

Northglenn Police Applicant Personal History & Integrity Questionnaire

Read the following instructions thoroughly!

The City of Northglenn is an Equal Opportunity/Reasonable Accommodation Employer. Evaluation of all candidates is completed without regard to age, ancestry, color, national origin, race, religion, or sex.

This questionnaire is designed to acquaint you with particular standards, which may or may not disqualify you as a candidate. The Northglenn Police Department is looking for mature, honest people who can admit their mistakes and discuss them openly. Your responses to the questions contained in this questionnaire, as well as to your background investigator during your follow-up interview will assist in evaluating your potential to continue in the selection process.

All answers you submit in response to the questions contained in this questionnaire are subject to verification by use of a polygraph examination and an intense background investigation. Polygraph questions will be drawn from your initial application, this questionnaire, and your background investigation. Deliberate inaccuracies, incomplete statements, minimizations, misstatements, omissions or rationalizations may result in your disqualification from the selection process or termination from employment if hired. It is to your advantage to respond honestly and openly to all questions. A negative event or factor in your background may not terminate you from the selection process; being dishonest about a negative event or factor will.

During your interview, your background investigator will inquire into the facts surrounding particular events. Any negative factors will be evaluated on the facts and circumstances surrounding the event, as well as its degree of relevance to the job. For example, being fired from a job or having an arrest record is not, in itself, grounds for disqualification from the selection process. If you feel some events or factors, negative or not, in your background should be brought forward, even though it is not specifically listed or requested, then disclose it.

It is your responsibility to ask for clarification of any questions or words that are not clear to you. Unless otherwise stated, each question refers to anytime, anyplace, anywhere, and any reason.

You may need to write a narrative to explain some answers. Include sufficient detail in your answers to ensure your background investigator can read and fully understand the facts and circumstances of your explanation as each question requires.

Regarding your Drug Usage, make sure to list the dates first used and last used to the best of your recollection.

Use **BLACK INK** only in completing this questionnaire. Write clearly and legibly. As part of the selection process, clarity, grammar, neatness, punctuation, spelling and the ability to follow instructions are all evaluated.

If you need additional space to complete your answer to any of the questions, continue on a separate sheet of paper. Note the number of the question which the information is related and attach to the end of the questionnaire.

GENERAL INFORMATION

1. Last Name: _____ First Name: _____ Middle: _____
Maiden Name (*If applicable*): _____
2. Date of Birth: ____/____/____ Age: _____ SSN: ____-____-____
3. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
4. Current Residence (Street Address): _____
5. Cell Phone: _____ Home Phone: _____ Work Phone: _____
6. Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____ Engaged ____
7. Place of Birth (city/county/state): _____
8. Are you a naturalized citizen? (*Yes or No*): ____ If yes, where: _____ Naturalization #: _____
If no, can you submit proof of your legal right to work in the United States? (*Yes or No*): ____
9. List any nicknames, alias or previous married names that you have been known by:

10. Have you ever legally changed your name? (*Yes or No*): ____ If yes, Date: ____/____/____
If yes, where (*city/county/state*): _____
11. Name(s) of the person(s) with whom you live and their relationship to you:
 - 1) Last Name: _____ First Name: _____ Relationship: _____
 - 2) Last Name: _____ First Name: _____ Relationship: _____
 - 3) Last Name: _____ First Name: _____ Relationship: _____
 - 4) Last Name: _____ First Name: _____ Relationship: _____
 - 5) Last Name: _____ First Name: _____ Relationship: _____
 - 6) Last Name: _____ First Name: _____ Relationship: _____
 - 7) Last Name: _____ First Name: _____ Relationship: _____
 - 8) Last Name: _____ First Name: _____ Relationship: _____
 - 9) Last Name: _____ First Name: _____ Relationship: _____
 - 10) Last Name: _____ First Name: _____ Relationship: _____

FAMILY HISTORY

12. Present Spouse or Significant Other:

Last Name: _____ First Name: _____ MI: _____
Maiden Name (*If applicable*): _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Date of Birth: ____/____/____ Age: _____ Place of Marriage (*If applicable*): _____
Number of children: _____ Ages: _____
Is he/she employed? (*Yes or No*): _____ Occupation: _____
Name of Employer (*If applicable*): _____
Address (*Street Address*): _____
Employer Phone: _____
Do you consider this relationship stable? (*Yes or No*): _____ If no, explain: _____

