INSTRUCTIONS TO COMPLETE APPLICATIONS

1. Read requirements and qualifications before completing enclosed forms.

2. Complete background information form and application forms.

3. Include typed resume.

4. Include copies of the following:
   a. College transcript
   b. College Degree
   c. Police officer (POST) certification

5. Send all information to:

   Frederick Police Department
   P.O. Box 639
   Frederick, CO 80530
   Attn: Chief James D. Torrez

OFFICER EMPLOYMENT APPLICATION
FREDERICK POLICE DEPARTMENT
333 5th STREET
PO BOX 639
FREDERICK, CO 80530
PHONE: (303) 833-2468

Complete every section IN INK in your own handwriting. If a question or section does not apply to you, put N/A: DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misinterpretations or omissions by you are cause for disqualification. The information requested hence forth is used for determining your qualification and suitability for a position with this agency.

PRINT IN INK IN YOUR OWN HANDWRITING – DO NOT TYPE

POSTION(S) APPLIED FOR:	DATE:

NAME: LAST FIRST MIDDLE	ALIASES, MAIDEN NAME, NICKNAMES, OTHER NAME CHANGES
CURRENT HOME ADDRESS: STREET: CITY: STATE: ZIP: COUNTY:	HOME PHONE: WORK PHONE: EMAIL ADDRESS:

DATE OF BIRTH	AGE	DRIVER LICENSE NUMBER	DRIVER LICENSE STATE	HAIR COLOR	EYE COLOR	US CITIZEN: YES NO

SOCIAL SECURITY NUMBER:	P.O.S.T. CERTIFICATION NUMBER	PLACE OF BIRTH:

FAMILY

List in the order given showing relationship (parents, spouse, significant other, children, guardians, step-parents, foster parents, parents-in-law, brothers, and sisters) even though deceased. Include all former spouses and current roommates. DOB – Date of Birth.

Father	NAME: DOB PHONE #	STREET CITY STATE ZIP
Mother	NAME: DOB PHONE #	STREET CITY STATE ZIP
Spouse or Significant Other	NAME: DOB PHONE #	STREET CITY STATE ZIP
	NAME: DOB PHONE #	STREET CITY STATE ZIP
	NAME: DOB PHONE #	STREET CITY STATE ZIP
	NAME: DOB PHONE #	STREET CITY STATE ZIP
	NAME: DOB PHONE #	STREET CITY STATE ZIP

RESIDENCES

List all residences in the last ten (10) years, beginning with your most recent address.

From: Mo/Yr.	Current Street address:	If rental, Landlords Name: Phone:	
PRESENT	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:
From: Mo/Yr.	Street address:	If rental, Landlords Name: Phone:	
To: Mo/Yr.	City / State / Zip	County	Landlords Complete Address: Phone:

WORK EXPERIENCE

Begin with your most recent job and list your work history through the last ten (10) years; including part-time, temporary, or seasonal employment and any military service. Identify part-time jobs with "PT" and temporary jobs with "TEMP"

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
No ☐ Yes ☐ If yes, please state circumstances: _____.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ☐ Yes ☐
If so, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
No ☐ Yes ☐ If yes, please state circumstances: _____.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ☐ Yes ☐
If so, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
No ☐ Yes ☐ If yes, please state circumstances: _____.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ☐ Yes ☐
If so, please explain:

WORK EXPERIENCE-CONTINUED

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
No ☐ Yes ☐ If yes, please state circumstances: _____.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ☐ Yes ☐
If so, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
No ☐ Yes ☐ If yes, please state circumstances: _____.

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ☐ Yes ☐
If so, please explain:

ARE YOU A PREVIOUS EMPLOYEE OF THE FREDERICK POLICE DEPARTMENT? IF SO, PLEASE COMPLETE THE FOLLOWING:

From Mo/Yr	Division(s) assigned	Job Title/ Rank	Name of Supervisor
To Mo/Yr Salary:	Description of duties	Why did you leave?	

Were you ever suspended, subjected to disciplinary action, or asked to resign, or resign to avoid being fired? If so, please explain:

CRIMINAL HISTORY

List all traffic citations, misdemeanor and felony arrests. Include all citations and arrests, regardless of the disposition of the case.

MILITARY STATUS

A copy of DD214 will be requested for a background investigation.

