TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

HAYDEN POLICE DEPARTMENT
POLICE APPLICATION

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: **DATE:**

Name: Last First Middle			Aliases, Maiden Name, Nicknames, Other Name changes:		
Current Home Address:			**Home Phone:**		
Street:			**Work Phone:**		
City:		**County:**	**Cell Phone (If Appl):**		
State:		**Zip:**	**Email Address:**		
Date of Birth:	**Age:**	**Height:**	**Weight:**	**Hair Color:**	**Eye Color:**
Social Security Number:			**Place of Birth:**		

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. Attach an extra sheet if necessary.

Father	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:
Mother	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:
Spouse or Significant Other	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:
Children / Roommates / Siblings / Etc.	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:
	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:
	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:
	Name:		Address:		
	DOB:	Phone#:	City:	State:	Zip:

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

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's Name:
PRESENT	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord's Name:
To: Mo / Yr	City / State / Zip	County	Landlord's Complete Address: Phone#

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

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 Employer	Job Title:	Name of Supervisor:
To: Mo / Yr Or Present	Employer Address, City, State, Zip	Description of your duties:	
Salary:	Employer Telephone Number:	Reason for Leaving:	
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 (Circle one) If yes, please provide details of circumstances:			
Did you resign (or quit) after being informed your employer intended to discharge (or 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 Or Present	Employer Address, City, State, Zip	Description of your duties:	
Salary:	Employer Telephone Number:	Reason for Leaving:	
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 (Circle one) If yes, please provide details of circumstances:			
Did you resign (or quit) after being informed your employer intended to discharge (or 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 Or Present	Employer Address, City, State, Zip	Description of your duties:	
Salary:	Employer Telephone Number:	Reason for Leaving:	
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 (Circle one) If yes, please provide details of circumstances:			
Did you resign (or quit) after being informed your employer intended to discharge (or fire) you for any reason? No Yes If yes, please explain:			

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

WORK EXPERIENCE CONTINUED

From: Mo / Yr	Name of Employer	Job Title:	Name of Supervisor:
To: Mo / Yr Or Present	Employer Address, City, State, Zip	Description of your duties:	
Salary:	Employer Telephone Number:	Reason for Leaving:	

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 (Circle one) If yes, please provide details of circumstances:

Did you resign (or quit) after being informed your employer intended to discharge (or 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 Or Present	Employer Address, City, State, Zip	Description of your duties:	
Salary:	Employer Telephone Number:	Reason for Leaving:	

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 (Circle one) If yes, please provide details of circumstances:

Did you resign (or quit) after being informed your employer intended to discharge (or 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 Or Present	Employer Address, City, State, Zip	Description of your duties:	
Salary:	Employer Telephone Number:	Reason for Leaving:	

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 (Circle one) If yes, please provide details of circumstances:

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

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

EDUCATIONAL / SKILLS INFORMATION

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

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

Higher Education. List information below. Please attach transcripts for all colleges or universities attended.

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

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

Trade Schools, Special Schools, and relevant skills

Name of School	Dates Attended From	To	Type of Skill	Certificate Awarded

Special Qualifications and Skills: Please list relevant skills, training, classes, continuing education workshops, etc:

Foreign Language Skills: Please list foreign languages and your ability level for each by placing an "X" in the proper column.

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

These skills not required to be current

NCIC/CCIC Computer Operator	Yes	No	First Aid / CPR Current	Yes	No
Word Processing Basic Knowledge	Yes	No	Familiar with Windows Operating Systems	Yes	No

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

POLICE CERTIFICATIONS, APPLICATIONS and MILITARY STATUS

Are you a State Certified Peace Officer in Colorado? Yes No	Certificate Number:	Date Issued:
Are you a State Certified Peace Officer Outside of Colorado? Yes No State of Issue:	Certificate Number:	Date Issued:
Name and location of Police Academy attended:	Date Completed:	
Are you currently enrolled in a Police Academy in Colorado? Yes No	If yes, name of Academy: Date of Graduation:	
Please attach copies of State Certifications (POST or other states) or proof of attendance to an academy		

Please list all of the Law Enforcement agencies that you have applied for within the last three (3) years.		
Name and City/St of Agency:	Approximate Dates:	Disposition (if known)
Name and City/St of Agency:		
Name and City/St of Agency:		
Name and City/St of Agency:		

MILITARY STATUS

Please attach a copy of your DD form 214

Have you served in the U.S. Armed Forces? Yes No	Branch of Service:	Dates Served: From: To;
Type of Discharge: Grade upon Discharge:	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 the U.S. Reserve or National Guard organization? Yes No If yes please answer the following:		
Grade and Service Number	Branch of Service:	
Organization and Station, or Unit and Location	Active Inactive Standby	
Indicate Reserve Obligation, if any:		

Please list any relatives, acquaintances or friends who are employed by the Townof Hayden, and their relationship to you.

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

VEHICLE OPERATOR'S LICENSE, TRAFFIC and CRIMINAL INFORMATION

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 the names under which the license was granted.

Name	Type	State of Issue	Expiration Date	License No.

