

Paonia Police Department

214 Grand Avenue P.O. Box 460

Paonia, Colorado 81428

Office Phone (970) 527-4822 ~ Fax (970) 527-4823

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR EMPLOYMENT

Applications may be submitted during an active recruiting period or in response to a published announcement. Applications will not be accepted for positions for which there are no current recruiting.

A separate application must be completed for each and every job for which you are applying.

Please do not submit other items to substitute for the information required. For example, do not say, "see resume" to substitute a listing of work history. Applications from other agencies should not be submitted as a substitute or supplement. Space has been provided for attachment of additional information regarding your qualifications. Additional information may include resume, job performance evaluations, letters of recommendation, cover letter, etc. Please limit the number of extra pages to no more than eight.

Applicants for the position of Police Officer are required to complete and sign the portion of document labeled "Application for Criminal History".

Applicants applying for any position that requires a valid driver's license are required to complete and sign portion of document labeled "Application for Driver History Check".

After closing date listed on announcement, applications will be reviewed by appropriate personnel. The Police Department will then contact selected applicants to schedule interviews.

All applications of those not interviewed will be kept on file for one year.

Office Use Only

Date Received _____

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PERSONAL INFORMATION (Please Print)

DATE: _____

NAME: _____

Social Security Number _____

OR

ADDRESS: _____

Work Permit Number _____

Expiration Date: _____

PO BOX _____

CITY _____

STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

OTHER _____

FATHER'S NAME _____	DOB _____
ADDRESS _____	PHONE NUMBER _____
MOTHER'S NAME _____	DOB _____
ADDRESS _____	PHONE NUMBER _____
SPOUSE/SIGNIFICANT OTHER _____	DOB _____
ADDRESS _____	PHONE NUMBER _____
ROOMATE/OTHER _____	DOB _____
ADDRESS _____	PHONE NUMBER _____

Have you been employed with the Town of Paonia previously? [] Yes [] No

If yes, list date(s) _____

Have you ever filed an application with the Town of Paonia previously? [] Yes [] No

If yes, list date(s) _____

Have you used any names or social security numbers other than the one(s) given above?

[] Yes [] No If yes, please list _____

Are you POST certified? [] Yes [] No. If yes please Give POST ID # _____

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From (Month/Year) _____	To (Month/Year) _____	Landlord Name _____
Address _____		Landlord Phone _____
From (Month/Year) _____	To (Month/Year) _____	Landlord Name _____
Address _____		Landlord Phone _____
From (Month/Year) _____	To (Month/Year) _____	Landlord Name _____
Address _____		Landlord Phone _____
From (Month/Year) _____	To (Month/Year) _____	Landlord Name _____
Address _____		Landlord Phone _____

EDUCATION

Check Highest Grade Completed [] 9, [] 10, [] 11, [] 12, [] Associates,
[] Bachelor's, [] Masters.

List all high schools attended. If you have a GED, give number, location, and date.
Attach copy of diploma or GED.

Graduated

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	Yes	No

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COLLEGE/UNIVERSITY	MAJOR:	DEGREE:	
		Yes	No

ADDITIONAL EDUCATIONAL AND/OR VOCATIONAL OR TECHNICAL TRAINING INFORMATION

SCHOOL:	COURSES TAKEN:	COURSES COMPLETED:

SKILLS AND QUALIFICATIONS – Summarize any special training, skills, licenses or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

REFERENCES

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

Name _____	Years known _____	Best Time to contact _____
Address _____	Phone Number _____	

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Name _____	Years known _____	Best Time to contact _____
Address _____	Phone Number _____	
Name _____	Years known _____	Best Time to contact _____
Address _____	Phone Number _____	

WORK EXPERIENCE

List all previous work experience you have obtained in the last seven (7) years beginning with your most recent; include part-time, temporary, seasonal employment and military service. Identify part-time jobs with 'PT' and temporary jobs with 'TEMP'; describe any gaps in employment due to school, unemployment, travel, etc. If your work history does not extend through seven years, clearly identify your first employer with 'FIRST JOB' in Employer Name field.

From (Month/Year) _____	To (Month/Year) _____	Employer Name _____
Address, City, State, _____	Phone Number _____	
Job Title _____	Duties _____	Salary _____
Supervisor _____	Reason for leaving _____	
From (Month/Year) _____	To (Month/Year) _____	Employer Name _____
Address, City, State, _____	Phone Number _____	
Job Title _____	Duties _____	Salary _____
Supervisor _____	Reason for leaving _____	
From (Month/Year) _____	To (Month/Year) _____	Employer Name _____
Address, City, State, _____	Phone Number _____	
Job Title _____	Duties _____	Salary _____
Supervisor _____	Reason for leaving _____	
From (Month/Year) _____	To (Month/Year) _____	Employer Name _____
Address, City, State, _____	Phone Number _____	
Job Title _____	Duties _____	Salary _____
Supervisor _____	Reason for leaving _____	

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WORK EXPERIENCE CONTINUED

From (Month/Year)_____To (Month/Year)_____Employer Name_____
Address, City, State,_____Phone Number_____
Job Title_____Duties_____Salary_____
Supervisor_____Reason for leaving_____
From (Month/Year)_____To (Month/Year)_____Employer Name_____
Address, City, State,_____Phone Number_____
Job Title_____Duties_____Salary_____
Supervisor_____Reason for leaving_____
From (Month/Year)_____To (Month/Year)_____Employer Name_____
Address, City, State,_____Phone Number_____
Job Title_____Duties_____Salary_____
Supervisor_____Reason for leaving_____
From (Month/Year)_____To (Month/Year)_____Employer Name_____
Address, City, State,_____Phone Number_____
Job Title_____Duties_____Salary_____
Supervisor_____Reason for leaving_____
From (Month/Year)_____To (Month/Year)_____Employer Name_____
Address, City, State,_____Phone Number_____
Job Title_____Duties_____Salary_____
Supervisor_____Reason for leaving_____
From (Month/Year)_____To (Month/Year)_____Employer Name_____
Address, City, State,_____Phone Number_____
Job Title_____Duties_____Salary_____
Supervisor_____Reason for leaving_____

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MILITARY SERVICE

Although not required, please attach a copy of your DD Form 214 if available.

Have you ever served in the United States Armed Forces? Yes No

If yes, what branch of service? _____

Dates of Service _____ Discharge Date _____ (Attach DD214)

Are you a member of the US Reserve or National Guard? Yes No

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?

Yes No If yes, please explain _____

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, Deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? Yes No

If yes, please explain _____

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

This job requires you to operate a motor vehicle, are you able to do so? Yes No

Do you possess a valid operator's license? Yes No

License No. _____ State _____

Have you ever possessed an operator's license issued by any state other than the above?

Yes No If yes, list state(s) and number(s) _____

Has your license ever been Suspended, Revoked, Canceled Denied? Yes No

If yes, please explain _____

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Have you ever been involved in a motor vehicle accident? Yes No

If yes, give details for each accident:

A) Date: _____ Location: _____

Was there a police investigation? Yes No

Cause: _____ Injuries? Yes No

Who was legally at fault? _____

B) Date: _____ Location: _____

Was there a police investigation? Yes No

Cause: _____ Injuries? Yes No

Who was legally at fault? _____

Please list any traffic violations in the past 5 years:

Date	Location	Nature of Violation	Disposition

Have you ever been convicted of a crime, not including traffic? Yes No (Does not automatically bar you from employment)

If yes, give details below

Crime Convicted: _____ Police Agency _____

Date: _____ Disposition of Case: _____

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Crime Convicted: _____ Police Agency _____

Date: _____ Disposition of Case: _____

Crime Convicted: _____ Police Agency _____

Date: _____ Disposition of Case: _____

Have you **ever** used or experimented with any illegal drugs including Marijuana?

Yes No If yes, what type and under what circumstances? _____

GENERAL QUESTIONS

Do you drink alcoholic beverages? Yes No

If yes, to what degree? _____

Patrol Officers are required to wear a uniform, if hired would you object to wearing one?

Yes No

The position you are applying for requires shift work, including weekends, day and night shift rotations, would you object to this work schedule?

Yes No

If it became necessary, in the course of police duties to take a human life, would you have any reluctance to do so due to religious or other beliefs? Yes No

If yes, please explain _____

Are you legally able to possess a firearm? Yes No

If no, please explain _____

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Why are you seeking employment with the Paonia Police Department and why do you feel qualified for the position for which you have applied?

Please read each statement carefully before signing

I affirm, under penalty of perjury, that all the information in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

(Initials) _____

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a pre-employment background investigation, polygraph examination, physical examination, psychological examination (if applicable for the position) and drug screening. 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.

(Initials) _____

I have read, understand, and by my signature, consent to these statements

Signature _____

Date _____

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CONCERNING THE APPLICATION OF _____ (Applicant-print name)

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

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation, and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; medical and/or psychological examination records; training records; financial or credit reports; complaints or grievances filed by or against me; records of investigation; complaint, arrest, trail and/or convictions for alleged or actual violations of the law; the result of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person, however personal 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 Paonia Police Department, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Paonia Police Department in conducting a background investigation to determine my suitability for employment and will be kept confidential. I understand that all materials obtained become the property of the Paonia Police Department and will not be released to me. In the vent 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 disclosures and access of records or information concerning me, and I voluntarily, knowingly, and willfully waive those rights with the understanding that information furnished will be used by the Paonia Police Department in conjunction with employment procedures.

For, and In consideration of, the acceptance and processing of my application for employment, I agree to hold the Paonia Police Department, its agents, and employees 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 Paonia 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 _____ Date _____

Authorization Must Be Notarized

Subscribed and sworn to before me this _____ day of _____, 20__

My commission expires _____

Notary Public _____

(Seal)

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*****TO BE COMPLETED FOR ALL LAW ENFORCEMENT POSITIONS*****

APPLICATION FOR CRIMINAL HISTORY, DRIVER HISTORY AND NATIONAL REGISTER (Please Print)

NAME: _____

DATE OF BIRTH: _____ **SEX:** _____

PLACE OF BIRTH: _____

NATIONALITY: _____

I request and authorize the Paonia Police Department to complete a criminal history, driver history and National Register check on background for employment with the Town of Paonia. I certify the above name and date of birth to be true and correct.

Applicant Signature

Date

*****TO BE COMPLETED FOR POSITIONS REQUIRING A VALID DRIVERS LICENSE*****

APPLICATION FOR DRIVER HISTORY CHECK (Please Print)

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ **STATE:** _____

I request and authorize the Paonia Police Department to complete and driver history check as part of the interview process for consideration of employment with the Town of Paonia. I certify the above information to be true and correct.

Applicant Signature _____

Date _____

Authorization Must Be Notarized

Subscribed and sworn to before me this _____ day of _____, 20__

My commission expires _____

Notary Public _____

(Seal)