



PLATTEVILLE POLICE DEPARTMENT

400 Grand Avenue
Platteville, Colorado 80651
970.785.2215 • 970.785.6113 (f)

INSTRUCTIONS FOR COMPLETING BACKGROUND PACKET

You are being asked to provide information about yourself which will be used in an investigation to evaluate your suitability for employment with the Platteville Police Department. Information for the background investigation is collected from you, criminal records, drivers history, questionnaires, and personal interviews.

1. Type or print **legibly** in ink.
2. **All information requested must be supplied** and is subject to verification. Deliberate inaccuracies or incomplete statements may bar or remove you from employment. If a question does not apply, please enter "N/A" or "None" in the space provided. If there is not sufficient space to list all of the information requested, please attach additional sheets of standard paper.
3. **Make sure all information is accurate, including addresses and phone numbers. This pertains to all schools attended and previous employers.** You may obtain Zip codes from the Post Office. Failure to provide this information will cause delays in the processing of the investigation or the return of this packet for further information.
4. Your cooperation will aid in the investigation and expedite the results. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and the degree of relevance to the job.
5. The following documents are REQUIRED to be submitted with the background packet:
 - a. **Copy of Birth Certificate.**
 - b. **Copy of College Transcripts.**
 - c. **Copy of Original DD214 (if served in Military).**
 - d. **Copy of Naturalization or Citizenship papers (if applicable).**
6. If you have any military service, please complete and sign the enclosed military release form (Standard Form 180). Please return with other documents and this department will mail the form to the appropriate military agency.
7. **Incomplete packets will not be considered in this process.**

We would like to have the above information and forms as soon as possible to expedite our background investigations process. Return date will be notified when packets are issued.

Please return to: Platteville Police Department
Attn: Chief of Police
400 Grand Avenue
Platteville, CO 80651

EDUCATION

Please indicate appropriate high school status:

Diploma: _____ **GED:** _____

List all high schools / universities / colleges you have attended, beginning with high school:

From: Mo. / Yr.	To: Mo. / Yr.	School Name	Address	Phone
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Have you ever been suspended or expelled from any high school, college, university, or any formal educational institution beyond high school?

Yes: _____ **No:** _____

If yes, please explain, including school and date:

Do you currently hold a Peace Officer Certification in this state or any other state in the United States?

Yes: _____ **No:** _____

If yes, please give date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, provisional, etc.):

Has the Peace Officer Standards Training Board (or similar authority) ever taken disciplinary action against your certification?

Yes: _____ **No:** _____

If yes, please explain:

MILITARY AND SELECTIVE SERVICE

If you are a male born after December 31, 1959, provide the following information concerning your registration:

Selective Service Number: _____ **Date of Registration:** _____

If you have not registered, explain why: _____

If you are a male who reached your 18th birthday between April 1, 1975 and December 31, 1977, when there was no registration required, provide the following:

Classification: _____ **Date:** _____

Selective Service Number: _____

List U.S. Military service performed on either Active Duty or on Reserve or National Guard Service Status (Also submit your original DD214):

From: Mo. / Yr.	To: Mo. / Yr.	Active / Reserve	Branch
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Rank	Service Serial Number	Type of discharge or separation
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Are you currently participating in any U.S. Military, Reserve, or National Guard program?

Yes: _____ **No:** _____

If yes, please indicate branch and organization name:

List all disciplinary actions against you in military service, such as Court Martial, Captain's Mast, Office Hours, Company Punishment, or other actions covered under Article 15 of the Code of Military Justice:

Date	Specific Charge	Type of Action	Disposition
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From: Mo. / Yr.	To: Mo. / Yr.	Employer Name	Address
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name		Work Hours	Phone
Co-Worker's Name		Work Hours	Phone

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Co-Worker's Name		Work Hours	Phone

Have you ever been subjected to disciplinary or corrective action because of misconduct or unsatisfactory performance?

Yes: _____ **No:** _____

If yes, please explain:

Were you ever involuntarily terminated or asked to resign from a job?

Yes: _____ **No:** _____

If yes, please explain:

DRIVER'S LICENSE HISTORY

Do you possess a valid Colorado Driver's License?

Yes: _____ **No:** _____

If yes, list: **License Number:** _____ **Class:** _____ **Expiration:** _____

Do you, or have you ever possessed a driver's license from another state?

Yes: _____ **No:** _____

If yes, list:

State	Number (if known)	Year

Have you ever been refused a driver's license?

Yes: _____ **No:** _____

If yes, please explain:

Has your driver's license ever been suspended, revoked, denied, or canceled?

Yes: _____ **No:** _____

If yes, please explain:

List all Traffic Citations and Accidents (excluding parking tickets) received in the past five (5) years:

Nature of Violation	Location	Approximate Date	Disposition

LEGAL / CRIMINAL HISTORY

If you have you ever been arrested, been a suspect in a criminal case, or fingerprinted as part of a criminal investigation (either as a juvenile or an adult), please give the following information: (exclude traffic citations)

Date	Police Agency	Charges	Disposition

Have you ever been convicted of a crime?