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

Describe, in brief any traffic accidents in which you 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 you were detained by the police. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless or formality and punishment. **List occurrences as an adult and as a juvenile.** (Use extra sheet if necessary)

Date:	Law Enforcement / Military Agency:	Location (City/State)
Offense/Charge		Disposition
Date:	Law Enforcement / Military Agency:	Location (City/State)
Offense/Charge		Disposition
Date:	Law Enforcement / Military Agency:	Location (City/State)
Offense/Charge		Disposition
Date:	Law Enforcement / Military Agency:	Location (City/State)
Offense/Charge		Disposition

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

CONDUCT Continued

Have you committed any misdemeanors in the last five years, including, but not limited to the following: Driving under the influence of drugs or alcohol, harassment, disorderly conduct, theft under $400.00, Domestic Violence, assault without deadly weapon, possession, use or sale of marijuana or its derivatives, criminal mischief, trespassing: YES NO

If yes, please give details and disposition below:

Have you committed any felonies in the last seven years, including, but not limited to the following: Driving under the influence of drugs or alcohol, arson, burglary, assault with a deadly weapon, robbery, auto theft, forgery, fraud, criminal mischief, theft over $400.00, possession, use, sale of illegal substances other than marijuana or its derivatives, Domestic Violence or any other felonies: YES NO

If yes please give details and disposition below:

Have you ever been adjudicated as a delinquent in juvenile court? If yes, give details below:

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:

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:

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 attach a sheet (s) detailing the involvement and details.

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

REFERENCES

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

Name:	Years Known:
Complete Address: City, State, Zip	Home Phone
Business Address: City, State, Zip	Business Phone:
Name:	Years Known:
Complete Address: City, State, Zip	Home Phone
Business Address: City, State, Zip	Business Phone:
Name:	Years Known:
Complete Address: City, State, Zip	Home Phone
Business Address: City, State, Zip	Business Phone:
Name:	Years Known:
Complete Address: City, State, Zip	Home Phone
Business Address: City, State, Zip	Business Phone:

VOLUNTEER SERVICE

List all volunteer of reserve service

From Mo/Yr	Name of Organization:	Job Title:	Name of Supervisor:
To Mo/Yr	Organization Address/City/State/Zip	Organization Phone Number:	
From Mo/Yr	Name of Organization	Job Title:	Name of Supervisor:
To Mo/Yr	Organization Address/City/State/Zip	Organization Phone Number	

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

INFORMATION (Continued)

Why are you seeking employment with the Hayden Police Department and why do you feel qualified for the position for which you have applied? Please include benefits, talents, and qualities that you can bring to this position.

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

MISCELLANEOUS INFORMATION

Do you have a concealed weapons permit? Yes No If yes, permit # Issuing Authority:
Are you a citizen of the United States? Yes No If no please provide Alien Registration No.
Have you every been in any street gang or organized crime? Yes No If yes please provide details on an attached sheet.
What date are you available to start?
How did you learn of this position?
Have you ever been the subject of an internal investigation? Yes No If yes, please provide details
Have you ever been the subject of a use of force investigation? Yes No If Yes, please provide details:

BEFORE SUBMITTING YOUR APPLICATION, CONSIDER THE FOLLOWING INFORMATION ABOUT THE HAYDEN POLICE DEPARTMENT'S SELECTION PROCESS. APPLICATION SCREENING AND / OR TESTING, EXTENSIVE BACKGROUND INQUIRIES, FINGERPRINTS AND INTERVIEWS ARE UTILIZED PRIOR TO A CONDITIONAL OFFER OF EMPLOYMENT. AFTER ***A CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT,*** ALL POSITIONS ARE SUBJECT, BUT NOT LIMITED, TO A INTEGRITY INTERVIEW, DRUG SCREEN AND ARE SUBJECT TO A PROBATIONARY PERIOD OF 12 MONTHS. IN ADDITION, ALL COMMISSIONED POSITIONS REQUIRE PSYCHOLOGICAL, PHYSICAL FITNESS, AND MEDICAL EXAMINATIONS. Further information may be requested in addition to other tests or steps as determined by the Hayden Police Department.

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 hereby authorize my former employers to give information regarding my employment with them, and in addition, to furnish any other information regarding myself. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the Hayden Police Department or the Town of Hayden, to make an appointment, but as part of the selection process only. All information submitted as a part of this application has been provided voluntarily. I further understand that upon submission this application, and any supporting documentation, will become the property of the Town of Hayden.

Signature of Applicant: _____ **Date:** _____

TOWN OF HAYDEN
178 West Jefferson Avenue • P.O. Box 190 • Hayden, CO 81639-0190
(970) 276-3741 • Fax (970) 276-3644
www.haydencolorado.org

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 Hayden 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 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 examination or integrity interviews; 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 request of any representative of the Hayden 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 Hayden Police Department in conducting background investigation to determine my suitability for employment and will be kept confidential. I understand that all materials obtained become the property of the Hayden 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 the information furnished will be used by the Hayden 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 Hayden 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 Hayden 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 of Birth: _____

Complete Address: _____ Phone #: _____

AUTHORIZATION MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____, 200__

Date Commission Expires:_____ Notary Public: _____