13. Previous Spouse/ Significant Other/Parent of Child:

1. Last Name: _____ First Name: _____ MI: _____
Maiden Name (*If applicable*): _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Date of Birth: ____/____/____ Age: _____
Is he/she employed? (*Yes or No*): _____ Occupation: _____
Name of Employer (*If applicable*): _____
Place of Marriage (*If applicable*): _____ Date of Divorce (*If applicable*): ____/____/____
Place of Divorce (*If applicable*): _____ Who started divorce action? _____
Reason: _____
Number of children from this relationship: _____ Who has custody? _____
Are you paying child support? (*Yes or No*): _____ If yes, how much? _____
Are you delinquent on these payments? (*Yes or No*): _____ If yes, how much? _____

2. Last Name: _____ First Name: _____ MI: _____
Maiden Name (*If applicable*): _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Date of Birth: ____/____/____ Age: _____
Is he/she employed? (*Yes or No*): _____ Occupation: _____
Name of Employer (*If applicable*): _____
Place of Marriage (*If applicable*): _____ Date of Divorce (*If applicable*): ____/____/____
Place of Divorce (*If applicable*): _____ Who started divorce action? _____
Reason: _____
Number of children from this relationship: _____ Who has custody? _____
Are you paying child support? (*Yes or No*): _____ If yes, how much? _____
Are you delinquent on these payments? (*Yes or No*): _____ If yes, how much? _____

14. Is spouse or ex-spouse deceased? (*Yes or No*): _____ If yes, Date of Death: ____/____/____
Spouse's Last Name: _____ First Name: _____ MI: _____
Place of Death: _____ Cause of Death: _____

15. Was any marriage annulled? (*Yes or No*): _____ If yes, Date of annulment: ____/____/____
Spouse's Last Name: _____ First Name: _____ MI: _____
Place of annulment: _____ Circumstances: _____

16. How many children do you have? _____ Complete the following for every child you and/or your spouse are obligated to support. Include natural, adopted, stepchildren and foster children.

- 1) Last Name: _____ First Name: _____ Age: ____ Sex: ____
Current Residence (*Street Address*): _____
- 2) Last Name: _____ First Name: _____ Age: ____ Sex: ____
Current Residence (*Street Address*): _____
- 3) Last Name: _____ First Name: _____ Age: ____ Sex: ____
Current Residence (*Street Address*): _____
- 4) Last Name: _____ First Name: _____ Age: ____ Sex: ____
Current Residence (*Street Address*): _____
- 5) Last Name: _____ First Name: _____ Age: ____ Sex: ____
Current Residence (*Street Address*): _____

17. Complete the following for every immediate relative, to include your father, mother, brothers, sisters and any step-relatives. If any member of your family has been arrested or convicted of a felony offense, list below.

- 1) Relationship: _____ Last Name: _____ First Name: _____ Age: _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____
Arrested or Convicted of Felony? (*Yes or No*): _____ If yes, list offense: _____
- 2) Relationship: _____ Last Name: _____ First Name: _____ Age: _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____
Arrested or Convicted of Felony? (*Yes or No*): _____ If yes, list offense: _____
- 3) Relationship: _____ Last Name: _____ First Name: _____ Age: _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____
Arrested or Convicted of Felony? (*Yes or No*): _____ If yes, list offense: _____
- 4) Relationship: _____ Last Name: _____ First Name: _____ Age: _____
Current Residence (*Street Address*): _____
Cell Phone: _____ Home Phone: _____
Arrested or Convicted of Felony? (*Yes or No*): _____ If yes, list offense: _____

18. List ALL addresses where you have lived. Begin with your current address. (List name of apartment complex on address line if applicable)

- 1) Dates at Address: ____/____/____ - ____/____/____
Street Address: _____
Renting? (*Yes or No*): _____ If yes, Landlord's Phone Number: _____
- 2) Dates at Address: ____/____/____ - ____/____/____
Street Address: _____
Renting? (*Yes or No*): _____ If yes, Landlord's Phone Number: _____
- 3) Dates at Address: ____/____/____ - ____/____/____
Street Address: _____
Renting? (*Yes or No*): _____ If yes, Landlord's Phone Number: _____
- 4) Dates at Address: ____/____/____ - ____/____/____
Street Address: _____
Renting? (*Yes or No*): _____ If yes, Landlord's Phone Number: _____

5) Dates at Address: ____/____/____ - ____/____/____

Street Address: _____

Renting? (*Yes or No*): _____ If yes, Landlord's Phone Number: _____

19. List all clubs, societies and organizations of which you are, or have been, a member.

1) Name: _____

Street Address: _____

2) Name: _____

Street Address: _____

3) Name: _____

Street Address: _____



EDUCATIONAL HISTORY

20. List ALL schools attended or enrolled from past to present.

High Schools Attended (*If applicable, submit copy of transcript and diploma*):

- 1) Dates at Attended: ____/____/____ - ____/____/____ Highest Grade Completed: ____
Name: _____ City and State: _____
- 2) Dates at Attended: ____/____/____ - ____/____/____ Highest Grade Completed: ____
Name: _____ City and State: _____

Colleges Attended (*If applicable, submit **official** copy of transcript, and a copy of your diploma*):

- 1) Dates at Attended: ____/____/____ - ____/____/____ Graduated: ____
Name: _____ City and State: _____
Number of Credits: Attempted ____ Completed ____ Major: ____ Degree: ____
- 2) Dates at Attended: ____/____/____ - ____/____/____ Graduated: ____
Name: _____ City and State: _____
Number of Credits: Attempted ____ Completed ____ Major: ____ Degree: ____
- 3) Dates at Attended: ____/____/____ - ____/____/____ Graduated: ____
Name: _____ City and State: _____
Number of Credits: Attempted ____ Completed ____ Major: ____ Degree: ____

Other Schools (*Vocational or trade school, If applicable, submit certificate*):

- 1) Dates at Attended: ____/____/____ - ____/____/____ Graduated: ____
Name: _____ City and State: _____
- 2) Dates at Attended: ____/____/____ - ____/____/____ Graduated: ____
Name: _____ City and State: _____

21. Are you presently enrolled in ANY school? (*Yes or No*): ____ If yes, give the following information:

Name: _____ Street Address: _____ Course: _____

22. Was any disciplinary action ever taken against you while attending any of the aforementioned schools?

(*Include any dismissals, suspensions and/or scholastic probation*) (*Yes or No*): ____ If yes, give the

following information: Date of Action: ____/____/____ Reason for Action: _____

LEGAL HISTORY

23. Driver's License Number: _____ State: _____ Restrictions: _____

24. Have you ever held a Driver's License outside of Colorado? (*Yes or No*): _____ If yes, give the following information:

1) State: _____ Driver's License Number: _____ Status(*Expired/Surrendered/etc*): _____

2) State: _____ Driver's License Number: _____ Status(*Expired/Surrendered/etc*): _____

3) State: _____ Driver's License Number: _____ Status(*Expired/Surrendered/etc*): _____

25. How long have you been a licensed driver? _____

26. Have you ever received a warning letter about your driving or that your driver's license is subject to suspension? (*Yes or No*): _____ If yes, Date: ____/____/____ Circumstances: _____

27. Has your driver's license ever been suspended or revoked for a conviction of driving without insurance? (*Yes or No*): _____ If yes, Date: ____/____/____ How long was the suspension or revocation? _____

28. Has your driver's license ever been suspended or revoked for any other reason than no insurance? (*Yes or No*): _____ If yes, Date: ____/____/____ Circumstances: _____

29. Have you ever been denied auto insurance? (*Yes or No*): _____ If yes, Date: ____/____/____ Circumstances: _____

30. Has your auto insurance ever been canceled? (*Yes or No*): _____ If yes, Date: ____/____/____ Circumstances: _____

31. Have you ever been involved in a traffic accident? (*Yes or No*): _____ If yes, how many? _____ If yes, complete the following information:

1) Date of Accident: ____/____/____ City and State: _____

Whose Fault (*yours or other driver*): _____ Seriousness: _____

2) Date of Accident: ____/____/____ City and State: _____

Whose Fault (*yours or other driver*): _____ Seriousness: _____

3) Date of Accident: ____/____/____ City and State: _____

Whose Fault (*yours or other driver*): _____ Seriousness: _____

32. Have you ever been charged or convicted of leaving the scene of an accident, failure to stop and render aid, driving while intoxicated or driving under the influence of drugs? *(Yes or No)*: ____ If yes, complete the following information:

1) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

2) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

3) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

33. Have you ever received a traffic and/or any other type of citation (ticket)? *(Yes or No)*: ____ If yes, list every citation you have ever received, to include misdemeanor and/or petty offense violations such as alcohol in the park, minor in possession, parking citations, etc.

1) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____

2) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____

3) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____

4) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____

34. Are there any pending lawsuits regarding accidents or traffic violations? *(Yes or No)*: ____ If yes, explain: _____

35. Have you ever been detained, charged, or arrested by any law enforcement personnel, and/or charged or summoned into court for any criminal offense? (*Yes or No*): _____ If yes, complete the following information:

1) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

2) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

3) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

4) Charge: _____ Date of Offense: ____/____/____
City and State: _____ Final Disposition: _____
Circumstances: _____

36. Are there any pending criminal court actions that may involve you? (*Yes or No*): _____ If yes, explain:

37. Are you presently or have you ever been a plaintiff or defendant in any civil court action? (*Yes or No*): ____
If yes, explain:

38. Have you ever been fingerprinted? (*Yes or No*): _____ If yes, complete the following information:

1) Date: ____/____/____ City and State: _____
Agency: _____ Purpose: _____
2) Date: ____/____/____ City and State: _____
Agency: _____ Purpose: _____
3) Date: ____/____/____ City and State: _____
Agency: _____ Purpose: _____

4) Date: ____/____/____ City and State: _____

Agency: _____ Purpose: _____

39. Do you currently have, or have you ever carried or have you ever applied for a Concealed Handgun License? (Yes or No): ____ If yes, reasons why: _____

40. Complete the following information for all vehicles, both as primary and secondary, which you are listed as a driver.

Primary Vehicle

Make: _____ Model: _____ Year: ____ Color: ____ License No.: ____ State: ____

VIN No.: _____ Registered Owner: _____ (If not yourself, how is this person related to you): Relationship: ____ Last Name: _____ First Name: _____

Name of Insurance Company: _____ Phone: _____

Policy No.: _____ Effective/Expiration Date: ____/____/____ - ____/____/____

Who is the primary driver of the vehicle? _____

Do you own the car? (Yes or No): ____ If yes, is it paid for? (Yes or No): ____

Secondary Vehicles:

1) Make: _____ Model: _____ Year: ____ Color: ____ License No.: ____ State: ____

VIN No.: _____ Registered Owner: _____ (If not yourself, how is this person related to you): Relationship: ____ Last Name: _____ First Name: _____

Name of Insurance Company: _____ Phone: _____

Policy No.: _____ Effective/Expiration Date: ____/____/____ - ____/____/____

2) Make: _____ Model: _____ Year: ____ Color: ____ License No.: ____ State: ____

VIN No.: _____ Registered Owner: _____ (If not yourself, how is this person related to you): Relationship: ____ Last Name: _____ First Name: _____

Name of Insurance Company: _____ Phone: _____

Policy No.: _____ Effective/Expiration Date: ____/____/____ - ____/____/____

41. Do you currently have liability insurance? (Yes or No): ____ If no, explain why not and when was the last time you had liability insurance and with whom: _____

DRUG USAGE

42. Have you ever used, even once, any illegal drug? (*Yes or No*): ____ If yes, complete the following information:

1) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

2) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

3) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

4) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

5) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

6) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

7) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

8) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

43. Have you ever used, even once, a prescription drug, which was not prescribed for your usage by your physician? (*Yes or No*): ____ If yes, complete the following information:

1) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

2) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

3) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

4) Drug: _____ Date First Used: ____/____/____ Date Last Used: ____/____/____

Explain Circumstances: _____

44. Have you ever bought an illegal drug/narcotic? (*Yes or No*): ____ If yes, complete the following.

1) Type of Drug: _____ How many times? _____ Date Last Bought: ____/____/____

2) Type of Drug: _____ How many times? _____ Date Last Bought: ____/____/____

3) Type of Drug: _____ How many times? _____ Date Last Bought: ____/____/____

4) Type of Drug: _____ How many times? _____ Date Last Bought: ____/____/____

45. Have you ever sold an illegal drug/narcotic? (*Yes or No*): ____ If yes, complete the following.

1) Type of Drug: _____ How many times? _____ Date Last Sold: ____/____/____

2) Type of Drug: _____ How many times? _____ Date Last Sold: ____/____/____

3) Type of Drug: _____ How many times? _____ Date Last Sold: ____/____/____

4) Type of Drug: _____ How many times? _____ Date Last Sold: ____/____/____

46. Describe in your own words, the frequency and extent of your use of alcoholic beverages. _____

EMPLOYMENT HISTORY

47. Do you have any prior law enforcement experience? (*Yes or No*): ____ If yes, complete the following information:

1) Dates: ____/____/____ - ____/____/____ City and State: _____
Agency: _____ Job Title: _____ Rank: _____
Awards: _____
Disciplinary Action Against You (*Include any verbal and/or written counseling or reprimand, demotions, Suspensions, and termination*): Date: ____/____/____ Type of Disciplinary Action and Reason(s): _____

2) Dates: ____/____/____ - ____/____/____ City and State: _____
Agency: _____ Job Title: _____ Rank: _____
Awards: _____
Disciplinary Action Against You (*Include any verbal and/or written counseling or reprimand, demotions, Suspensions, and termination*): Date: ____/____/____ Type of Disciplinary Action and Reason(s): _____

48. Have you previously applied for employment as a police trainee with the Northglenn Police Department? (*Yes or No*): ____ If yes, give the following information:

1) Date: ____/____/____ Disposition: _____
2) Date: ____/____/____ Disposition: _____
3) Date: ____/____/____ Disposition: _____
4) Date: ____/____/____ Disposition: _____

49. Have you ever applied for employment with any other law enforcement, guard service, investigative or detective agency? (*Yes or No*): ____ If yes, give the following information:

1) Date: ____/____/____ Agency: _____ Position: _____ Disposition: _____
2) Date: ____/____/____ Agency: _____ Position: _____ Disposition: _____
3) Date: ____/____/____ Agency: _____ Position: _____ Disposition: _____
4) Date: ____/____/____ Agency: _____ Position: _____ Disposition: _____

50. Have you ever applied for employment for any position at the City of Northglenn? (*Yes or No*): ____ If yes, give the following information:

1) Date: ____/____/____ Position: _____ Disposition: _____

2) Date: ____/____/____ Position: _____ Disposition: _____

3) Date: ____/____/____ Position: _____ Disposition: _____

51. Are you currently unemployed? (*Yes or No*): ____ If yes, explain why. _____

52. Does your current employer know you are applying for this job? (*Yes or No*): ____

53. Fill in your employment record completely. Begin with your current employer. Include all employers both full and part time.

Current Employer: _____

Type of Business: _____

Address (*Street Address*): _____ Phone: _____

Starting Date: ____/____/____ Starting Salary: _____ Starting Job Title: _____

Starting Duties: _____

Current Duties: _____

Immediate Supervisor's Name and Title: _____

Why do you want to leave? _____

Break in employment? (*Yes or No*): ____ If yes, give dates: ____/____/____ - ____/____/____ If yes, give reason: _____

1) Past Employer: _____
Type of Business: _____
Address (*Street Address*): _____ Phone: _____
Starting Date: ____/____/____ Starting Salary: _____ Starting Job Title: _____
Starting Duties: _____
Ending Date: ____/____/____ Ending Salary: _____ Ending Job Title: _____
Ending Duties: _____
Immediate Supervisor's Name and Title: _____
Reason for leaving? _____

Break in employment? (*Yes or No*): ____ If yes, give dates: ____/____/____ - ____/____/____ If yes,
give reason: _____

2) Past Employer: _____
Type of Business: _____
Address (*Street Address*): _____ Phone: _____
Starting Date: ____/____/____ Starting Salary: _____ Starting Job Title: _____
Starting Duties: _____
Ending Date: ____/____/____ Ending Salary: _____ Ending Job Title: _____
Ending Duties: _____
Immediate Supervisor's Name and Title: _____
Reason for leaving? _____

Break in employment? (*Yes or No*): ____ If yes, give dates: ____/____/____ - ____/____/____ If yes,
give reason: _____

3) Past Employer: _____
Type of Business: _____
Address (*Street Address*): _____ Phone: _____
Starting Date: ____/____/____ Starting Salary: _____ Starting Job Title: _____
Starting Duties: _____
Ending Date: ____/____/____ Ending Salary: _____ Ending Job Title: _____
Ending Duties: _____
Immediate Supervisor's Name and Title: _____
Reason for leaving? _____

Break in employment? (*Yes or No*): ____ If yes, give dates: ____/____/____ - ____/____/____ If yes,
give reason: _____

4) Past Employer: _____
Type of Business: _____
Address (*Street Address*): _____ Phone: _____
Starting Date: ____/____/____ Starting Salary: _____ Starting Job Title: _____
Starting Duties: _____
Ending Date: ____/____/____ Ending Salary: _____ Ending Job Title: _____
Ending Duties: _____
Immediate Supervisor's Name and Title: _____
Reason for leaving? _____

Break in employment? (*Yes or No*): ____ If yes, give dates: ____/____/____ - ____/____/____ If yes,
give reason: _____

5) Past Employer: _____
Type of Business: _____
Address (*Street Address*): _____ Phone: _____
Starting Date: ____/____/____ Starting Salary: _____ Starting Job Title: _____
Starting Duties: _____
Ending Date: ____/____/____ Ending Salary: _____ Ending Job Title: _____
Ending Duties: _____
Immediate Supervisor's Name and Title: _____
Reason for leaving? _____

54. Do you object to our contacting your present and past employer prior to you being accepted?

(*Yes or No*): ____ If yes, explain why: _____

55. Have you ever been dismissed, terminated or asked to resign from any employment or position you have held? (*Yes or No*): ____ If yes, complete the following:

- 1) Employer: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

- 2) Employer: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

- 3) Employer: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

- 4) Employer: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

56. Have you ever had any disciplinary action (written counseling or reprimand, demotions, suspensions, *and termination*) taken against you by an employer? (*Yes or No*): _____ If yes, complete the following:

1) Employer: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Type of Disciplinary Action and Reason(s): _____

2) Employer: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Type of Disciplinary Action and Reason(s): _____

3) Employer: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Type of Disciplinary Action and Reason(s): _____

57. Have you ever been accused, suspected, or investigated concerning any dishonesty or irregularities connected with your employment or any organization that you have ever been connected with? (*Yes or No*): _____ If yes, complete the following:

1) Employer or Organization: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Type and Final Disposition of Matter: _____

2) Employer or Organization: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Type and Final Disposition of Matter: _____

58. Have you ever resigned from a job because of a disagreement with an employer? (*Yes or No*): _____ If yes, complete the following:

1) Employer: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Reason(s): _____

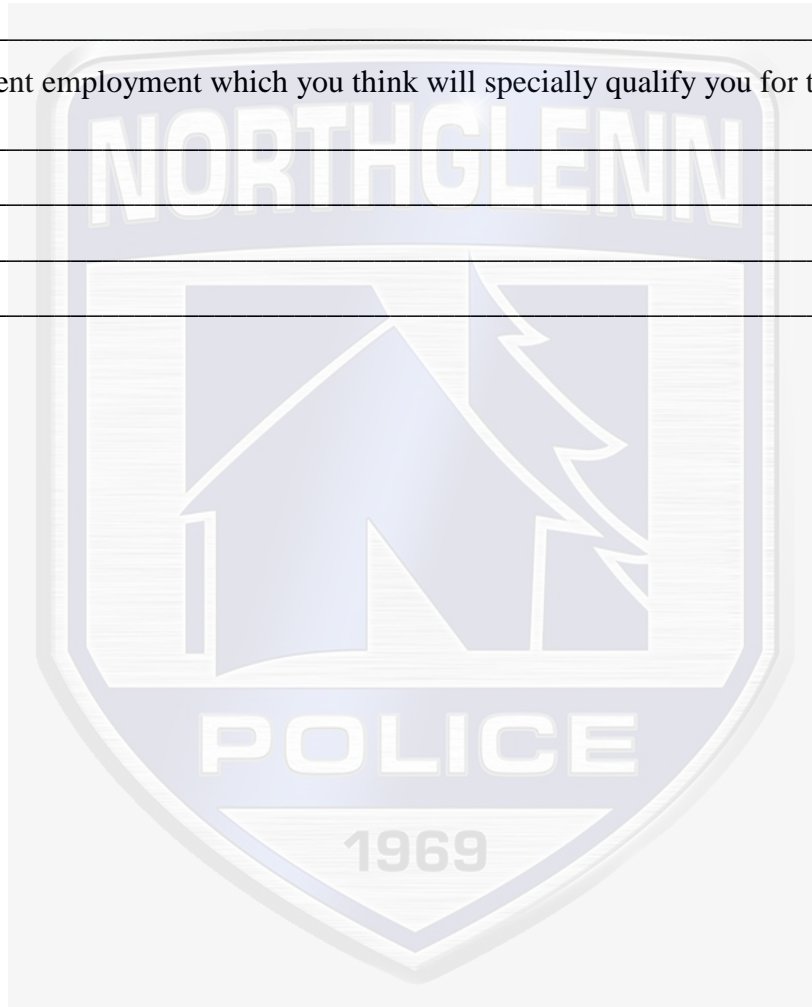
2) Employer: _____

Address (*Street Address*): _____ Phone: _____

Date: ____/____/____ Reason(s): _____

59. Do you have any type of special training, education, employment or ability, which you think would be of value to the Northglenn Police Department? (*Yes or No*): _____ If yes, explain: _____

