



DILLON POLICE DEPARTMENT APPLICATION

**PLEASE NOTE
FAILURE TO FOLLOW INSTRUCTIONS
and
COMPLETE FORMS THOROUGHLY**

**as outlined in the attached letter
will result in your removal from
this hiring process.**



LETTER OF UNDERSTANDING

I am applying for a position with the Dillon Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must participate in and cooperate with an initial interview conducted by an officer or representative of the Dillon Police Department.

I understand that I must fully cooperate and submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Examination of my driving record
- Thorough examination of prior employment
- Examination of my personal credit/financial report

I understand that as part of this process I will participate in an Oral Interview Board, which will evaluate my potential suitability for employment. This in turn will be followed by my completion of any or all of the following tests as required by Colorado Police Officer Standards & Testing (POST).

- Psychological evaluation
- Polygraph examination
- Standard medical examination

The aforementioned tests will be administered in a manner selected by the Dillon Police Department. I understand the results of the tests are the property of the Dillon Police Department and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A final decision as to my suitability for employment will be made by the Dillon Police Department after all tests have been conducted and results are reviewed.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee employment with the Dillon Police Department, only that I will be considered for positions, as they become available, within one year of this application. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Dillon Police Department.

Signature of Applicant _____ Date _____

Printed Name _____



CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Dillon Police Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned misstatement, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant _____

Printed Name _____

Date: _____



RELEASE OF INFORMATION AGREEMENT

Name: _____ Phone # _____
(Last) (First) (Middle)

Street Address _____ P.O. Box _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____-_____-_____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Dillon Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position of police officer or community service officer for which I have applied. It is in the public's best interest that all relevant information concerning my employment and personal history be disclosed to the above Department.

I hereby authorize any representative of the Dillon Police Department bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records. I hereby direct you to release such information upon request to the bearer of this release. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Dillon Police Department whether such records are of public, private or confidential nature. 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 that may provide pertinent information for the Dillon Police Department to consider in determining my suitability for employment with that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me. This includes, but is not limited to, the following: employment records; personal background and reputation information; military service records; educational records; financial status and records; criminal history records to include all arrest records and any information contained in the investigatory files; efficiency and performance evaluation ratings, complaints or grievances filed by or against me; records of recollections of attorneys at law or other counsel whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest; attendance records; polygraph examinations and results thereof; and any internal affairs investigations and/or disciplinary actions taken against me, including any files which have been deemed to be confidential and or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from releasing or furnishing the information requested, including any liability or damage pursuant to any State or Federal laws. I hereby release you, as custodian of such records, and all other 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, you to release information, or any attempt to comply with it.** I direct you to release such information upon request of the duly accredited representative of the Dillon Police Department regardless of any agreement I may have made with you previously to the contrary. The Dillon Police Department requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Dillon Police Department's acceptance and processing of my application for employment, I agree to hold officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the Dillon Police Department. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, the Colorado Revised Statutes 24-72-201 and 24-72-301, the Colorado Open Records Act; and my rights under other State Open Records Acts, with regard to access and disclosure of records. I waive those rights with the understanding that information furnished will be used by the Dillon Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release waiver will be valid as an original thereof, even though said photocopy or facsimile copy does not contain an original writing of my signature.

This waiver is valid for six months (180 days) from the notarized date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this document.

I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney fees arising out of or by any reason of complying with this request.

Signature of Applicant _____ Date _____

Printed Name _____



INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

You are being asked to provide information about yourself that will be used in an investigation to evaluate your suitability for employment with the Dillon Police Department for the background investigation. The information is collected from you, criminal records, driver's history, questionnaires and personal interviews.

1. Print or write legibly in ink in your own handwriting. Do not type on this form or have another person make entries for you.
2. All information requested must be supplied and is subject to verification. Deliberate inaccuracies, omissions or incomplete statements will bar or remove you from employment. If a question does not apply, please enter "N/A" or None" in the space provided. If there is not sufficient space to list all the information requested, please attach additional sheets of 8 ½ X 11 paper.
3. It is your responsibility to make sure all information is complete and accurate. *Failure to provide this information will result in your removal from the process.*
4. Your cooperation will aid in the investigation and expedite the results. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and the degree of relevance to the job.
5. You *will be required* to submit the following documents at some point in the process, *do not include them with this packet.*
 - Peace Officer Standards and Training certificate of graduation from a police academy
6. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Dillon Police Department or another law enforcement agency in possession of a notarized waiver signed by you.
7. There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.



DILLON POLICE DEPARTMENT

Police Officer Application

Mail to: Dillon Police Department PO Box 335, Dillon, CO 80435

NAME (please print): _____
(Last) (First) (M)

Physical Address: _____
Street City State Zip

Mailing Address (if different) _____

E Mail Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

(Circle the one you are applying for)

I am over the age of 21 _____ Police Officer Community Service Officer

Telephone number (cell, etc.) where you can be reached.

Other names (aliases, maiden names and nicknames) by which you have been known. Please include the time period these names were used.

LAW ENFORCEMENT EXPERIENCE:

___ I am currently Colorado POST certified Certification # _____ (Attach copy of certification)

___ I am eligible for Colorado POST certification (**You must meet one of the criteria below**)

___ I have graduated from _____ (Name of academy) My test is scheduled for _____ (date)

___ I am certified in another state Certification # _____ State _____ (Attach copy of certification)

___ I am currently enrolled in a POST academy (enrolled at the time of application and will be actively attending at the time of interview)

Name of Academy _____ Anticipated Graduation Date _____

___ None

Other information you feel would be helpful in considering you for employment: _____

EDUCATION: Please circle highest grade completed 12 13 14 15 16 16+

High School _____ City & State _____ GED or Diploma yes no

College/University _____ City & State _____ Degree & Major _____

EMPLOYMENT HISTORY: List your work history below. Start with your present, or most recent, position and go backward through your adult work experience at least 10 years. Include military service and volunteer work in your work history in chronological order. Identify by month and year any period of unemployment of six months or more. Also, explain the circumstances for any positions from which you have been fired or terminated. **This section MUST be complete.** Attach additional sheets if necessary.

Current or Most Recent Employer

_____ () _____ Full Time Part Time
Company Name City/State Phone # of Supervisor

From _____ to _____
Date Employed Job Title Supervisor Name

Duties _____

Salary \$ _____ per _____ (Hourly, Weekly, Monthly)

May we contact this employer _____ Yes _____ No

Reason for leaving or wanting to leave _____

_____ () _____ Full Time Part Time
Company Name City/State Phone # of Supervisor Volunteer

From _____ to _____
Date Employed Job Title Supervisor Name

Duties _____

Salary \$ _____ per _____ (Hourly, Weekly, Monthly)

May we contact this employer _____ Yes _____ No Reason for leaving or wanting to leave _____

_____ () _____ Full Time Part Time
 Company Name City/State Phone # of Supervisor
 From _____ to _____
 Date Employed Job Title Supervisor Name

Duties _____

Salary \$ _____ per _____ (Hourly, Weekly, Monthly)
 May we contact this employer _____ Yes _____ No Reason for leaving or wanting to leave _____

Use additional pages if necessary.

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States (including Reserves and National Guard)? yes no
 DD-214 Member 4 form must be provided for each enlistment period.

Branch of Service: _____ Dates of Service: _____ Discharge Classification: _____

DRIVING RECORD: You are applying for a position that will require driving.

At the time of hire, will you be able to obtain a valid Colorado driver's license? Yes No

Have you had a driver's license suspended or revoked within the last five (5) years? Yes No

WORK REFERENCES: Include only individuals familiar with your work ability. Do not include relatives.

	Name	Phone #	Address, City, State, Zip
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Are you related to anyone currently employed by the Town of Dillon? If yes provide name and relationship.

Name/s _____ Relationship _____

Name/s _____ Relationship _____

ADDITIONAL EMPLOYMENT INFORMATION

1. Have you ever been dismissed from any employment; been asked to resign from any employment; resigned from any employment following allegations of misconduct or unsatisfactory performance or left a job by mutual agreement. ___yes ___no
If YES please provide details below. Please be specific and attach additional pages if necessary.

