MORRISON POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

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APPLICATION FOR EMPLOYMENT
321 STATE HIGHWAY 8
MORRISON, COLORADO 80465
303-697-4810
AN EQUAL OPPORTUNITY EMPLOYER
Please Block Print or Type

Date of Application:_____

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER (Disclosure is Voluntary)

_____ _____ _____ _____ _____
PRESENT ADDRESS APT # CITY STATE ZIP

(_____)_____ (_____)_____ (_____)_____
HOME PHONE WORK PHONE CELL PHONE

_____ _____ _____ _____ _____ _____
PLACE OF BIRTH SEX HEIGHT WEIGHT HAIR EYES

_____ _____ _____ _____
DRIVER'S LICENSE NUMBER STATE TYPE EXPIRATION DATE

Are you a legal resident of the United States? ____YES ____NO

Can you type? ____YES ____NO _____
EST. WORDS PER MINUTE

Are you familiar with computers? ____YES ____NO
-Please list software you are familiar with (word, excel etc.) _____

_____

Please list any special training you have had:_____

_____

_____

Please list any special skills you have:_____

_____

_____

How did you hear of this position:_____

RELATIVES, REFERENCES, ACQUAINTANCES

Please list the names of **at least three persons** who are **not related** to you, who have **knowledge of you and your qualifications**.

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

RELATIVES, REFERENCES, ACQUAINTANCES (Cont)

List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **Exclude family members**.

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

_____(____)_____(____)_____
NAME ADDRESS HOME PHONE OTHER PHONE

Please list all your residences during the last 10 years. Begin with your most current residence and proceed backward. If residence was rented, give the landlord's name, address and telephone number. Include street, apt #, city, state and zip code.

ADDRESS OF RESIDENCE	FROM DATE	TO DATE	REASON FOR LEAVING	LANDLORD NAME, FULL ADDRESS, PHONE

EMPLOYMENT DESIRED

Position_____ Full time ☐ Part-time ☐ Reserve Officer ☐

Date you would be available to start_____ Are you employed now? ☐ YES ☐ NO
Will you need to give notice? ☐ YES ☐ NO

Have you applied at this department before? ☐ YES ☐ NO If YES, when?_____ Have you ever been employed by the Town of Morrison? ☐ YES ☐ NO

If yes to above, when, and in what capacity? _____

How long were you employed? _____Who was your Supervisor?_____

Reason for leaving?_____

Have you ever applied for a Law Enforcement position? ☐ YES ☐ NO
When? _____ What Agency? _____

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Physical agility ☐ Orals ☐ Background ☐ Chief's Oral Board ☐ Conditional job offer withdrawn

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Failed Oral ☐ Failed Written ☐ Failed Other, please describe

If more than one agency list on additional information sheet.

Have you ever declared Bankruptcy? ☐ YES ☐ NO If Yes, when and where? _____

_____

Within the last seven (7) years, have any of your bills been turned over to a collection agency? ☐ YES ☐ NO
If "YES" give details to include when, firms involved and circumstances:_____

_____

Within the last seven (7) years, have your wages been garnished? ☐ YES ☐ NO If YES give details to include when, where, and why:_____

_____

Have you ever been delinquent on child support, income tax, or other tax payments? ☐ YES ☐ NO If YES give details to include when, where, and why_____

_____

Are you currently the subject of any type of civil or criminal court action? ☐ YES ☐ NO If YES give details to include when, where, and why_____

_____

Do you own your own home or are you buying your own home? ☐ YES ☐ NO

Are you: Single ☐ Married ☐ Divorced ☐ Living with someone ☐

Spouse or significant other's name _____
Maiden name if applicable_____ D.O.B. _____

EMPLOYMENT HISTORY

Please list all jobs starting with your current employer or most recent job **and go back 10 years**. If needed list on another sheet of paper.

Employer or company name _____ Address _____ Phone _____

Position held _____ Start Date _____ End Date _____ Salary _____

Description of work you did _____

Supervisor Name: _____ Reason for leaving: _____

Employer or company name _____ Address _____ Phone _____

Position held _____ Start Date _____ End Date _____ Salary _____

Description of work you did _____

Supervisor Name: _____ Reason for leaving: _____

Employer or company name _____ Address _____ Phone _____

Position held _____ Start Date _____ End Date _____ Salary _____

Description of work you did _____

Supervisor Name: _____ Reason for leaving: _____

Employer or company name _____ address _____ phone _____

Position held _____ Start Date _____ End Date _____ Salary _____

Description of work you did _____

Supervisor Name: _____ Reason for leaving: _____

Employer or company name _____ address _____ phone _____

Position held _____ Start Date _____ End Date _____ Salary _____

Description of work you did _____

Supervisor Name: _____ Reason for leaving: _____

Use additional pages if needed

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN _____

_____

_____

_____

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? YES NO BRANCH OF SERVICE _____

DATES OF ACTIVE SERVICE _____ RANK AT TIME OF DISCHARGE _____

TYPE OF DISCHARGE RECEIVED

_____

TYPE OF ASSIGNMENT(S) _____

PRESENT NATIONAL GUARD OR RESERVE MEMBER? YES NO

(Please remember to attach copy of discharge (DD214) papers to application)

HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES NO IF YES, WHEN? _____

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 TO INCLUDE BRANCH OF SERVICE, WHEN, WHERE, CIRCUMSTANCES, ETC _____

_____

_____

EDUCATION HISTORY

Please list all schools attended beginning with High School

NAME OF SCHOOL	ADDRESS	GRADE COMPLETED

DO YOU POSSESS A HIGH SCHOOL DIPLOMA OR G.E.D. FROM A U.S. INSTITUTION? YES NO (attach a copy to application)

