



EMPLOYMENT APPLICATION

448 E. 1ST Street
 Suite 274
 Salida, CO 81201
 P: (719)539-6880

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip Code: _____ Main/Cell Phone: _____

Other Phone: _____ DOB: _____ Social Security Number: _____

Email Address: _____ Position Applied For: _____

Please Check Appropriate Response

1. Have you ever worked for the City of Salida? Yes No

If yes, please give date(s) of employment. _____ Position: _____

2. Are you a U.S. citizen? Yes No

If no, are you authorized by Immigration and Naturalization to work in the U.S.?..... Yes No

Alien #A: _____

Admission #: _____

3. Are you willing to work night shift? Yes No

Are you willing to work weekends? Yes No

4. Are you related to a City employee or is any member of your family employed by the City of Salida? Yes No

If yes, please give the person's:

Name: _____

Relationship: _____

Department/Position: _____

MILITARY EXPERIENCE

5. Were you in the U.S. Armed Forces? Yes No
6. Are you required to register for the Selective Service? Yes No
If No, explain: _____
Branch of Service: _____
Dates of Service From: _____ To: _____
Type of Discharge:
Honorably Entry Level General OTH (other than Honorable) Bad Conduct Dishonorable
7. Are you currently participating in one of the following? Military Reserve National Guard
If checked, date your obligation ends: _____

RESIDENCES

Please list all of your residences for the past five (5) years, beginning with the most current. Please provide complete addresses, do not use P.O. Boxes.

Current Address:
Number/Street/Apt _____
City: _____ State: _____ Zip Code _____
Date From: _____ To: _____
If Renting, Name of Landlord/Property Manager: _____
Contact Phone Number: _____
Name(s) of those you lived with: _____

Former Address:
Number/Street/Apt _____
City: _____ State: _____ Zip Code _____
Date From: _____ To: _____
If Renting, Name of Landlord/Property Manager: _____
Contact Phone Number: _____
Name(s) of those you lived with: _____

Former Address:
Number/Street/Apt _____
City: _____ State: _____ Zip Code _____
Date From: _____ To: _____
If Renting, Name of Landlord/Property Manager: _____
Contact Phone Number: _____
Name(s) of those you lived with: _____

Former Address:
Number/Street/Apt _____
City: _____ State: _____ Zip Code _____
Date From: _____ To: _____
If Renting, Name of Landlord/Property Manager: _____
Contact Phone Number: _____
Name(s) of those you lived with: _____

Former Address:
Number/Street/Apt _____
City: _____ State: _____ Zip Code _____
Date From: _____ To: _____
If Renting, Name of Landlord/Property Manager: _____
Contact Phone Number: _____
Name(s) of those you lived with: _____

Please provide contact information for all housemates listed in the previous section with whom you have lived with during the past five years.

Name: _____ Number: _____ Relationship: _____
Name: _____ Number: _____ Relationship: _____
Name: _____ Number: _____ Relationship: _____
Name: _____ Number: _____ Relationship: _____
Name: _____ Number: _____ Relationship: _____
Name: _____ Number: _____ Relationship: _____
Name: _____ Number: _____ Relationship: _____

8. Have you ever been evicted or asked to leave a residence? Yes No
9. Have you ever left a residence owing rent? Yes No

If you answered YES to questions 8 or 9, please explain:

RELATIVES AND REFERENCES: During the course of the background investigation, persons you know may be asked to comment upon your suitability for the position for which you have applied. Please complete the following section as thoroughly as possible.

Spouse Name:	Address:	Contact Number
Former Spouse Name:	Address:	Contact Number
Parent's Name:	Address:	Contact Number
Spouse's Parent's Name:	Address:	Contact Number
Other relative you wish us to contact:	Address:	Contact Number

REFERENCES: List four individuals who have knowledge of your personal history and professional qualifications. Exclude former employers and relatives.