Date Name of Agency/Employer Position

Reason/Outcome

2. Have you ever received an unsatisfactory performance evaluation(s) or any disciplinary action(s), including verbal or written reprimands, from an employer? ___yes ___no Attach additional pages if necessary. If YES please provide details below.

Date Name of Agency/Employer Position

Reason/Outcome

3. Have you ever performed any service for any law enforcement agency or been employed by any law enforcement/corrections agency not listed in this application? ___yes ___no

If YES please provide details. _____

Attach additional pages if necessary.

APPLICATIONS WITH OTHER AGENCIES

List all law enforcement agencies you have applied with in the past two years. Include all testing completed, the results, and why you were not hired, or are on an eligibility list.

Screening Checklist for Police Officer/Community Service Officer Applicants

I, _____ (print name) am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates, neighbors and family, and agree to allow a representative of the Dillon Police Department to review my driving record, credit history, criminal records and history, and military records. I understand that I will submit to a pre-employment polygraph examination, and psychological evaluation. I am aware that failure to fully submit to the listed reviews and evaluations will be grounds for disqualification from the selection process.

Signature _____

Printed Name _____

Date _____

AN IMPORTANT MESSAGE ABOUT TRUTHFULNESS.....

One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Dillon Police Department has an unwavering stand on untruthfulness and dishonesty that can result in the dismissal of an employee who engages in such misconduct. The same standard applies in the hiring process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct. If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Dillon Police Department. Information regarding a candidate’s disqualification may also be made available to other law enforcement agencies with an authorized request.

Please circle the correct answer to the following questions. If you answer “yes” to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary. A “Yes” answer may not automatically bar an applicant from employment; however, you must provide detailed information about each “Yes” response. *Failure to provide the information requested will disqualify you from the process.* The relationship of the conviction to the job, as well as the severity and the passage of time will all be considered.

Have you ever:

- | | | |
|--|------------|-----------|
| 1. Been convicted by any court of a felony or entered a guilty or nolo contendere plea? | YES | NO |
| 2. Used any illegal drugs in the last two years? | YES | NO |
| 3. Used any hallucinogenic drugs? | YES | NO |
| 4. Used Heroin, PCP, steroids or methamphetamine? | YES | NO |
| 5. Been arrested for DWI or DUI in the last three years? | YES | NO |
| 6. Sold any illegal drug at any time in your life? | YES | NO |
| 7. Been convicted of or entered a guilty plea to any assault in a domestic setting? | YES | NO |
| 8. Falsified any document, form, testimony, or pleading as an officer of the court or as a witness? | YES | NO |
| 9. Omitted, misstated or falsely stated any information, in writing or orally, during an application process with any agency? | YES | NO |

AFFIDAVIT:

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualification. I authorize the Dillon Police Department to conduct a background investigation pertaining to my suitability for employment which may include a criminal history check. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, could be cause for termination and this employer shall not be liable in any respect for such action or termination.

I understand that any false statement in this document or willful misrepresentation will result in disqualification from the application process. If the misrepresentation is discovered after hiring, I may be subject to an inquiry and appropriate administrative or disciplinary actions, up to and including termination.

As an applicant for employment with the Dillon Police Department I understand that, if hired, I must comply with the Employee Drug and Alcohol Policy. Additionally, I agree to submit to a polygraph, psychological evaluation and other tests as required by the Dillon Police Department.

NOTE: APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE –NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED.

Applicant Signature_____

Date_____

Printed Name _____

Have you ever filed for bankruptcy or filed for Wage Earner's Plan? Yes No

Within the last seven (7) years have any of your bills ever been turned over to a collection agency? Yes No

Within the last seven (7) years, have you ever had purchased goods repossessed? Yes No

Within the last seven (7) years have your wages ever been garnished? Yes No

Have you ever been delinquent on child support, income tax or other tax payments? Yes No

If you answered "yes" to any of the above please give specific dates, names of people/firms who were involved, circumstances, and explanations for each. Use additional paper if necessary