DO YOU HAVE A COLLEGE DEGREE? YES NO MAJOR: _____

IF YOU HAVE ATTENDED COLLEGE AND NOT YET OBTAINED A DEGREE, LIST NUMBER OF CREDIT HOURS COMPLETED ____

HAVE YOU OBTAINED A DIPLOMA FROM A TRADE OR BUSINESS SCHOOL? YES NO TYPE:_____

POLICE ACADEMY ATTENDED _____ ADDRESS_____

DATE YOU COMPLETED ACADEMY OR DATE YOU EXPECT TO COMPLETE ACADEMY _____

DO YOU CURRENTLY HOLD A STATE OF COLORADO POLICE OFFICERS STANDARD AND TRAINING CERTIFICATE? YES NO

COLORADO STATE CERTIFICATION NUMBER _____ DATE OF ISSUE _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES NO IF YES WHICH ONE(S) _____

BACKGROUND INFORMATION

(The fact that your record may have been affected by a sealing, an expungment, a release, or a pardon has specific legal implications as to how you answer the following questions.)

HAVE YOU EVER BEEN ARRESTED? YES NO

HAVE YOU EVER BEEN ISSUED A PENAL SUMMONS TO APPEAR IN COURT? YES NO

HAVE YOU EVER RECEIVED A TRAFFIC CITATION? (OTHER THAN PARKING) YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC? ☐ YES ☐ NO

ARE YOU CURRENTLY THE SUBJECT OF ANY KIND OF PROTECTION ORDER? ☐ YES ☐ NO

HAVE YOU EVER BEEN SENTENCED TO A COUNTY JAIL, STATE OR FEDERAL PRISON, OR ANY OTHER TYPE OF PENAL INSTITUTION? ☐ YES ☐ NO

HAVE YOU EVER BEEN IN A DIVERSION PROGRAM, OR ON PROBATION OR PAROLE? ☐ YES ☐ NO

HAS YOUR LICENSE TO DRIVE EVER BEEN SUSPENDED, REVOKED, OR DENIED? ☐ YES ☐ NO

HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT IN THE LAST FIVE YEARS? ☐ YES ☐ NO

If you have answered "YES" to any of the above please, explain fully in the space below. If more space is needed then use the additional information sheet. Be sure to include dates, locations, agencies, charges, dispositions and any other information we should know about.

_____

_____

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ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, OR GROUP OF PERSONS THAT IS, OR WAS, TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE IN NATURE, OR WHICH HAD ADOPTED OR EXPRESSED A POLICY OF ADVOCATING OR APPROVING OF THE COMMISION OF ACTS OF FORCE OR VIOLENCE AS A MEANS TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTION MEANS? ☐ YES ☐ NO IF YES IDENTIFY THE ORGANIZATION AND EXPLAIN FULLY:_____

_____

_____

_____

_____

_____

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_____

_____

USE OF DRUGS OR NARCOTICS — A yes answer does not necessarily exclude you from being hired

Have you ever smoked/used Marijuana or Hashish Oil	YES	NO
Have you ever used Cocaine, Crack, Ice, Barbiturates, Amphetamines	YES	NO
Have you ever used Methamphetamines,(Speed, Crank)?	YES	NO
Have you ever abused any type of Prescription Drugs?	YES	NO
Have you ever used LSD, Hallucinogens, PCP (Angel Dust, Sherm)?	YES	NO
Have you ever used Heroin or other Opiates?	YES	NO
Have you ever used Steroids, or pharmaceutical drugs not prescribed for you?	YES	NO
Have you ever abused any type of household chemical or inhalant?	YES	NO
Do you associate with persons, friends, family etc. that use drugs or Narcotics illegally?	YES	NO

If you answered yes to any of the above questions, please **explain in detail** and give the **date first used, and the date last used** in your explanation. _____

_____

_____

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_____

MISCELLANEOUS

Do you object to working nights? (Swing or graveyard shifts)	YES	NO
Do you object to working on the weekends?	YES	NO
Do you object to working Holidays?	YES	NO
Do you object to working 10–12 hour days?	YES	NO
Do you object to wearing a uniform?	YES	NO

Is there anything that has not been asked on this application that would disqualify you from being a police officer in Colorado, or prevent you from performing your duties as a police officer to the fullest extent? YES NO
If YES, please explain_____

_____

_____

_____

_____

OPTIONAL INFORMATION

LIST ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES OR OTHER ASSOCIATIONS OF WHICH YOU ARE, OR HAVE BEEN A MEMBER

_____

_____

_____

_____

_____

WHAT ARE YOUR PERSONAL HOBBIES?

_____

_____

_____

_____

_____

LIST THE MAGAZINES AND NEWSPAPERS TO WHICH YOU CURRENTLY SUBSCRIBE

_____

_____

_____

_____

LIST ANY IDENTIFYING MARKS, SCARS, TATTOOS, BURNS OR BIRTHMARKS

_____

_____

PLEASE COMPLETE THESE QUESTIONS IN **YOUR OWN HANDWRITING**.

Question: Why do you want this job? How do you think it will benefit you?

_____

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application could be cause to be disqualified from consideration for this position if discovered before being hired and could be cause for dismissal if discovered after I am employed. Further, I understand and agree that my employment is for no definite period and regardless of the date of payment of my wages/salary, I may be terminated at any time without any previous notice during any time period of my employment. I understand that I will have to undergo a psychological examination, medical examination, and written tests and oral interviews and may be asked to submit to a polygraph examination as a condition of my employment. I understand that a full investigation of my background will be conducted.

Signature _____ Date _____

ADDITIONAL INFORMATION SHEET:

ADDITIONAL INFORMATION SHEET: