

**TOWN OF COLUMBINE VALLEY POLICE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

**BASIC REQUIREMENTS**

SEX: Equal Opportunity Employer

AGE: Officer Position-Between 21 and 65 Years of Age

EDUCATION: High School Diploma or G.E.D.

HEIGHT & WEIGHT: Weight Proportionate to Height and in Good Health

EYESIGHT: Both Eyes 20/20 (Corrected)

UNITED STATES CITIZENSHIP: Applicants must be United States citizens or have legal authorization to work in the United States.

VERBAL AND WRITTEN COMMUNICATIONS: Must be able to communicate effectively in written and spoken English.

OPERATOR'S LICENSE: All applicants must possess a valid Colorado Operator's License by their starting date with the department, if hired.

OTHER REQUIREMENTS: Applicants who are seeking employment with this department, as with any law enforcement organization, should be aware of certain requirements which include honesty, maturity, self discipline, initiative and an exceptional ability to deal frequently with traumatic occurrences.

**REQUIRED EXAMINATIONS:**

1. Pre-Interview
2. Assessment Process
3. Background Investigation
4. Psychological Evaluation-Will be performed, and shall be by certified psychiatrist or psychologist selected by the department and at the department's expense, prior to employment.
5. Polygraph Examination-Will be performed, and shall be by a certified polygrapher selected by the department and at the department's expense, prior to employment.
6. Physical Examination-Will be performed, and shall be by certified medical physician selected by the department and at the department's expense, prior to employment.

**COPIES OF ITEMS LISTED BELOW SHALL BE ATTACHED TO THE APPLICATION:**

- High School Diploma or G.E.D. Certificate
- Birth Certificate
- P.O.S.T. Certification Certificate
- Federal Form DD214, indicating Honorable Service
- Three (3) Letters of Reference
- Driver's Record
- College Transcripts (If App.)
- CPR and First Aid Cards

**PROBATIONARY PERIOD OF EMPLOYMENT**

Successful applicants are subjected to a probationary employment. Departmental certified employees' probationary period of employment is up to 12 months. This probationary period is regarded as part of the applicant's examination process and will be utilized for purposes of employee evaluation, training and adjustment to the demands of the profession. New employees who fail to perform satisfactorily during this period are subject to separation from the department, depending on the circumstance of each case. Such findings (that separation will be for the good of the department and/or the profession) shall be final.

**APPLICANT DISQUALIFICATION FACTORS**

Applicants are advised that areas for disqualification from further consideration include, but are not limited to, the following:

- A. Non-prescribed drug usage, other than minimal experimentation.
- B. Alcoholism, depending on circumstances, disposition and time lapse.
- C. Psychiatric treatment or mental health deficiencies, depending on circumstances, disposition and time lapse.
- D. Any Felony conviction.
- E. Misdemeanor conviction, depending on circumstances, disposition and time lapse since offense.
- F. Police history-type, frequency and nature of contact(s).
- G. Driving record.
- H. Outside activities which may be classified as a conflict of interest.
- I. Revelation of assaultive behavior via background investigation or by the admission of the applicant.
- J. Regular association with persons known by the applicant to be involved in unlawful conduct (closeness of relationship is also considered).
- K. Documented record of past poor work performance.
- L. Unsuccessful completion of any basic requirement.

I certify that I have read the requirements set forth for the position applied for, and certify that all statements made by me on the pre-employment application are true and any false statements will result in the disqualification for consideration of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



LIST YOUR LAST TWO ADDRESSES, NOT INCLUDING YOUR CURRENT ADDRESS ON PREVIOUS PAGE.

\_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Rent: \_\_\_\_\_ Own: \_\_\_\_\_

If rented, from whom: \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Rent: \_\_\_\_\_ Own: \_\_\_\_\_

If rented, from whom: \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE? \_\_\_\_\_ IF YES, WHY?  
\_\_\_\_\_

**PERSONAL HISTORY**

MARITAL STATUS: \_\_\_\_\_

IF MARRIED, CITY AND STATE WHERE MARRIED: \_\_\_\_\_

IF DIVORCED OR SEPARATED: \_\_\_\_\_  
Date City State Court

FORMER SPOUSE'S NAME: \_\_\_\_\_

FORMER SPOUSE'S ADDRESS: \_\_\_\_\_  
Street City State Zip

FORMER SPOUSES PHONE NUMBER: \_\_\_\_\_

**AS APPLICABLE:**

YOUR SPOUSE'S NAME (INCLUDE MAIDEN): \_\_\_\_\_

SPOUSES OCCUPATION: \_\_\_\_\_

SPOUSES EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Phone

LIST EVERY CHILD BORN TO YOU (INCLUDE NAME, AGE, SEX):

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ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU AND STEPCHILDREN? \_\_\_\_\_ IF NOT, GIVE DETAILS: \_\_\_\_\_

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**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