60. List any past or present employment which you think will specially qualify you for the position you have applied. _____



MILITARY HISTORY

61. Have you ever served in the Armed Forces? (*Yes or No*): ____ If yes, complete the following information:

1) Dates of Service: ____/____/____ - ____/____/____ Branch: _____

Type of Unit: _____ Highest Rank Achieved: _____

Job Title and Duties: _____

Type of Discharge: _____ If other than "Honorable", explain why: _____

2) Dates of Service: ____/____/____ - ____/____/____ Branch: _____

Type of Unit: _____ Highest Rank Achieved: _____

Job Title and Duties: _____

Type of Discharge: _____ If other than "Honorable", explain why: _____

62. Were you ever the subject of military discipline? (verbal or written counseling, reprimand, demotions, *suspensions, loss of pay, restricted to quarters*) (*Yes or No*): ____ If yes, complete the following:

1) Date: ____/____/____ Type of Charge and Final Disposition: _____

2) Date: ____/____/____ Type of Charge and Final Disposition: _____

63. Are you currently a member of the military reserves or guards? (*Yes or No*): ____ If yes, complete the following information:

Date of Enlistment: ____/____/____ Expected End Date of Enlistment: ____/____/____

Branch: _____ Type of Unit: _____ Rank: _____

Unit Address (*Street Address*): _____ Phone: _____

Name of Commanding Officer: _____

64. Have you ever been a member of R.O.T.C. with any branch of the military? *(Yes or No)*: _____

65. Are you presently obligated to the armed forces for any reason? *(Yes or No)*: _____ If yes, explain:

66. Are you registered for the selective service? *(Yes or No)*: _____ If yes, complete the following:

Selective Service Number: _____

City, State and Zip: _____

67. Have you ever asked for or received a deferment from military service? *(Yes or No)*: _____ If yes, explain:_____



FINANCIAL HISTORY

68. Do you make any of the following types of payments? Alimony ____ Auto Loan ____ Bank Loan ____
Child Support ____ Court Judgments ____ Credit Cards ____ Delinquent Taxes ____ Owe Money to Family
or Friends ____

69. Do you currently have or have you ever had a checking account? (*Yes or No*): ____ If yes, have you ever
had any checks returned for insufficient funds within the last two years?: (*Yes or No*): ____ If yes,
complete the following:

- 1) Financial Institution: _____
Account Number: _____
- 2) Financial Institution: _____
Account Number: _____
- 3) Financial Institution: _____
Account Number: _____
- 4) Financial Institution: _____
Account Number: _____
- 5) Financial Institution: _____
Account Number: _____

70. Are you behind on any of your payments or debts? (*Yes or No*): ____ If yes, complete the following:

- 1) Payment or Debt Behind On: _____ Reason Behind: _____

- 2) Payment or Debt Behind On: _____ Reason Behind: _____

- 3) Payment or Debt Behind On: _____ Reason Behind: _____

71. Are any of your creditors pressing you for payments? (*Yes or No*): ____ If yes, complete the following:

- 1) Name of Creditor: _____ Reason: _____

- 2) Name of Creditor: _____ Reason: _____

- 3) Name of Creditor: _____ Reason: _____

- 4) Name of Creditor: _____ Reason: _____

- 5) Name of Creditor: _____ Reason: _____

72. Have any of your accounts ever been turned over to a collections agency or “charged off”? (*Yes or No*): _

If yes, complete the following:

- 1) Name of Creditor or Account: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

- 2) Name of Creditor or Account: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

- 3) Name of Creditor or Account: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

- 4) Name of Creditor or Account: _____
Address (*Street Address*): _____ Phone: _____
Date: ____/____/____ Reason(s): _____

73. Have you ever been sued in court regarding any of your accounts? (*Yes or No*): _____ If yes, complete the following:

1) Name of Plaintiff: _____ Phone: _____
Name of Your Attorney: _____ Phone: _____
which account and reason for lawsuit? _____

2) Name of Plaintiff: _____ Phone: _____
Name of Your Attorney: _____ Phone: _____
which account and reason for lawsuit? _____