Name:	Address:	Contact Number
Name:	Address:	Contact Number
Name:	Address:	Contact Number
Name:	Address:	Contact Number

DRIVER'S LICENSE INFORMATION

10. Do you have a valid Driver's License?..... Yes No
 Current Driver's License Number: _____ State of Issue: _____ Expiration Date: _____
 CDL Class: _____ Endorsements: _____
 List Other States where you have been licensed:
 State _____ Name under which license was granted: _____
 State _____ Name under which license was granted: _____
 State _____ Name under which license was granted: _____

11. Has your license ever been suspended?..... Yes No
 12. Has your license ever been revoked?..... Yes No
 13. Have you ever been refused a driver's license by any state? Yes No

If you answered **YES** to **Questions 11-13**, Explain below:

DRIVING RECORD: PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under on page 11).

Date: _____ Agency: _____

Nature of Violation: _____

Points: _____

Outcome: _____

Date: _____ Agency: _____

Nature of Violation: _____

Points: _____

Outcome: _____

Date: _____ Agency: _____

Nature of Violation: _____

Points: _____

Outcome: _____

Date: _____ Agency: _____

Nature of Violation: _____

Points: _____

Outcome: _____

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all the apply)

- Failure to appear Failure to complete traffic School Failure to pay required fine

If checked, please explain:

If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

EDUCATION AND SPECIAL TRAINING

DATES ARE REQUIRED for this section

Do you have a High School Diploma?..... Yes No

Date Obtained: _____

GED?..... Yes No

Date Obtained: _____

If not, what is the highest grade completed: _____

Name of Last High School attended: _____

City: _____ State: _____ Dates Attended: _____

List any Basic Law Enforcement, Corrections, Telecommunication, or Fire Service Academy training you have received:

Academy Name: _____ Dates Attended: _____
Location: _____ Name of Training Officer: _____
Contact Phone Number: _____ Did you graduate? Yes No

List Colleges and Universities Attended Below:

Name of School: _____ Location: _____
Degree Field (Major/Minor) or Program of Study: _____
Credit Hours: Sem _____ Qtr _____ Did you Graduate? Yes No
Degree Received: _____

Name of School: _____ Location: _____
Degree Field (Major/Minor) or Program of Study: _____
Credit Hours: Sem _____ Qtr _____ Did you Graduate? Yes No
Degree Received: _____

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name of School: _____ Location: _____
Course/Subject: _____
Total Hours Completed: _____ Hours Required for Certification: _____
Certification Received: _____

Name of School: _____ Location: _____
Course/Subject: _____
Total Hours Completed: _____ Hours Required for Certification: _____
Certification Received: _____

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, business, or trade school?..... Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

EMPLOYMENT HISTORY - INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer

Employer: _____

Dates Employed: _____

Address: _____

From _____

Telephone Number: _____

To: _____

Your Job Title: _____

Hours per Week _____

Supervisor's Name and Title: _____

Starting Salary \$ _____ per _____

Reason For Leaving Position: _____

Last Salary \$ _____ per _____

May we contact your present employer? Yes No

Specific Duties: _____

Number of Employees supervised (if applicable): _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL OTHER FROM (mo/yr): TO (mo/yr):

(Job 2)

Employer: _____

Dates Employed: _____

Address: _____

From _____

Telephone Number: _____

To: _____

Your Job Title: _____

Hours per Week _____

Supervisor's Name and Title: _____

Starting Salary \$ _____ per _____

Reason For Leaving Position: _____

Last Salary \$ _____ per _____

May we contact this employer? Yes No

Specific Duties: _____

Number of Employees supervised (if applicable): _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL OTHER FROM (mo/yr): TO (mo/yr):

(Job 3)

Employer: _____

Dates Employed: _____

Address: _____

From _____

Telephone Number: _____

To: _____

Your Job Title: _____

Hours per Week _____

Supervisor's Name and Title: _____

Starting Salary \$ _____ per _____

Reason For Leaving Position: _____

Last Salary \$ _____ per _____

May we contact this employer? Yes No

Specific Duties: _____

Number of Employees supervised (if applicable): _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL OTHER FROM (mo/yr): TO (mo/yr):

(Job 4)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? Yes No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL OTHER FROM (mo/yr): TO (mo/yr):

(Job 5)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? Yes No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL OTHER FROM (mo/yr): TO (mo/yr):

(Job 6)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? Yes No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

14. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions).....	Yes	No
15. Have you ever been fired, released from probation, or asked to resign from any place of employment?	Yes	No
16. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes	No
17. Have you ever quit without giving proper notice?	Yes	No
18. Have you ever resigned in lieu of termination?	Yes	No
19. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer?	Yes	No
20. Were you ever the subject of a written complaint at work?	Yes	No
21. Have you ever been counseled at work due to lateness or absences?	Yes	No
22. Did you ever receive an unsatisfactory performance review?	Yes	No
23. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of the outcome)?	Yes	No
24. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	Yes	No
25. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant?	Yes	No
26. Have you ever sold, released, or given away legally confidential information?	Yes	No
27. Have you ever called in sick when you were neither sick nor caring for a sick family member?	Yes	No
If yes, how many sick days have you used in the past five years which were not due to illness? _____		
28. Have you ever viewed pornographic material at your workplace?	Yes	No
29. Have you ever engaged in sexual activity at work in violation of your employer's policy?	Yes	No
30. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	Yes	No
31. Has your work performance ever been affected by your use of alcohol or drugs	Yes	No
32. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	Yes	No

If you answered **YES** to any of **Questions 14-32**, explain (include when, where, and circumstances; indicate corresponding Question Number:

33. Have you ever applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? Yes No

If yes, list every agency you have applied to and have advanced beyond an oral board (e.g. initial background investigation, etc.), starting with the most recent (give complete and accurate addresses).
All agencies must be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

Name of Agency: _____ Location: _____	
Date Applied: _____ Position Applied for: _____	
Contact Number: _____ Background Investigator's Name: _____	
Check each step in the process that you completes, and your status:	
Steps:	Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
Status:	Hired On List Withdrawn Disqualified Other/Explain:

Name of Agency: _____ Location: _____	
Date Applied: _____ Position Applied for: _____	
Contact Number: _____ Background Investigator's Name: _____	
Check each step in the process that you completes, and your status:	
Steps:	Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
Status:	Hired On List Withdrawn Disqualified Other/Explain:

Name of Agency: _____ Location: _____	
Date Applied: _____ Position Applied for: _____	
Contact Number: _____ Background Investigator's Name: _____	
Check each step in the process that you completes, and your status:	
Steps:	Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
Status:	Hired On List Withdrawn Disqualified Other/Explain:

FINANCIAL

34. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)?	Yes	No
35. Have any of your bills ever been turned over to a collection agency?	Yes	No
36. Have you ever had purchased goods repossessed?	Yes	No
37. Have your wages ever been garnished?	Yes	No
38. Have you ever had an employment bond refused?	Yes	No
39. Have you ever avoided paying any lawful debt by moving away?	Yes	No
40. Have you ever defaulted on (failed to pay) a loan?	Yes	No

LEGAL

Please disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed, or pardoned:

- All detentions or arrests
- All convictions
- All diversion programs that were not successfully completed

41. Either as an adult or a juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform of Military Justice)? Yes No

If yes, please give details on the following page:

Date: _____ Agency: _____

Offense/Charge: _____

Felony Misdemeanor

Outcome: _____

*Note: A conviction does not automatically mean you cannot be employed by the City of Salida. The nature of the offense, how long ago it occurred, etc., are given consideration.

- | | | |
|---|-----|----|
| 42. Have you ever been placed on court probation as an adult? | Yes | No |
| 43. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? | Yes | No |
| 44. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity support, etc.) as either plaintiff or defendant? | Yes | No |
| 45. Have the police ever been called to your home for any reason? | Yes | No |
| 46. Have you or your spouse/partner ever been referred to Child Protective Services? | Yes | No |
| 47. Have you ever been the subject of an emergency protective order/restraining order/stay away order? | Yes | No |
| 48. Have you settled any civil suit in which you, or your insurance company, or anyone else on your behalf was required to make a payment to the other party? | Yes | No |
| 49. Have you ever fraudulently received welfare, unemployment compensation, worker' compensation or other state or federal assistance? | Yes | No |
| 50. Have you ever filed a false insurance or works' compensation claim? | Yes | No |

- | | | |
|--|-----|----|
| 51. Other than those listed in Question #41, will your name appear in any police record system or police report as a VICTIM, WITNESS, OR SUSPECT? (Do not include when acting in the capacity of paid employment such as an EMT or store loss prevention officer)..... | Yes | No |
| 52. Are you currently, or have you within the past seven years, received unemployment benefits while also receiving other sources of income? | Yes | No |

If you answered **YES** to any of **Questions 42-52**, please explain (include court case or document, dates, and circumstances; indicate corresponding Question number):

UNDETECTED ACTS

Within the past seven (7) years, OR at any time after you were first employed in law enforcement or the fire service, have you ever committed any of the following misdemeanors? NOTE: you may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

53. Annoying/obscene phone calls or text messages; cyber bullying	Yes	No
54. Battery (use of force or violence upon another)	Yes	No
55. Brandishing a weapon (any type of weapon)	Yes	No
56. Carrying a concealed weapon without a permit	Yes	No
57. Contributing to the delinquency of a minor; providing alcohol to minors	Yes	No
58. Driving under the influence of alcohol and/or drugs	Yes	No
59. Drunk in public (being so intoxicated in a public place that you are not able to care for yourself)	Yes	No
60. Hit and run collision	Yes	No
61. Hunting/Fishing without a license	Yes	No
62. Illegal gambling; including online gambling	Yes	No
63. Impersonating a peace officer	Yes	No
64. Indecent Exposure	Yes	No
65. Petty theft (value up to \$400, including shoplifting/switching rice tags)	Yes	No
66. Possession of alcohol as a minor	Yes	No
67. Prostitution or soliciting a prostitute	Yes	No
68. Resisting arrest (including running from the police)	Yes	No
69. Trespassing	Yes	No
70. Vandalism (including "tagging", malicious mischief and/or property damage	Yes	No
71. Intentionally writing a bad check	Yes	No
72. Filing a false police report	Yes	No
73. Any other act amounting to a misdemeanor within the past seven years	Yes	No
74. Cruelty to animals	Yes	No
75. Street Racing	Yes	No

If you answered **YES** to any of the items in **Questions 53-75**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions 76 and 77 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| - Amphetamines/Methamphetamines | - Glue | - Mescaline |
| - Barbituates | - Hallucinogens | - Morphine |
| - Cocaine/Crack cocaine | - Hashish/Hashish Oil | - PCP / Angel Dust |
| - Designer drugs
(ectasy, synthetic heroin, etc.) | - Heroin/Opium | - Quaaludes |
| - GHB | - Marijuana | - Steroids |
| - Prescription drug(s) not prescribed to you | - Prescription drugs used for
Recreation purposes | - Tetrahydrocannabinol (THC) |

76. Within the past six months, have you used any drug(s) as indicated above? Yes No
If YES, give details, including drug(s) used and circumstances:

77. Prior to the past six months (check all that apply):

- I have never used, or experimented with any drug recreationally
- I have tried or used one or more drugs, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.)

If checked, give details including drug(s) used, most recent date, and circumstances:

Other Topics:

78. Have you ever been refused a permit to carry a concealed weapon? Yes No
79. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
80. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
81. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? Yes No
82. Do you know if any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job? Yes No

If you answered **YES** to **Questions 78-82**, give details including dates, and circumstances; indication Question Number:

City of Salida, Colorado

RELEASE OF INFORMATION

INSTRUCTIONS: Applicants for positions within the Salida Police Department are required to sign, date and **have the Release of Information form notarized prior to submitting the application.** Failure to properly complete the form may result in the application being subject to disqualification.

POSITION APPLYING FOR:				
Chief of Police	Police Supervisor	Police Officer	Part time/Reserve Officer	Code Enforcement

As an applicant with for the position(s) selected above, I am required to furnish information for the use in determining my qualifications. For consideration of my employment with the City of Salida, I hereby authorize the release of any and all information that you have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceedings involving disciplinary matters.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

This release will expire sixty days (60) after the date signed.

I hereby release discharge all persons, corporations, entities, the City of Salida, and/or any agent and representative furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records or other information, and such release shall be binding on my legal representatives, heirs, and assigns.

A photocopy of this release form shall be considered as valid.

Printed Name

Signature

Subscribed and Sworn before me this _____ day of _____, 20____.

Notary

My Commission Expires:

Did You:

- Include your social security number?
- Answer all questions completely?
- Cover a full 10- year employment history?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

Please read this statement carefully before signing below:

The City of Salida is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Salida is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

If requested, copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE

DATE