DATE OF GRADUATION FROM HIGH SCHOOL (OR COMPLETION OF G.E.D.): \_\_\_\_\_

ELEMENTARY SCHOOL: \_\_\_\_\_  
Name Address Zip

JUNIOR (MIDDLE) SCHOOL: \_\_\_\_\_  
Name Address Zip

HIGH SCHOOL: \_\_\_\_\_  
Name Address Zip

COLLEGE OR UNIVERSITY: \_\_\_\_\_

Street City State Zip

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

DATES OF ATTENDANCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_ DATE OF DEGREE: \_\_\_\_\_

IF NONE, HOW MANY CREDIT OR SEMESTER HOURS DO YOU HAVE? \_\_\_\_\_

COLLEGE OR UNIVERSITY: \_\_\_\_\_

Street City State Zip

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

DATES OF ATTENDANCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_ DATE OF DEGREE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? \_\_\_\_\_ IF YES, GIVE DETAILS, AND FROM WHAT EMPLOYER: \_\_\_\_\_

HAVE YOUR EMPLOYERS ALWAYS TREATED YOU FAIRLY? \_\_\_\_\_ IF NOT, EXPLAIN: \_\_\_\_\_

LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN (10) YEARS. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. IF YOU NEED MORE SPACE, YOU MAY ATTACH ADDITIONAL SHEETS. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND ANY TEMPORARY PART-TIME JOBS.

**Attach a brief summary of any Internal Affairs Investigations or disciplinary action received.**

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HIGHEST POSITION HELD, SALARY AND  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME THREE (3) CO-WORKERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST BELOW EVERY TESTING PROCESS YOU HAVE UNDERGONE FOR THE POSITION OF POLICE OFFICER. IF NONE, SO STATE.

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Agency	Date	Position on List	Status
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Agency	Date	Position on List	Status
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Agency	Date	Position on List	Status
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Agency	Date	Position on List	Status
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ARE YOU NOW ON ANY ELIGIBILITY LIST? \_\_\_\_\_ IF YES, LIST BELOW:

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HAVE YOU EVER BEEN REJECTED FOR ANY POLICE OFFICER POSITION? \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE OR OTHER FEDERAL, STATE OR LOCAL BENEFITS OR ASSISTANCE? \_\_\_\_\_ IF YES, EXPLAIN FOR HOW LONG AND FROM WHICH AGENCY? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE? \_\_\_\_\_ IF YES, PLEASE RELATE CIRCUMSTANCES INCLUDING ARRESTING AGENCY, DATE CHARGES AND DISPOSITION:

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ARE YOU NOW, OR HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN ANY CIVIL ACTION? \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

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HAVE YOU EVER USED ANY ILLEGAL DRUGS INCLUDING MARIJUANA, AMPHETAMINES, DEPRESSANTS, TRANQUILIZERS, COCAINE, ETC.? \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

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**MILITARY SERVICE**

HAVE YOU EVER SERVED IN A ACTIVE DUTY MILITARY ORGANIZATION OF THE UNITED STATES? \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ HIGHEST RANK HELD: \_\_\_\_\_

DUTY POSITION: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_

ARE YOU NOW OR WERE YOU EVER AN ACTIVE MEMBER OR INACTIVE MEMBER OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES? \_\_\_\_\_

UNIT: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

**MISCELLANEOUS**

WHAT DO YOU FEEL IS YOUR MOST OUTSTANDING PERSONAL ACHIEVEMENT?

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IN THE SPACE PROVIDED BELOW, LIST YOUR REASONS FOR APPLYING FOR THIS POSITION:

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DO YOU DRINK ALCOHOLIC BEVERAGES? \_\_\_\_\_ IF YES, TO WHAT EXTENT? \_\_\_\_\_

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STATE OF ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION

STATE OF COLORADO )  
COUNTY OF ARAPAHOE ) SS.  
TOWN OF COLUMBINE VALLEY )

I, \_\_\_\_\_, being of first duly sworn upon oath state as follows:

I am presently an applicant for employment with the Columbine Valley Police Dept., Columbine Valley, Colorado.

I fully understand that the Columbine Valley Police Dept. conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a position with the Columbine Valley Police Dept. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, health records, military records, police, driving records and character.

I hereby authorize any person who is contacted by the Columbine Valley Police Dept. personnel to release any information to the Columbine Valley Police Dept., pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, health, schooling, military police, driving records and character for use by the Columbine Valley Police Dept. in the consideration of my application for employment and for no other purpose.

I also understand hereby that this application (and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals in support and attached hereto) become upon submission in the Columbine Valley Police Dept. (in petition for employment), the property of the Columbine Valley Police Dept., State of Colorado, County of Arapahoe and cannot be returned to me under any circumstances whatsoever.

I authorize the Columbine Valley Police Dept. to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Columbine Valley Police Dept. from any and all liability or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Columbine Valley Police Dept., its elected officials, officers, agents, and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Columbine Valley Police Dept. for use by the Columbine Valley Police Dept. in the consideration of my application for employment and for such other purpose as may be related to any subsequent employment with the Columbine Valley Police Dept.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer (deceitfully made) of any fraud whatsoever, constitutes a basis for rejection of the application with no further consideration, or if I am hired and fraud and/or deceit is subsequently discovered, such fraud and deceit will become grounds for my immediate dismissal from the Columbine Valley Police Dept.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_.

Witness my hand official seal. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public