Yes: _____ **No:** _____

If yes, please explain:

Have you ever been a party in **any** legal action (criminal, civil, probate, federal, municipal, mental health, small claims, tax, etc)? Do not list Traffic Infractions or arrests previously mentioned. Do not list adoption cases or cases where you were involved as only a witness or a juror.

Yes: _____ **No:** _____

If yes, please detail (Date, Court, Case Number, Disposition):

Have you **ever** been involved in an internal investigation, inquiry, or similar?

Yes: _____ **No:** _____

If yes, please explain:

Have you **ever** used a prescription medication not prescribed to you?

Yes: _____ **No:** _____

If yes, please explain:

Have you **ever** used or possessed Marijuana?

Yes: _____ **No:** _____

If yes, please explain:

Have you **ever** used or possessed Cocaine, Heroin, Crack, or other illegal drugs?

Yes: _____ **No:** _____

If yes, please explain:

Describe the current frequency and extent of your use of alcoholic beverages:

Have you ever applied for a permit to carry a concealed weapon?

Yes: _____ **No:** _____

If yes, please explain:

Have you ever failed to file, or currently owe any Federal or State taxes?

Yes: _____ **No:** _____

If yes, please explain:

Have you ever been declared legally incompetent or confined in a mental institution?

Yes: _____ **No:** _____

If yes, please explain:

Have you ever advocated the overthrow of any government by force or violence?

Yes: _____ **No:** _____

If yes, please explain:

Have you ever persecuted any person because of race, religion, national origin, or political opinion?

Yes: _____ **No:** _____

If yes, please explain:

General Background Information

Do you have any relatives or associates that are employed, retained, appointed, or are elected officials with the Town of Platteville or the Platteville Police Department?

Yes: _____ **No:** _____

If yes, please list:

In the past, have you ever applied for any position with the Platteville Police Department?

Yes: _____ **No:** _____

If yes, please list dates and positions applied for:

Are you able to perform the essential functions of the position for which you have applied, with or without accommodations?

Yes: _____ **No:** _____

If No, please explain:

Are you willing to perform shift work including weekends, holidays, graveyards, and overtime?

Yes: _____ **No:** _____

If No, please explain:

If required for your position, are you willing to consent to the following: Polygraph Examination, Background Investigation, Drug Test, Physical Examination, and Psychological Examination?

Yes: _____ **No:** _____

If No, please explain:

Have you ever taken a Polygraph Examination?

Yes: _____ **No:** _____

If yes, please explain:

Are there any incidents in your life, which if known, might disqualify you as an applicant, whether or not you were directly involved, which might be discovered by a subsequent investigation?

Yes: _____ **No:** _____

If yes, please explain:

Have you ever driven a motor vehicle while under the influence of alcohol and/or drugs?

Yes: _____ **No:** _____

If yes, please explain, list date(s):

Have you ever been the subject of a protection or restraining order?

Yes: _____ **No:** _____

If yes, please explain, list date(s):

Have you ever stolen anything from an employer?

Yes: _____ **No:** _____

If yes, please detail, list date(s):

MUST BE READ, AGREED TO, AND SIGNED BY APPLICANT:

"I certify, under penalty of perjury, that I have made no misstatements, misrepresentations, omissions, or falsifications in this application, and that the entries are true, complete and correct to the best of my knowledge. Any misstatements, misrepresentations, omissions, or falsification on this application may be grounds for immediate termination. All application materials, without exception, become the property of the Platteville Police Department."

Signature of Applicant: _____

Printed Name: _____

Date: _____



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RELEASE OF INFORMATION AGREEMENT

Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Platteville 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 have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Platteville Police Department.

I hereby authorize any representative of the Platteville Police Department bearing this release to obtain any information in your files pertaining to my employment records, including medical records, and I hereby direct you to release such information upon request of 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 Platteville Police Department whether such records are public, private or confidential in nature. The intent of this authorization is to provide full and free access to the background investigation that may provide pertinent data for the Platteville 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 medical records, my criminal records, including all arrest records, any information contained in the investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys of 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 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 damage pursuant to any state or federal laws. I hereby release, you, as custodian of such records, and all other officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Platteville Police Department regardless of any

agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Platteville Police Department's acceptance and processing of my application for employment, I agree to hold the officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the Platteville 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 proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, my rights under Colorado revised Statutes 24-72-201, and 24072-301, the Open Records Act; and my rights under the State Open records Acts, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Platteville Police Department in conjunction with employment procedures.

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

This waiver is valid for a period of six months (180 days) from the date of my signature.

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

I agree to indemnify and hold harmless the person to whom this request is presented and its 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.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____