Have you served in the U.S. Armed Forces? No ☐ Yes ☐ Grade upon discharge_____

Branch of Service:	Years served: from to:	Last Duty Station and name of Commanding Officer:
While in the military service, were you ever disciplined, arrested, or court martialed? If so, please explain:		
Are you a member of the U.S. Reserve or National Guard organization? No ☐ Yes ☐ If yes, complete the following: Grade and Service Number: Branch of Service:		
Organization and Station, or Unit and Location	Active ☐ Inactive ☐ Standby ☐	
Indicate Reserve obligation, If any:		

VOLUNTEER SERVICE

List all volunteer or reserve service.

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number	
Briefly describe your duties:			
Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No ☐ Yes ☐. If yes, please state circumstances:			

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number	
Briefly describe your duties:			
Were you ever discharged, asked to resign, or suhjected to disciplinary action while with this organization? No ☐Yes ☐. If yes, please state circumstances:			

AFFILIATIONS
Are you now or have you ever been a member of any organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence or which seeks to alter the form of government of the United States by unconstitutional means? Yes ☐ No ☐
If you answered YES, explain fully your affiliations:
Have you ever filed for bankruptcy? No ☐ Yes ☐ If yes, please explain details of bankruptcy:
LANGUAGES
Indicate any foreign languages you can speak, read, or write. If any, please indicate level-fluent, good, fair, or poor.
LITIGATION INFORMATION
Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent of be sued? No ☐ Yes ☐ If yes, please explain:
LIQUOR / DRUG USE
Describe your use of intoxicating liquors:
Have you ever used marijuana or hashish? No ☐ Yes ☐ If so, how many times, and when was the last time?
Have you ever used any form of illegal drugs or narcotics (drugs not prescribed by your physician)? No ☐ Yes ☐ If yes, please explain in detail:
Have you ever sold or given drugs, narcotics, marijuana, or hashish to anyone? No ☐ Yes ☐ If yes, please explain in detail:
ACCIDENTS
List all traffic accidents you have been involved in whether at fault or not, for the last ten years:

REFERENCES

List three persons who know you well enough to provide current and past information about you. Do not list relatives or former employers.

3. Name:	Years known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

3. Name:	Years known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

3. Name:	Years known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

List any friends, relatives, or acquaintances employed by Frederick Police Department and their relationship to you.
HAVE YOU PREVIOUSLY APPLIED WITH THE FREDERICK POLICE DEPARTMENT? Yes ☐ No ☐ If yes, state for which position(s) applied and date(s).

Do you have an active application on file with any other police agency? Yes ☐ No ☐ If yes, please list.

Date of Application	Agency / Address	Position applied for	Status, if known

ADDITIONAL

How did you learn of this position?

Why are you seeking employment with the Frederick Police Department and why do you feel qualified for the position for which you applied? (Attach if necessary)

BEFORE SUBMITTING YOUR APPLICATION, CONSIDER THE FOLLOWING INFORMATION ABOUT THE FREDERICK POLICE DEPARTMENTS SELECTION PROCESS, APPLICATION SCREENING AND/OR TESTING. EXTENSIVE BACKGROUND INQUIRIES AND INTERVIEWS ARE UTILIZED PRIOR TO EMPLOYMENT; ALL POSITIONS ARE SUBJECTED, BUT NOT LIMITED, TO A POLYGRAPH AND DRUG SCREEN, AND ARE SUBJECTED TO A PROBATIONARY PERIOD OF 6 MONTHS. IN ADDITION, ALL COMMISSIONED POSITIONS REQUIRE PSYCHOLOGICAL, AND MEDICAL EXAMINATIONS.

APPLICANT'S AFFIRMATION

I affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment or an obligation upon the department to make an appointment, but a part of the selection process only. I will, if accepted for probable appointment, submit my fingerprints.

Signed_____

Date_____

FREDERICK POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: _____ (Applicant-print name)

I hereby authorize the release of all the information and records concerning myself to any agent of the Frederick Police Department.

The intent of this authorization is to give my consent for complete disclosure of information regarding background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of laws; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however person or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Frederick Police Department, regardless of any agreement to the contrary I have previously made with you.

I understand that the above information is for use by the Frederick Police Department in conducting a background investigation to determine my suitability of employment, and will be kept confidential. I understand that all materials obtained become the property of the Frederick Police Department and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records to information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Frederick Police Department in conjunction with employment procedures.

For consideration of the acceptance and processing of my application for employment, I agree to hold the Frederick Police Department, its agents, and employees harmless from any and all claims and liability associated with my application for employment in any way connected with the decision whether or not to employ me with the Frederick Police Department.

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

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

_____ _____
Applicant Signature Birth date

_____ _____
Complete Address Phone

Subscribed and sworn to me this _____ day of _____, 200__.

_____ _____
Notary Public My commission expires: