



# MEEKER POLICE DEPARTMENT

## APPLICATION



345 MARKET STREET MEEKER, CO 81641  
PHONE: 970-878-5555 / FAX: 970-878-5625

Complete every section *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, misrepresentations or omissions by you are cause for disqualification. The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

**PRINT IN INK IN YOUR OWN HANDWRITING - DO NOT TYPE**

POSITION(S) APPLIED FOR:

TODAY'S DATE:

NAME: LAST FIRST MIDDLE

ALIASES, MAIDEN NAME, NICKNAMES, OTHER NAME CHANGES

CURRENT MAILING ADDRESS:

HOME PHONE:

ALTERNATE PHONE:

STREET/PO BOX

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS:

COUNTY OF RESIDENCE:

SOCIAL SECURITY NUMBER:

DATE 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.

|        |         |                            |
|--------|---------|----------------------------|
| Father | NAME    | STREET                     |
|        | PHONE # | CITY _____ STATE _____ ZIP |

|        |         |                            |
|--------|---------|----------------------------|
| Mother | NAME    | STREET                     |
|        | PHONE # | CITY _____ STATE _____ ZIP |

|                             |         |                            |
|-----------------------------|---------|----------------------------|
| Spouse or Significant Other | NAME    | STREET                     |
|                             | PHONE # | CITY _____ STATE _____ ZIP |

|  |         |                            |
|--|---------|----------------------------|
|  | NAME    | STREET                     |
|  | PHONE # | CITY _____ STATE _____ ZIP |

|  |         |                            |
|--|---------|----------------------------|
|  | NAME    | STREET                     |
|  | PHONE # | CITY _____ STATE _____ ZIP |

|  |         |                            |
|--|---------|----------------------------|
|  | NAME    | STREET                     |
|  | PHONE # | CITY _____ STATE _____ ZIP |

Children, Roommates, Siblings

## RESIDENCES

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

|                |                         |        |                              |
|----------------|-------------------------|--------|------------------------------|
| From: Mo/Yr    | Current Street address: |        | If rental, Landlord Name:    |
| <b>PRESENT</b> | City/State/Zip          | County | Landlord Address:<br>Phone#  |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>Phone # |
| From: Mo/Yr    | Street Address:         |        | If rental, Landlord Name:    |
| To: Mo/Yr      | City/State/Zip          | County | Landlord Address:<br>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 yes, 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 did 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 yes, 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 did 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 yes, 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 did 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 yes, 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 did 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 yes, please explain:

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

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

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

## EDUCATION/SKILLS

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

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

Higher Education: List information below. Attach copy of all transcripts.

| Name and Location of College or University | Dates Attended |    | Credit Hours | Major | Type of Degree | Year Received |
|--|----------------|----|--------------|-------|----------------|---------------|
|  | From           | To |              |       |                |               |
|  |                |    |              |       |                |               |
|  |                |    |              |       |                |               |
|  |                |    |              |       |                |               |

Have you ever been expelled or suspended from school? If yes, please explain:

Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business, or military). Attach copies of certifications, skills, trainings, etc. if available.

|                                    |  |
|------------------------------------|--|
| Typing Speed _____ wpm             | Word Processing _____ Yes No             |
| Dictaphone _____ Yes No            | CCIC/NCIC Computer Operator _____ Yes No |
| Data Processing/Entry _____ Yes No | Accounting _____ Yes No                  |
| Computer Programming _____ Yes No  | Other _____                              |

Language: List any Foreign languages and your level of ability for each by placing an "X" in the proper column.

| Language | Reading |      |      | Speaking |      |      | Understanding |      |      | Writing |      |      |
|----------|---------|------|------|----------|------|------|---------------|------|------|---------|------|------|
|          | Exc     | Good | Fair | Exc      | Good | Fair | Exc           | Good | Fair | Exc     | Good | Fair |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |

**FOR DEPUTY APPLICANTS:**

Are you a State Certified Peace Officer in Colorado? Yes No Certificate Number \_\_\_\_\_ Date issued \_\_\_\_\_

Name of Academy \_\_\_\_\_ Date completed \_\_\_\_\_ (Attach copy of Colorado State Certification)

Are you currently enrolled in an Academy in Colorado? Yes No

If so, name of Academy \_\_\_\_\_ Date of graduation \_\_\_\_\_

Are you, or have you ever been a State Certified Peace Officer in any other state? No Yes IF SO, COMPLETE THE FOLLOWING:

State \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

**MILITARY STATUS**

Attach copy of your DD214.

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 marshaled? If so, please explain:

Are you a member of 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/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/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:

**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:

**LITIGATION INFORMATION**

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent to be sued? No Yes If yes, please explain:

**DRUG USE**

Have you **ever** used marijuana or hashish? No Yes If yes, 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:

**VEHICLE OPERATOR'S LICENSE INFORMATION**

Give the following information concerning your vehicle operator's license(s)(Driver's, Chauffeur's, Etc.) List all states where you have been licensed to operate a motor vehicle and name(s) under which license was granted.

| Name | Type | State of Issue | Expiration Date | License Number |
|------|------|----------------|-----------------|----------------|
|      |      |                |                 |                |
|      |      |                |                 |                |
|      |      |                |                 |                |

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? No Yes If yes, explain fully:

Describe in brief any traffic accidents in which you were involved, giving approximate dates and locations:

| Date of Accident (approx) | Location (City/State, etc) | Briefly describe accident |
|---------------------------|----------------------------|---------------------------|
|                           |                            |                           |
|                           |                            |                           |

**TRAFFIC AND CRIMINAL OFFENSE INFORMATION**

Complete the following for each occurrence that you received a summons or ticket, that you were arrested, and/or that the police detained you. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of formality and punishment.

**List occurrences as an adult and as a juvenile.**

|                |                        |                                      |
|----------------|------------------------|--------------------------------------|
| Date           | Police/Military Agency | Location (City/State)                |
| Offense/Charge |                        | Disposition (fines, probation, etc.) |
| Date           | Police/Military Agency | Location (City/State)                |
| Offense/Charge |                        | Disposition (fines, probation, etc.) |
| Date           | Police/Military Agency | Location (City/State)                |
| Offense/Charge |                        | Disposition (fines, probation, etc.) |
| Date           | Police/Military Agency | Location (City/State)                |
| Offense/Charge |                        | Disposition (fines, probation, etc.) |

## REFERENCES

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

|                                       |                 |
|---------------------------------------|-----------------|
| 1. Name:                              | Years Known:    |
| Complete Address:<br>City, State, Zip | Home Phone:     |
| Business Address:                     | Business Phone: |
| 2. Name:                              | Years Known:    |
| Complete Address:<br>City, State, Zip | Home Phone:     |
| Business Address:                     | Business Phone: |
| 3. Name:                              | Years Known:    |
| Complete Address:<br>City, State, Zip | Home Phone:     |
| Business Address:                     | Business Phone: |

List any friends, relatives, or acquaintances employed by the Meeker Police Department and their relationship to you.

|  |
|--|
|  |
|  |

HAVE YOU PREVIOUSLY APPLIED WITH THE MEEKER 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 |
|---------------------|----------------|----------------------|------------------|
|                     |                |                      |                  |
|                     |                |                      |                  |

Have you ever been denied employment by any other police agency?   Yes   No   If yes, list agency and reason.

|  |
|--|
|  |
|--|

How did you learn of this position?

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

**BEFORE SUBMITTING YOUR APPLICATION, CONSIDER THE FOLLOWING INFORMATION ABOUT THE MEEKER POLICE DEPARTMENT'S SELECTION PROCESS. APPLICATION SCREENING AND/OR TESTING, EXTENSIVE BACKGROUND INQUIRIES AND INTERVIEWS ARE UTILIZED PRIOR TO A CONDITIONAL OFFER OF EMPLOYMENT. AFTER A *CONDITIONAL OFFER*, ALL POSITIONS ARE SUBJECT, BUT NOT LIMITED, TO A POLYGRAPH AND DRUG SCREEN, AND ARE SUBJECT TO SUCCESSFUL COMPLETION OF THE MEEKER POLICE DEPARTMENT'S FTO PROGRAM. IN ADDITION, ALL COMMISSIONED POSITIONS REQUIRE PSYCHOLOGICAL, PHYSICAL FITNESS, AND MEDICAL EXAMINATIONS.**

**APPLICANT'S CERTIFICATION**

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 be 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 Police 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 \_\_\_\_\_

**MEEKER POLICE DEPARTMENT'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Town of Meeker and the Meeker Police Department to provide equal employment opportunity to all qualified applicants without regard to race, color, religion, national origin, age, sex, veteran, disability or handicap status. Various agencies of the government require employers to invite applicants to identify themselves.

In order to determine if we are reaching all segments of the community and that all groups are adequately represented among our applicant population, we are requesting that you answer the questions on this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sex:  M  F

Position applying for: \_\_\_\_\_ Announcement # \_\_\_\_\_

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.**

**Race Background:** (please check one or more of the following)

- White (not of Hispanic origin) A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American A person having origins in any of the black racial groups of Africa.
- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Ethnic Background:**

- Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**Referral Source:**

- A Town of Meeker Employee
- Newspaper
- Town of Meeker Website
- Colorado Workforce Center
- County Job Posting Board
- Other \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

CONCERNING THE APPLICATION OF: \_\_\_\_\_ (Applicant - print name)

I hereby authorize the release of all information and records concerning myself to any agent of the Meeker 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; 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 law; the results 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 Meeker 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 Meeker 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 Meeker 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 or information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Meeker 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 Meeker 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 Meeker 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 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 \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

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**AUTHORIZATION MUST BE NOTARIZED**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
SEAL  
Date Commission Expires

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