – describe:		
Life Insurance (cash value of whole life policy)					
Autos					
Other Assets – describe:					
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	

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Financial Cont.:

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of firm	Address	Account Number

28. Have you ever filed for a declared bankruptcy: Yes No If "yes", please give details (include when, where, why).

29. Have any of your bills ever been turned over to a collection agency? Yes No
If "yes", please give details (include when, firms involved, circumstances).

30. Have you ever had purchased goods repossessed? Yes No
If "yes", please give details (include when firms involved, circumstances).

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Financial Cont.:

31. Have your wages ever been garnished? Yes No
If "yes", please give details (include when, where, why).

32. Have you ever been delinquent on income or other tax payments? Yes No
If "yes", please give details (include when firms involved, circumstances).

Legal:

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

Approx. Date	Police Agency	Circumstances

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

34. Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult?

Yes No If "yes", please give details (include when, where, why).

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Legal Cont.:

36. Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No
 If "yes", please give details (include date, law enforcement agency, circumstances).

37. 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. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

38. Colorado Driver's License number: _____ Expiration Date: _____

Name under which license was granted: _____

39. 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

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

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General Information:

45. 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).

46. Have you ever applied for a permit to carry a concealed weapon? Yes No

If "yes", please provide the following information:

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of Law enforcement agency
Purpose		
I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.		
Signature in full	Date completed	

Cherry Hills Village Police Department

Authorization for Release of Information

Table with 3 columns: Name: First, Middle, Last; Current Street Address; Current City, State, Zip Code; Date of Birth; City and State of Birth; County (or Country) of Birth; Social Security Number; Driver License Number and State; Gender.

As part of the process of determining whether an applicant is a suitable fit for a position, the City of Cherry Hills Village ("the City") requires pre-employment background screening which may include reference checks, a criminal background check, a motor vehicle driving history, a credit check, a polygraph examination, a psychological examination, a drug screen, and/or a physical examination.

I, _____, do hereby voluntarily submit to such pre-employment screening. I agree to submit to a drug test and I authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Cherry Hills Police Department, whether the said records are public, private or confidential in nature, in order for the City to conduct such pre-employment screening on me.

The intent of this authorization is to give my consent for full and complete disclosure of records pertaining to me, including those of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresover located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest. In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal agencies, military services, and other persons to release information they may have about me to a City representative or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the Cherry Hills Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Cherry Hills Police Department. I understand that all materials pertaining to this background investigation become the property of the Cherry Hills Police Department and will not be returned to me.

By my signature below, I hereby authorize the City to conduct pre-employment background screening as indicated above. By my signature below, I also signify that I understand that all City job offers are conditional, based upon my ability to satisfactorily complete the screening process. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature

Date

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn to before me, in my presence,

this ____ day of _____, 20____,

Notary_____

My commission expires _____, 20____

Fair Credit Reporting Act Disclosure & Authorization

As an applicant for employment or a current employee of the City of Cherry Hills Village (“the City”), you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the City may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision whether to offer you employment, (3) when deciding whether to continue your employment (if you are hired), or (4) when making other employment-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the City.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the employer. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I _____, hereby voluntarily authorize the City to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the City. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date