LEADVILLE POLICE DEPARTMENT

Please fill out this application using <u>black ink</u>. Do not type this application, as typed applications will not be reviewed. Pay attention to detail and do not leave any area of this application blank. Fill out <u>ALL</u> information correctly, as disparaging information does not mean you will be automatically dismissed from the hiring process. In most cases, candidates that report their information accurately have a better chance of being successful in the hiring process.



APPLICANT II	NF	ORM	1ATION												
Last Name							First				M.I.		Date		
Street Address											Apartr	nent/U	Init #		
City							State				ZIP				
Phone							E-mail A	ddress							
Date Available					Social Secu	urity	y No.			Des	sired Sa	lary			
Position Applied f	or														
Are you a citizen of the United States?			N	o 🗆	If no, ar	If no, are you authorized to work in the U.S.? YES \square NO				NO 🗆					
Are you POST Certified? YES □			N	o 🗆	If yes, w where?	If yes, when and where?									
Have you ever been convicted of a felony?			N	o 🗆	If yes, e	If yes, explain									
EDUCATION /	' T	RAII	NING												
High School						A	ddress								
From		То		Did you	graduate?	YI	ES 🗆	NO 🗆	Diploma						
College						A	ddress								
From		То		Did you	graduate?	YI	ES 🗆	NO 🗆	Degree						
LEA						A	ddress								
From		То		Did you	graduate?	YI	ES 🗌	NO 🗆	Provide Certificate						
Other															
From		То		Did you	graduate?	YI	ES 🗆	NO 🗆	Degree						

Please provide educational diplomas, degrees, and training certification that relate to law enforcement.

Include Law Enforcement Academy and POST Certification.

RETURN ALL PAGES TO:

Leadville Police Department 800 Harrison Avenue Leadville, Colorado 80461 Fax: (719) 486-1040 Ipdadmin@leadville-co.gov

REFERENCES	– LIST 5 <u>PROFESSIONAL</u> REFERENCES		
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			

REFERENCES	- LIST 5 PERSONAL REFERENCES		
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			
Full Name		Relationship	
Years Known		Phone	
E-mail Address			
Address			

PREVIOUS EM	PLOYMENT – L	AST 10 YEARS					
		USE A S	EPARATE SHE	ET IF NEED	DED.		
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$		Ending Salar	ry \$
Responsibilities							
From	То	Reason for Leaving					
May we contact yo	ur previous supervi	sor for a reference?	YES 🗌	NO \square			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$		Ending Sala	\$ ary
Responsibilities							
From	То	Reason for Leaving	ı				
May we contact you	ur previous supervi	sor for a reference?	YES	NO 🗆			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$		Ending Sala	\$ arv
Responsibilities				'			,
From	То	Reason for Leaving					
		sor for a reference?	YES 🗆	NO 🗆			
MILITARY SEF	RVICE						
Branch					From	To	0
Rank at Discharge	2				Type of	Discharge	
If other than hono	orable, explain:						
	PRO	OVIDE A COPY O	F YOUR MILIT	TARY DISCH	HARGE F	PAPERS.	

DRIVING HISTORY:
List any and all driving infractions to include DUI, DWUI, and traffic summons. <u>Do not</u> include parking tickets.
CURRENT AND PRIOR RESIDENCE:
List all residences in the last 10-years. Include dates, addresses, and contact information for landlords and/or property management companies:

ABOUT YOU:

lave you used cocaine, heroin, LSD, mushrooms, crack cocaine, methamphetamine, or any other legal narcotic? Yes \Box No \Box If yes, provide dates and details.					
ave you used marijuana in the last 10-years? Yes \square No \square If					
es, provide dates and details.					
ave you ever taken a prescription narcotic that was not prescribed to you by a doctor?					
es \square No \square If yes, provide dates and details.					

Have you ever stolen from an employer, or, another agency? Yes \square No \square If yes, provide dates and details.					
Have you ever committed an undetected crime? Yes □ No □ If yes, provide dates and details.					
Have you ever been charged with domestic violence? Yes $\hfill\Box$ No $\hfill\Box$ If yes, provide dates and details.					
Please disclose any family members or friends employed by the City of Leadville.					
Please list your hobbies and interests.					

What is your <u>favorite</u> thing to do?
What is your <u>least</u> favorite thing to do?
Why do you want to work for the Leadville Police Department?
Why do you want a career in law enforcement?
Why do you want a career in law enforcement?

Please describe your view on using deadly force?	
ISCLAIMER AND SIGNATURE	
certify that my answers are true and complete to the best of my knowledge.	
this application leads to employment, I understand that false or misleading infor sult in my release.	mation in my application or interview may
gnature	Date



RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my employment, I understand that a criminal and civil background check, a credit report and/or an investigative consumer report may be requested that may include information from court records and references. I acknowledge that I have been provided with, have read and understand the Policy and Disclosures Regarding Authorization to Release Information appearing on pages 2-5 of this document.
- **II.** I, acknowledge that a telephonic facsimile (FAX) or photographic copy of this Release Authorization shall be as valid as the original.
- **III.** I, hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, consumer reporting agency or reference contacted by the City of Leadville, or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Please print your full name:				
	Last	Middle	Fir	st
Please print <u>ALL</u> other names you	ı have used:			
Physical Address:				
Street Address		City	State	Zip Code
SSN:	_		Driver's License N	lumber:
		State Issued:		
Name as it appears on license:				
* Date of Birth:* Sex : \square N	 Male □ Female			
*NOTE: This information is volunta	ary, but it is needed fo	or identification purposes fo	or criminal record	searches.
Signature:		Date:		

day of	fore me in the County , 20	y of		, State of Colorac	lo. this
(Notary's official signature)					
(Commission Expiration)					
	TO RELEASE IN	NFORMAT	ION		

During the application process and at any time during any subsequent employment, the City of Leadville may procure and is authorized to procure a consumer credit report or other types of investigative reports, which I understand may include information regarding my credit worthiness, standing and capacity, character, general reputation, personal characteristics and mode of living. This report may be compiled with information from credit bureaus, county record repositories, departments of motor vehicles, past or present employers to include personnel files, educational institutions, governmental occupational licensing or registration entities, business or personal references. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I also authorize the City of Leadville to conduct a criminal background check and/or a civil background investigation that is not necessarily in the form of a credit report or investigative consumer report.

By my signature below, I acknowledge that I have read and understand the Release contained on page 1, as well as the FCRA Disclosures and Summary of Rights set forth below.

PLEASE READ DISCLOSURE ON FOLLOWING PAGES FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE

Be advised that certain positions with the City of Leadville require a credit history check as part of the employment background process. These checks will be performed in accordance with the Fair Credit Reporting Act (the "FCRA"). In accordance with the Act, be advised of the following:

A person who is conditionally offered employment must give voluntary written authorization in order for the credit history report to be generated.

If a decision is made to not employ because of the report, the following must occur:

The person must be provided an "Adverse Action Notice", which includes:

- A. Name, address, and phone number of the Consumer Reporting Agency (CRA) supplying the report.
- B. The following statement: "The CRA supplying the report did not make the adverse action decision, and subsequently cannot provide specific reasons for the decision."
- C. Notice that the person may dispute the accuracy or completeness of the information, and a right to an additional free credit report within sixty (60) days.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The FCRA is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you to creditors, employers, landlords, and other businesses. The information provided may include information such as if you pay your bills on time or have filed bankruptcy.

You can find the complete text of the FCRA, 15U.S.C. 1681-1681u, at the Federal Trade Commission's web site (http://www.ftc.gov).

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person

has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action.

- You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone --such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request,

complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.