



Police Officer Employment Application



Town of Garden City

621 27th St. Road • Garden City, CO 80631
970-515-6299 • police@townofgardencity.com

This application must be completed in full. Please read the affidavit, sign, date and notarize the application prior to submitting to the Garden City Police Department. False, incomplete or inaccurate information is cause for disqualification or termination. You must submit a resume with your application.

Applicant name: _____
Last First Middle

Other names (maiden name, nicknames, etc): _____

Residence: ☐ Own ☐ Rent ☐ Live with Relatives

Street Address

City

State

Zip

Mailing address (if different from street address):

Street Address or Post Office Box

City

State

Zip

Home phone: _____ Cell phone: _____

Date of birth: _____ Place of birth: _____

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this? Yes ☐ No ☐

Social Security Number: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

Where did you hear about this position? _____

EDUCATION

	Name, City & State	Years Attended	Years Completed	Diploma, GED or Degree	Areas of Study or Major/Minor
High School					
College (Undergrad)					
College (Graduate)					
Trade School					

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard or Reserves? ☐ Yes ☐ No

_____ to _____
Branch of Service Service Number Dates of Service

DRIVING RECORD

This position requires a driver's license and a good driving record. Please complete the following:

License Number	State	Class	Expiration Date

List all traffic violations or accidents you have had within the last five (5) years:

Violation/Accident	Date of Occurance	Status/Disposition

EMPLOYMENT HISTORY

List your complete work history below. Start with your present position and work backward through your experience. Please include military experience and, if you wish, volunteer work. Please identify any period of unemployment greater than six months by month and year. This section must be filled in completely. Attach additional sheets as necessary. Include job history for the last five (5) years at a minimum. A resume is required in addition to this application.

PRESENT OR LAST

Employer		From Mo/Yr		To Mo/Yr	
Address		City		State	Zip
Beginning Title	Present/Ending Title		Name of Immediate Supervisor		
Reason for leaving or seeking other employment					
Present or last salary		Employer Phone Number (include area code)			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PREVIOUS

Employer		From Mo/Yr		To Mo/Yr	
Address		City		State	Zip
Beginning Title	Ending Title		Name of Immediate Supervisor		
Reason for leaving or seeking other employment					
Present or last salary		Employer Phone Number (include area code)			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PREVIOUS

Employer		From Mo/Yr		To Mo/Yr	
Address		City		State	Zip
Beginning Title	Ending Title		Name of Immediate Supervisor		
Reason for leaving or seeking other employment					
Present or last salary		Employer Phone Number (include area code)			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Additional sheet for employment history

PREVIOUS				
Employer		From Mo/Yr		To Mo/Yr
Address		City		State Zip
Beginning Title	Ending Title		Name of Immediate Supervisor	
Reason for leaving or seeking other employment				
Present or last salary		Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PREVIOUS				
Employer		From Mo/Yr		To Mo/Yr
Address		City		State Zip
Beginning Title	Ending Title		Name of Immediate Supervisor	
Reason for leaving or seeking other employment				
Present or last salary		Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PREVIOUS				
Employer		From Mo/Yr		To Mo/Yr
Address		City		State Zip
Beginning Title	Ending Title		Name of Immediate Supervisor	
Reason for leaving or seeking other employment				
Present or last salary		Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

(continued)

A. ever been discharged from employment (fired) for any reason? Yes ☐ No ☐

B. ever resigned (quit) after being told that your employer intended to discharge you for any reason? Yes ☐ No ☐

C. ever resigned (quit) after being told your employer intended to take disciplinary action against you? Yes ☐ No ☐

D. ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason? Yes ☐ No ☐

E. ever resigned (quit) because you suspected your employer intended to take disciplinary actions against you? Yes ☐ No ☐

F. ever been reprimanded, counseled or otherwise been put on notice by any employer? Yes ☐ No ☐

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

1. Have you ever been arrested?..... Yes ☐ No ☐

2. Have you ever lied to your supervisor? Yes ☐ No ☐

3. Have you ever been convicted of a felony? Yes ☐ No ☐

4. Have you ever committed a crime for which you haven't been arrested? Yes ☐ No ☐

5. Have you ever used, sold or otherwise handled in an illegal manner any controlled substance?
Yes ☐ No ☐

6. Has your driver's license ever been under restraint? Yes ☐ No ☐

7. Have you ever stolen from an employer? Yes ☐ No ☐

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Are you Colorado P.O.S.T. certified? Yes ☐ No ☐ If yes, certification number: _____

Have you had at least 12 months consecutive experience as a sworn police officer in Colorado or elsewhere? Yes ☐ No ☐ Please indicate state if other than Colorado: _____

Do you have experience in a law enforcement agency as a civilian employee? Yes ☐ No ☐

If yes, please indicate your duties: _____

Have you filed an application with us before? Yes ☐ No ☐

If yes, please indicate dates: _____

Indicate any foreign languages you speak, read and/or write:

Language: _____ ☐ Speak ☐ Read ☐ Write
☐ Fluent ☐ Good ☐ Fair

Language: _____ ☐ Speak ☐ Read ☐ Write
☐ Fluent ☐ Good ☐ Fair

Please provide any additional information you feel would be helpful in considering you for employment.

Authorization for Release of Information

	Last	First	Middle
Name			
Address		City	State
Date of Birth		Social Security #	Zip Code

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Garden City 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 employment and personal history be disclosed to the above Department.

I hereby authorize any representative of the Garden City Police Department bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Garden City Police Department whether such records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent information for the Garden City Police Department to consider in determining my suitability for employment with 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. This includes but is not limited to the following: employment records; personal background and reputation information; military service records; educational records; financial status and records; criminal history records to include all arrest records and any information contained in the investigatory files; efficiency and performance evaluation ratings, complaints or grievances filed by or against me; records or recollections of attorneys at 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 results thereof; and any internal affairs investigations and/or disciplinary actions taken against me, including any files which have been deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from releasing or furnishing the information requested, including any liability or 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 to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Garden City Police Department regardless of any agreement I may have made with you previously to the contrary. The Garden City Police Department, 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 Garden City Police Department's acceptance and processing of my application for employment, I agree to hold 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 Garden City Police Department. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be turned over to the proper authorities.

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

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

This waiver is valid for six months (180 days) from the notarized 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 document.

I agree to indemnify and hold harmless the person to whom this request is presented, their agent(s) and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees arising out of or by any reason of complying with this request.

Signature of Applicant _____