

# Town of Columbine Valley

## APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer:** *We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information 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 are based on job-related factors.*

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 the application. **PLEASE PRINT**, except for signature on back 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.

Job applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

What type of employment are you seeking? Full-time  Part-time  Temporary

When could you start work? \_\_\_\_\_ Desired pay range? \_\_\_\_\_  
Hourly or Salary

### GENERAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name (Maiden of any other names used or known by) \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you 18 years of age or older? Yes  No

(If you are hired, you may be required to submit proof of age)

If hired, you will be required to furnish proof of you eligibility to work in the U.S.

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations) Yes  No

If yes, give details \_\_\_\_\_

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? \_\_\_\_\_

**EDUCATION**

	List Name and Address of Schools	Number of years Completed	Diploma/ Degree/ Certificate
High School Or GED			
College or University			
Subjects Studied			
Vocational Or Technical Subjects Studied			

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

For Driving Jobs **ONLY**: Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? Yes  No

If yes, give details \_\_\_\_\_

List professional, trade, business or civic activities and offices held (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK 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 period of unemployment. If self-employed, give firm name and supply business references.

**Note: A job offer may be contingent upon acceptable references from current of former employers.**

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s) Phone
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s) Phone
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
			\$	\$	
Title	Duties				Supervisor(s) Phone

**REFERENCES**

If you have worked or attended school under an other names, please list \_\_\_\_\_

Are you presently employed? Yes  No  If yes, who should we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers

Name

Address

Phone

**AFFIDAVIT, CONSENT AND RELEASE**

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

I understand that if I am extended an offer of employment it may be conditioned upon my 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 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 PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT 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.**

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 Human Resources for details.*

# **Columbine Valley Police Department**

## EMPLOYMENT APPLICATION ADDENDUM

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Last Name	First Name	Preferred Phone Number
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List your last two addresses, not including your current address:

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Street	City	State	Zip
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From:\_\_\_\_\_To:\_\_\_\_\_Did you Rent:\_\_\_\_\_Own:\_\_\_\_\_

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

Name	Phone
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Street	City	State	Zip
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Street	City	State	Zip
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From:\_\_\_\_\_To:\_\_\_\_\_Did you Rent:\_\_\_\_\_Own:\_\_\_\_\_

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

Name	Phone
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Street	City	State	Zip
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Are you at least 21 years of age? \_\_\_\_\_

List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated (use additional paper if needed):

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Have your employers always treated you fairly? \_\_\_\_\_ If not, why? \_\_\_\_\_

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**PERSONAL HISTORY**

Marital Status \_\_\_\_\_ If married, City, State and Where married \_\_\_\_\_

If Divorced or Separated \_\_\_\_\_  
Date City State Court

Former Spouse's Name, Address and Phone \_\_\_\_\_  
Current Name

Street Address City State Zip Phone Number

*As Applicable:*

Spouse's Name (including Maiden): \_\_\_\_\_

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address City State Zip

Names, Age and Gender of every child born to you \_\_\_\_\_

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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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Have you ever used any illegal drugs including amphetamines, depressants, tranquilizers, cocaine, etc.? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Have you ever been discharged or forced to resign for any reason? \_\_\_\_\_ If yes, what employer(s)?

Give details \_\_\_\_\_

Give the name of at-least one co-worker at each of the jobs you listed in Columbine Valley's Employment Application:

\_\_\_\_\_  
Name Employer Phone Number

\_\_\_\_\_  
Name Employer Phone Number

\_\_\_\_\_  
Name Employer Phone Number

\_\_\_\_\_  
Name Employer Phone Number

If your Employment History on Columbine Valley's Employment Application did not extend at least ten years, please list additional jobs going back a full ten years. Include military service in proper time sequence and any temporary and/or part-time jobs. Use additional sheets if needed.

*Attach a brief summary of any Internal Affairs investigations or disciplinary action(s) received.*

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title:	Duties				Supervisor(s)/Phone
Co-Worker Name & Phone:					
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title:	Duties				Supervisor(s)/Phone
Co-Worker Name & Phone:					

**MILITARY SERVICE**

Have you ever served on active duty in any branch of the armed services? \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

Duty Position \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Dates of Service \_\_\_\_\_

Are you now or have you ever been an active or inactive member of any military reserve unit? \_\_\_\_\_

Unit \_\_\_\_\_ Rank \_\_\_\_\_ Unit Address \_\_\_\_\_

**MISCELLANEOUS**

Do you drink alcoholic beverages? \_\_\_\_\_ If yes, to what extent? \_\_\_\_\_

What do you feel is your most outstanding personal achievement?

List the reasons you are applying for this position?



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 Department, Columbine Valley, Colorado.

I fully understand that the Columbine Valley Police Department 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 Department. 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 Department personnel to release any information to the Columbine Valley Police Department, 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 Department 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 Department (in petition for employment), the property of the Columbine Valley Police Department, State of Colorado, County of Arapahoe and cannot be returned to me under any circumstances whatsoever.

I authorize the Columbine Valley Police Department 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 Department 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 Department, 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 Department for use by the Columbine Valley Police Department 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 Department.

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 Department.

Signature \_\_\_\_\_ Date\_\_\_\_\_

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

Witness my hand official seal.

My commission expires\_\_\_\_\_.

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

# Town of Columbine Valley Police Department

## Job Requirements

**An Equal Opportunity Employer:** *We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information 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 are based on job-related factors.*

### **Basic Requirements**

Must be at least 21 years of Age

Have a High School Diploma (or G.E.D.) or higher

Weight Proportional to Height and in Good Health

20/20 (Corrected) Eyesight in Both Eyes

Able to furnish proof of eligibility to work in the U.S.

Must be able to communicate effectively in written and spoken English.

Possess a valid Colorado Operator's License by first day of work.

Personal Characteristics of: honesty, maturity, self-discipline, initiative and an exceptional ability to deal frequently with traumatic occurrences.

### **Required Examinations**

*Pre-Interview*

*Assessment Process*

*Background Investigation*

*Psychological Evaluation* - by a certified psychiatrist or psychologist selected by the department and at the department's expense, prior to employment.

*Polygraph Examination* - a certified polygraph technician selected by the department and at the department's expense, prior to employment.

*Physical Examination* - by certified medical physician selected by the department and at the department's expense, prior to employment.

### **Copies of the Following Attached to Employment Application**

*High School Diploma or G.E.D. Certificate*

*Driving Record*

*College Transcripts (If App.)*

*CPR and First Aid Cards*

*P.O.S.T. Certification Certificate*

*Three Professional References*

**PROBATIONARY PERIOD OF EMPLOYMENT**

Successful applicants will have a Departmental certified probationary period of employment of up to 12 months. The probationary period is a 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 may be subject to disciplinary action up to and including separation of employment, depending on the circumstance of each case. Such findings will be final.

**DISQUALIFICATION FACTORS**

Factors which may result in disqualification from further consideration include, but are not limited to:

Non-prescribed drug usage, other than minimal experimentation

Felony conviction

Misdemeanor conviction, depending on circumstances, disposition and time lapse since offense.

Police history - type, frequency and nature of contact(s)

Driving record

Outside activities which may be classified as a conflict of interest

Past assaultive behavior revealed through background investigation or applicant admission.

Regular association with persons known by the applicant to be involved in unlawful conduct (closeness of relationship is also considered).

Documented record of past poor work performance

Unsuccessful completion of any basic requirement

I certify that I have read the requirements set forth for the position for which I am applying.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed