

CITY OF IDAHO SPRINGS POLICE DEPARTMENT



An Equal Opportunity Employer

The City of Idaho Springs and Idaho Springs Police Department do not discriminate based on race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program or political beliefs. It is our mission to ensure all qualified applicants be given equal opportunity and that selection decisions are based on job related qualifications.



Idaho Springs Police Department

3000 Colorado Blvd ★ Post Office Box 907

Idaho Springs, CO 80452

303-567-4291/303-567-1014 Fax

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, hereby authorize the bearer of this release form, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, educational records (including but not limited to academic achievement, attendance, athletic, personal history, grievance, and disciplinary records), medical records, professional records (including grievances), and law enforcement records (including, but not limited to any record of charge, prosecution for criminal or civil offenses).

I hereby release you as the custodian of such records and any entity including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name: _____
(Printed) (Signature)

Birth Name/Aliases: _____

Date of Birth: _____ Social Security # _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS: _____ (date) by:
WITNESS MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

My Commission Expires: _____ (date)

GENERAL INSTRUCTIONS

- If writing, please print all information so it is legible.
- If an item does not apply to you write "N/A"
- A completed application is required, as well as notarized Authority for Release of Information.
- Any misstatement, misrepresentation, or omissions by you **ARE cause for disqualification from employment consideration.**
- All information is subject to verification.
- Answer every question.

DOCUMENTATION

- Photocopy of your certified birth certificate
- Photocopy of your social security card
- Photocopy of your Colorado Driver's License
- Photocopy of your high school diploma or GED
- Photocopy of your college transcripts or diploma.
- Photocopy of your Colorado POST certificate (if applicable)
- All other applicable special or professional certificates or licenses (please do not enclose photocopies of original certificates, or licenses just list them in your resume.)

PERSONAL INFORMATION

Position for which you are applying: _____

Last Name: _____ First Name: _____ Middle: _____

Alias(es), Nicknames, Maiden Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Work Phone: _____

Email Address: _____

GENERAL INFORMATION

- Answer each question, write "N/A" if the question does not apply to you.
- If you answer yes to any question, provide detailed account of the incident(s). Attach additional sheets of paper if necessary.

1. Do you have any relative or friends that employed by the Idaho Springs Police Department? Yes No
If yes who? Relationship to you: _____
2. Have you ever applied for any position with the Idaho Springs Police Department? Yes No
Position/Dates: _____
3. Have you even been convicted of a crime or received a deferred sentence, or forfeited bail for any offense in criminal or military court or do you have charges pending against you? Yes No
If yes, please explain: _____

4. Do you have valid driver's license? Yes No /Driver's License # _____ State: _____
5. Have you ever had your driver's license suspended, denied, or revoked? Yes No
6. Are you certified Peace Officer? Yes No / State: _____ Certificate #: _____ Date Issued: _____
7. Are you able and willing to perform the essential function of the position in which you have applied? Yes No
8. Are you able and willing to work varying shifts including weekends, holidays, overtime? Yes No
9. If required, do you consent to the following? (Please select all that you consent to)
 Polygraph Background Investigation Drug Screening Physical Examination Psychological Exam
If you don't consent to any of the above, please explain why? _____
10. Have you ever been the subject of a Federal or Civil lawsuit? Yes No
If you answered yes, please explain: _____
11. Have you ever taken a polygraph examination? Yes No
Date: _____ Agency/Examiner: _____
Date: _____ Agency/Examiner: _____
12. Are you presently an applicant or on an eligibility list for any other agency? Yes No
Agency: _____ Position: _____
Agency: _____ Position: _____
Agency: _____ Position: _____
13. Are there any incidents in your life which might be discovered by subsequent investigation that might disqualify you as an applicant, whether you were directly involved? Yes No
14. Have you ever been fired from a job or asked to resign? Yes No
Reason: _____
15. How many days or work have you missed the past year? (Excluding absences covered by FMLA) _____

EDUCATION

What is the highest level of education you have received? _____

High School: _____ Location: _____

Graduation Year: _____ Dates Attended: _____

GED Number: _____ Location: _____

Dates Attended: _____

College or University: _____ Location: _____

Graduation Year: _____ Dates Attended: _____

Vocational School: _____ Location: _____

Dates Attended: _____

Law Enforcement Academy: _____ Location: _____

Graduation Year: _____ Dates Attended: _____

SPECIAL SKILLS OR QUALIFICATIONS

Please select all that apply.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Typing _____ WPM | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Radar |
| <input type="checkbox"/> Teletype/CCIC | <input type="checkbox"/> In Car Video |
| <input type="checkbox"/> MDT | <input type="checkbox"/> SFST/HGN |

Other Relevant Training not listed:

Please list all volunteer services or reserve services with law enforcement agencies:

NARCOTICS

1. Have you ever used any illegal drugs, including but not limited to, marijuana, hashish, cocaine, depressants, amphetamines, tranquilizers, hallucinogens, etc.? Yes No

If yes, what drug(s) did you use? _____
How many times? _____ When was the last time? _____

2. Have you ever sold or given any illegal drugs, narcotics, marijuana, hashish, etc. to anyone?
 Yes No

If yes, what drugs? _____
How many times? _____ When was the last time? _____

3. Do you associate with any person or person who use illegal drugs, narcotics, marijuana, hashish, etc.?
If yes, please explain _____

TRAFFIC

Complete the following for each occurrence. Include all traffic citations regardless of dispositions.

Offense: _____ Agency Issuing Citation: _____
Date: _____ Disposition: _____ Accident? Yes No

Offense: _____ Agency Issuing Citation: _____
Date: _____ Disposition: _____ Accident? Yes No

Offense: _____ Agency Issuing Citation: _____
Date: _____ Disposition: _____ Accident? Yes No

Offense: _____ Agency Issuing Citation: _____
Date: _____ Disposition: _____ Accident? Yes No

List all motor vehicle accident that you have been involved in not listed above (give dates, location, injuries, and agency handling accident).

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. List all jobs held for the last ten years or until after high school.

Note: A job offer may be contingent upon acceptable reference from current and former employers.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

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Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

REFERENCES

List three people who know you well enough to provide current and past information about. **DO NOT LIST FORMER EMPLOYERS.**

1. Name: _____ Years Known: _____
Address: _____
Primary Phone Number: _____ Other Phone: _____

2. Name: _____ Years Known: _____
Address: _____
Primary Phone Number: _____ Other Phone: _____

3. Name: _____ Years Known: _____
Address: _____
Primary Phone Number: _____ Other Phone: _____

MISCELLANEOUS

Tell us why you are interested in employment with the Idaho Springs Police Department and why you feel qualified for the position for which you are applying.

Click or tap here to enter text.

AFFIDAVIT

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 later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

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 organization 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 if I am extended an offer of employment, it may be conditioned upon by successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR AND DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

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