74. Has your credit record ever been considered unsatisfactory? (*Yes or No*): _____ If yes, explain why:

75. Have you ever been refused credit? (*Yes or No*): _____ If yes, by whom and why? _____

76. Are you the owner or partner in any type of business? (*Yes or No*): _____ If yes, give details: _____

77. Have you ever declared bankruptcy? (*Yes or No*): _____ If yes, complete the following:

1) Date: ____/____/____ City, County and State: _____
Why: _____

2) Date: ____/____/____ City, County and State: _____
Why: _____

78. How would you describe your credit rating? Excellent ____ Good ____ Fair ____ Poor ____

79. List all financial obligations for which you are responsible. In addition to current debt, list all paid off accounts which may be used as credit references. List all credit cards, past and present. You must list your account numbers. If the account is by name only, print "By Name" in the blank for account number.

1) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____

- 2) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____
- 3) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____
- 4) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____
- 5) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____
- 6) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____
- 7) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____

8) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____

9) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____

10) To Whom Owed: _____ Account #: _____
Address (*Street Address*): _____ Phone: _____
Date Incurred: ____/____/____ Status: Open ____ Closed ____ Original Amount: _____
Current Balance: _____ Monthly Payment: _____
Purpose of Loan or Debt: _____

80. Current Residence: Own ____ Rent ____ Leasing ____ Living with relatives or friends ____

81. Monthly Rent or Mortgage Payment: _____ Approximate Utility Payments: _____

82. Total Amount of Debt: _____ Total Monthly Payments: _____

83. List both your and your spouse's, if applicable, total monthly income. Include any alimony or child support received. Your Monthly Income: _____ Spouse's Monthly Income: _____

SOCIAL HISTORY

84. Give three character references who are responsible adults, stable members of the community, and who know you well enough to provide current information about you. **Do not use former or current employers, relatives, boyfriends or girlfriends.**

- 1) Name: _____ Relationship (*friend/co-worker etc*): _____ Years Known: _____
Home Address (*Street Address*): _____ Phone: _____
Occupation: _____
Work Address (*Street Address*): _____ Phone: _____
- 2) Name: _____ Relationship (*friend/co-worker etc*): _____ Years Known: _____
Home Address (*Street Address*): _____ Phone: _____
Occupation: _____
Work Address (*Street Address*): _____ Phone: _____
- 3) Name: _____ Relationship (*friend/co-worker etc*): _____ Years Known: _____
Home Address (*Street Address*): _____ Phone: _____
Occupation: _____
Work Address (*Street Address*): _____ Phone: _____

85. Give three social acquaintances in your own age group. Do not use former or current **employers, relatives, relatives of persons listed in question #84, or boyfriends or girlfriends.**

- 1) Name: _____ Relationship (*friend/co-worker etc*): _____ Years Known: _____
Home Address (*Street Address*): _____ Phone: _____
Occupation: _____
Work Address (*Street Address*): _____ Phone: _____
- 2) Name: _____ Relationship (*friend/co-worker etc*): _____ Years Known: _____
Home Address (*Street Address*): _____ Phone: _____
Occupation: _____
Work Address (*Street Address*): _____ Phone: _____
- 3) Name: _____ Relationship (*friend/co-worker etc*): _____ Years Known: _____
Home Address (*Street Address*): _____ Phone: _____
Occupation: _____
Work Address (*Street Address*): _____ Phone: _____

86. Do you have any acquaintances, friends or relative employed by the Northglenn Police Department?

(Yes or No): _____ If yes, complete the following:

- 1) Name: _____ Position: _____
- 2) Name: _____ Position: _____
- 3) Name: _____ Position: _____
- 4) Name: _____ Position: _____
- 5) Name: _____ Position: _____



PERSONAL DECLARATIONS

87. If it becomes necessary to take a human life in the course of your duties as a police officer, would any beliefs or anything else prevent you from doing so? (*Yes or No*): _____ If yes, explain: _____

88. Do you have any beliefs or anything else that would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, night shifts, and/or holidays? (*Yes or No*): _____
If yes, explain: _____

89. Do you know of anything that would disqualify you from a police appointment or prevent you from fully discharging the official duties of a police officer? (*Yes or No*): _____ If yes, explain: _____

90. In 100 words or more, comment on why you feel you are qualified to become a police officer for the City of Northglenn. **You must complete this section.**

90 Continued: _____

