

APPLICATION FOR EMPLOYMENT
CITY OF LAMAR, LAMAR POLICE DEPARTMENT
 505 South Main Street
 Lamar, Colorado 81052
 (719) 336-4341 Fax (719) 336-5501

Please TYPE or PRINT all requested information in dark ink. Incomplete applications may result in disqualification. Complete all blanks; enter N/A if a question does not apply. Make sure to include all experience and training which you think might qualify you for the position. Attach additional sheets to clarify information if necessary. If you have questions regarding this application form, please call. Applicants are considered without regard to race, color, religion, gender, disability, national origin, age, veteran status, or any other legally protected status. Thank you for your interest in the City of Lamar Police Department.

Date Given

GENERAL INFORMATION				
POSITION YOU ARE APPLYING FOR: Police Officer I	DATE YOU CAN START:	DO NOT WRITE IN THIS BOX		
NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NO.	TEST	SCORE	DATE/ TIME
NUMBER AND STREET ADDRESS, RD OR PO BOX		SECTION I		
CITY, STATE, ZIP CODE		SECTION II		
HOME TELEPHONE NO.	BUSINESS TELEPHONE NO.	SECTION III		
MESSAGE PHONE NO.	DATE OF BIRTH	SECTION IV		
ARE YOU A US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	E-MAIL ADDRESS: (OPTIONAL)	ORAL		
Arc you related to anyone who works for the City of Lamar? Yes No If so, whom? _____				
LICENSES AND CERTIFICATIONS				
DO YOU HAVE A VALID DRIVERS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE	NUMBER	EXPIRATION DATE	
PLEASE LIST ALL TRAFFIC CONVICTIONS YOU HAVE RECEIVED DURING THE PAST FIVE YEARS. INCLUDE THE YEAR, CITY, DESCRIPTION OF THE CONVICTION AND THE OUTCOME (EXAMPLE) <u>2001</u> <u>DENVER</u> <u>SPEEDING</u> <u>PAID FINE</u>				
ARE YOU CURRENTLY ATTENDING A POLICE ACADEMY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, WHAT ACADEMY ARE YOU ATTENDING?		
ARE YOU CERTIFIED AS A POLICE OFFICER? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, WHAT STATE?	DATE OF CERTIFICATION		
CRIMINAL HISTORY				
HAVE YOU EVER BEEN CHARGED WITH OR INVESTIGATED FOR ANY CRIME?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAVE YOU EVER BEEN ARRESTED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any "yes" must be fully explained in the comments section or on a separate piece of paper and must include the date, place, agency involved and the results of the charges or investigation.				

EDUCATION

HIGH SCHOOL NAME AND CITY	YEAR GRADUATED OR GED OBTAINED
COLLEGE OR UNIVERSITY ATTENDED	HAVE YOU BEEN AWARDED A DEGREE? YES <input type="checkbox"/> NO <input type="checkbox"/>
Describe the type of college level degrees you have received and/or the number of credit hours you have earned and the courses of study you chose. You will be required to provide college transcripts prior to a background check.	

MILITARY EXPERIENCE

WERE YOU EVER IN ANY BRANCH OF ANY MILITARY? IF SO, WHAT BRANCH?

CIVIL LITIGATION

DO YOU HAVE ANY ACTIVE OR PENDING CIVIL SUITS **YES** **NO**

PRIOR ADDRESSES

PLEASE LIST IN CHRONOLOGICAL ORDER ALL ADDRESSES YOU HAVE USED WITHIN THE PAST FIVE YEARS. YOU MUST INCLUDE THE PHYSICAL STREET ADDRESS, CITY, STATE AND ZIP CODE. ATTACH ADDITIONAL SHEETS IF REQUIRED

FROM / TO	ADDRESS (STREET, CITY, STATE, ZIP CODE)	LANDLORD PHONE NO.

REFERENCES

FULL NAME OF REFERENCE	PRESENT BUSINESS OR HOME ADDRESS	TELEPHONE NUMBER	HOW LONG KNOWN
1)			
2)			
3)			
4)			
5)			

WORK EXPERIENCE

List your current or most recent employer first and other past employers in chronological order. Use an additional sheet of paper if needed. Be sure to include phone numbers, names and accurate addresses. Past employers will be contacted

NAME OF ORGANIZATION, TYPE OF BUSINESS		COMPLETE MAILING ADDRESS
FROM (MONTH/YEAR)	STARTING SALARY	
TO (MONTH/YEAR)	ENDING SALARY	
IMMEDIATE SUPERVISOR:	SUPERVISOR'S TELEPHONE #	POSITION TITLE:

DESCRIBE YOUR SPECIFIC DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS IN THIS POSITION

WERE YOU EVER DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE WITH THIS ORGANIZATION?

YES NO If yes, explain in comments section

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YES NO If yes, explain in comments section

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YES NO If yes, explain in comments section

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YES NO If yes, explain in comments section

The Lamar Police Department will complete a thorough background check on each applicant before that applicant is hired. This background check may include personally speaking with those references listed and any other person whose name may be found during the investigation. To assist with the background check, please answer the following questions as thoroughly as possible. Additional paper may be used if more space is needed.

HAVE YOU EVER USED ANY FORM OF ILLEGAL DRUGS? YES NO

IF YES, EXPLAIN WHAT TYPE OF DRUG WAS USED, HOW OFTEN ETC, BELOW

COMMENTS

Use this section to explain anything on your application that requires an explanation or that you would like us to know

I HEREBY ATTEST THAT MY ANSWERS AND STATEMENTS ON ALL PAGES OF THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTATION ON THIS APPLICATION WILL RESULT IN REJECTION OF MY APPLICATION OR TERMINATION OF EMPLOYMENT.

SIGNED THIS _____ DAY OF _____, _____
(Day) (Month) (Year)

APPLICANT SIGNATURE _____

APPLICANT RELEASE AND AUTHORIZATION

I hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of my work history, worker compensation claims, motor vehicle operation history or criminal history to provide any such information to the Lamar Police Department.

This authorization shall be valid for one year from the date signed and a photographic copy of the authorization shall be as the original. Permission is granted for information to be released by any agency including, but not limited to, Colorado Worker's Compensation Authority.

According to the Fair Credit Act, I am entitled to know if employment is denied because of information obtained by the Lamar Police Department from a consumer reporting agency or source of information.

Signed this _____ day of _____, _____
(Day) (Month) (Year)

(Signature of Applicant)

(Social Security Number)

(Date of Birth)

(Drivers License Number)

(State)

Subscribed and sworn before me this _____ day of _____, _____
(Day) (Month) (Year)

(Notary Public)

My commission expires the _____ day of _____, _____
(Day) (Month) (Year)

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant Name: _____

Current Address: _____

Phone Number: _____ Date of Birth: ____/____/____

SSN: _____

Date: ____/____/____ Authorized Signature: _____

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

I hereby authorize any representative of the Lamar Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information to the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lamar Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that 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 my provide pertinent data for the Lamar Police Department to consider in determining my suitability for employment in 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, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed against or by me, the records or 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 any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from 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 of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages for whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization, or any attempt to comply with it, I direct you to release such information upon request of the duly accredited representative for the Lamar Police Department regardless of any agreement I may have made with you previously to the contrary. The Lamar Police Department is requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested as directed by me.

For and in consideration of the Lamar Police Department acceptance and processing of my application for employment, I agree to hold the _____, its agents harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lamar Police Department. I understand that should information of a serious criminal nature surface 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, with regard to and access to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lamar Police Department in conjunction with employment procedures.

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

This waiver is valid for a period of _____ from the date of my signature.

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

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees 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.