

Personal History Statement

(To be printed legibly in ink – answer EVERY question)



FLORENCE POLICE DEPARTMENT

600 WEST THIRD ST · Florence, Colorado 81226

Phone (719) 784-3411 · FAX (719) 784-4048



SEAN V. HUMPHREY

CHIEF OF POLICE

Dear Applicant:

- The information you provide in this Personal History Statement (PHS) will be used in the background investigation to determine your suitability for the Police Officer position with the Florence Police Dept.
- You must fill out the form completely and accurately.
- Type or legibly print (in ink) all required information.
- If a question does not apply to you, enter “N/A” (not applicable) for your response.
- If you need more space when completing a form, use the reverse side of the page.

Accurate and Full Disclosure:

- All statements are subject to verification.
- Deliberate inaccuracies or incomplete statements may remove your consideration for employment.
- All questions must be answered completely and accurately.
- You are responsible for providing correct and complete information in all of the attached forms.

It is to your advantage to respond openly and honestly. All factors in your background will be evaluated in terms of the circumstances, the facts surrounding the occurrence, and their degree of relevance to the role of Police Officer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then determine the relevance of these facts in relation to the requirements of the Police Officer position.

Disclosure of Arrests and Convictions:

You must disclose any of the following which occurred on or after your 18th birthday:

- All arrests, whether they resulted in a conviction or not.
- All convictions
- Any period of probation or parole

Do not divulge information concerning physical or medically-related conditions, either past or current. The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment.

If, for any reason, you need clarification or do not understand a question within this questionnaire, please contact *Nancy Barth* at the Florence Police Department: 719-784-3411 ext. 0

Personal History Statement

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SECTION 1: PERSONAL INFORMATION

YOUR FULL NAME:

LAST: _____ FIRST: _____ MIDDLE: _____

OTHER NAMES/ALIASES (Nicknames, Maiden Names, Names You Have Used or Have Been Known By):

PHYSICAL ADDRESS (Residence):

STREET: _____ APT/UNIT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (If Different From Residence):

STREET: _____ APT/UNIT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ BIRTH DATE ____/____/____

WHERE WERE YOU BORN? (Place of Birth):

CITY: _____ COUNTY: _____ STATE: _____

ARE YOU A UNITED STATES CITIZEN: YES NO

CONTACT PHONE NUMBERS:

HOME: () _____ - _____

WORK: () _____ - _____

OTHER: () _____ - _____

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a crime involving a sex offense? YES NO

Have you ever been dishonorably discharged from military service? YES NO

Have you held a driver's license in any other state? YES NO If, yes what states? _____

What area of police work are you most interested in? (Patrol, Investigations, Juvenile/ School Resource, etc.)

Is there any reason why you can't work any day of the week or shift work? YES NO

If so, please explain: _____

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MARITAL STATUS

SINGLE MARRIED DIVORCED WIDOWED

Spouse's name: _____

Contact Info:

Home: () _____ - _____ *Cell:* () _____ - _____ *Work:* () _____ - _____

Emergency Contact: Yes No

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

PRIMARY DOCTOR

Do you have a Primary Doctor? (For emergencies): _____

Name: _____

Address: _____

Contact Info:

Home: () _____ - _____ *Cell:* () _____ - _____ *Work:* () _____ - _____

Other relevant information: _____

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RELATIVES

***Note:** During the background investigation, persons who know you will be asked to comment upon your suitability for the position. Inquiries will be confined to job-relevant matters only.

SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES BELOW. IF A CATEGORY IS NOT APPLICABLE, ENTER “N/A.” IF AN INDIVIDUAL IS NO LONGER LIVING, ENTER “DECEASED”.

<u>Family Member</u>	<u>Address</u>	<u>Phone Numbers</u>
Relation: <i>Father</i>	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation: <i>Mother</i>	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation: <i>Step-Parent</i>	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation: <i>Mother-in-law</i>	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation: <i>Father-in-law</i>	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____

*Note: If you need more space, use additional pages or the reverse side of this page. Include all required information.

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RELATIVES CONTINUED

SIBLINGS (BROTHERS AND/OR SISTERS; INCLUDE STEP-SIBLINGS)		
<u>Family Member</u>	<u>Address</u>	<u>Phone Numbers</u>
Relation:	Street name: Apt/Unit:	Home: () ___ - ___
Name:	City:	Cell: () ___ - ___
	State: Zip Code:	Work/Other: () ___ - ___
Relation:	Street name: Apt/Unit:	Home: () ___ - ___
Name:	City:	Cell: () ___ - ___
	State: Zip Code:	Work/Other: () ___ - ___
Relation:	Street name: Apt/Unit:	Home: () ___ - ___
Name:	City:	Cell: () ___ - ___
	State: Zip Code:	Work/Other: () ___ - ___
Relation:	Street name: Apt/Unit:	Home: () ___ - ___
Name:	City:	Cell: () ___ - ___
	State: Zip Code:	Work/Other: () ___ - ___
Relation:	Street name: Apt/Unit:	Home: () ___ - ___
Name:	City:	Cell: () ___ - ___
	State: Zip Code:	Work/Other: () ___ - ___
Relation:	Street name: Apt/Unit:	Home: () ___ - ___
Name:	City:	Cell: () ___ - ___
	State: Zip Code:	Work/Other: () ___ - ___

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RELATIVES CONTINUED

CHILDREN IN YOUR HOUSEHOLD (BORN TO YOU OR LIVING WITH YOU)		
<u>Family Member</u>	<u>Address</u>	<u>Phone Numbers</u>
Relation:	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation:	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation:	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation:	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation:	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Relation:	Street name: Apt/Unit:	Home: () ____ - ____
Name:	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____

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REFERENCES

List 5 references who have knowledge of you and your qualifications. Do Not list names that are listed elsewhere.		
<u>Reference</u>	<u>Address</u>	<u>Phone Numbers</u>
Name:	Street name: Apt/Unit:	Home: () ____ - ____
How long have you known this reference?	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Name:	Street name: Apt/Unit:	Home: () ____ - ____
How long have you known this reference?	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Name:	Street name: Apt/Unit:	Home: () ____ - ____
How long have you known this reference?	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Name:	Street name: Apt/Unit:	Home: () ____ - ____
How long have you known this reference?	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____
Name:	Street name: Apt/Unit:	Home: () ____ - ____
How long have you known this reference?	City:	Cell: () ____ - ____
	State: Zip Code:	Work/Other: () ____ - ____

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EDUCATION

Check the appropriate box:

- I possess a high school diploma
- I have passed a GED equivalency test
- I have obtained college credit hours from an accredited college or university.

List all schools attended beyond 8th grade, beginning with high school. Include Police Academy attended.

Name of Institution	Complete Address		Dates Attended
	<i>STREET</i>	<i>STATE</i>	<i>FROM</i>
<i>Reference Name (Teacher/Counselor)</i>	<i>CITY</i>	<i>ZIP</i>	<i>TO</i>

- RECEIVED:**
- DEGREE
 - DIPLOMA
 - CERTIFICATE

Name of Institution	Complete Address		Dates Attended
	<i>STREET</i>	<i>STATE</i>	<i>FROM</i>
<i>Reference Name (Teacher/Counselor)</i>	<i>CITY</i>	<i>ZIP</i>	<i>TO</i>

- RECEIVED:**
- DEGREE
 - DIPLOMA
 - CERTIFICATE

Name of Institution	Complete Address		Dates Attended
	<i>STREET</i>	<i>STATE</i>	<i>FROM</i>
<i>Reference Name (Teacher/Counselor)</i>	<i>CITY</i>	<i>ZIP</i>	<i>TO</i>

- RECEIVED:**
- DEGREE
 - DIPLOMA
 - CERTIFICATE

Name of Institution	Complete Address		Dates Attended
	<i>STREET</i>	<i>STATE</i>	<i>FROM</i>
<i>Reference Name (Teacher/Counselor)</i>	<i>CITY</i>	<i>ZIP</i>	<i>TO</i>

- RECEIVED:**
- DEGREE
 - DIPLOMA
 - CERTIFICATE

Have you ever been expelled or suspended from ANY school? Yes No

If yes, please explain (give location, date, and description of the incident): _____

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RELATIVES

*NOTE: Individuals who became acquainted with you while you resided in different locations may provide helpful information for the background investigation.

List all addresses from the past 10 years. Do NOT include information prior to your 18th birthday			
<u>Dates of Residency</u>		<u>Address of Residence</u>	<u>Residence Owner or Rent Collector</u>
<i>FROM</i>	<i>TO</i>	Street name:	Name:
		Apt/Unit # (if applicable):	Street: Apt#:
		City:	City:
		State: Zip Code:	State: Zip Code:
<i>FROM</i>	<i>TO</i>	Street name:	Name:
		Apt/Unit # (if applicable):	Street: Apt#:
		City:	City:
		State: Zip Code:	State: Zip Code:
<i>FROM</i>	<i>TO</i>	Street name:	Name:
		Apt/Unit # (if applicable):	Street: Apt#:
		City:	City:
		State: Zip Code:	State: Zip Code:
<i>FROM</i>	<i>TO</i>	Street name:	Name:
		Apt/Unit # (if applicable):	Street: Apt#:
		City:	City:
		State: Zip Code:	State: Zip Code:
<i>FROM</i>	<i>TO</i>	Street name:	Name:
		Apt/Unit # (if applicable):	Street: Apt#:
		City:	City:
		State: Zip Code:	State: Zip Code:

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EXPERIENCE AND EMPLOYMENT HISTORY

Beginning with the most current, list all jobs titles and positions held. List all periods of un-employment.				
<i>From</i>	<i>To</i>	<i>Company Name</i>	<i>Phone</i> () -	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		<i>Street</i>	<i>Apt/ Unit#</i>	<i>Co-Workers:</i> 1.
		<i>City</i>	<i>State Zip</i>	2.
<i>Job Duties/ Assignments:</i>				
<i>Reason for Leaving:</i>				
<i>From</i>	<i>To</i>	<i>Company Name</i>	<i>Phone</i> () -	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		<i>Street</i>	<i>Apt/ Unit#</i>	<i>Co-Workers:</i> 1.
		<i>City</i>	<i>State Zip</i>	2.
<i>Job Duties/ Assignments:</i>				
<i>Reason for Leaving:</i>				
<i>From</i>	<i>To</i>	<i>Company Name</i>	<i>Phone</i> () -	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		<i>Street</i>	<i>Apt/ Unit#</i>	<i>Co-Workers:</i> 1.
		<i>City</i>	<i>State Zip</i>	2.
<i>Job Duties/ Assignments:</i>				
<i>Reason for Leaving:</i>				
<i>From</i>	<i>To</i>	<i>Company Name</i>	<i>Phone</i> () -	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		<i>Street</i>	<i>Apt/ Unit#</i>	<i>Co-Workers:</i> 1.
		<i>City</i>	<i>State Zip</i>	2.
<i>Job Duties/ Assignments:</i>				
<i>Reason for Leaving:</i>				

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EXPERIENCE AND EMPLOYMENT HISTORY CONT'D

Beginning with the most current, list all jobs titles and positions held. List all periods of un-employment.				
From	To	Company Name	Phone () -	Supervisor
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		Street	Apt/ Unit#	Co-Workers: 1.
		City	State Zip	2.
Job Duties/ Assignments:				
Reason for Leaving:				
From	To	Company Name	Phone () -	Supervisor
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		Street	Apt/ Unit#	Co-Workers: 1.
		City	State Zip	2.
Job Duties/ Assignments:				
Reason for Leaving:				
From	To	Company Name	Phone () -	Supervisor
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER		Street	Apt/ Unit#	Co-Workers: 1.
		City	State Zip	2.
Job Duties/ Assignments:				
Reason for Leaving:				

Would any problem result if your present employer is contacted during the background investigation? YES NO
 If yes, please explain: _____

Have you ever been disciplined at work? YES NO
 If yes, provide details: Name of Employer: _____ When did this occur? _____
Why? _____

Have you ever been fired, released from probation or asked to resign from any place of employment? YES NO
 If yes, provide details: Name of Employer: _____ When did this occur? _____
Why? _____

Personal History Statement

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MILITARY EXPERIENCE

<i>If you are a male born before March 29, 1957 or after December 31, 1959, and you are a citizen of the United States, or you were a resident of the U.S. on your 18th birthday, please provide your selective service number.</i>	<u>Selective Service Number</u>
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Have you ever served in one of the following?

Armed services

National Guard

Military Reserve

<i>Branch of Service:</i>	<i>Dates of Service:</i> From: To:	<i>Type of Discharge:</i>
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Current Status

Are you currently participating in one of the following?

Military Reserve (active or inactive)

National Guard

If you are required to attend a period of annual active duty training, how many days are you obligated for? _____

If you received anything other than an honorable discharge please explain below:

Personal History Statement

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FINANCIAL

NOTE: Managing personal finances is relevant to an individual’s qualifications for the position of peace officer. The amount of indebtedness in itself is not used in evaluating your qualifications, rather the behavior in meeting your obligations will be considered.

Income and Expenses

A.) From your present employer (if currently employed), what is your take home monthly income.....\$ _____

B.) Do you have income other than your salary or wages? Yes No If yes, fill in the amount.....\$ _____

Explain: _____

C.) How much do you spend each month?.....\$ _____

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas, car maintenance, entertainment etc., as well as any other obligation(s) you may have.

Have you ever filed for or declared bankruptcy? Yes No

If yes, explain and include when, where, and the circumstances, as well as what chapter you filed under.

Have any of your bills ever been turned over to a collection agency? Yes No

If yes, explain the circumstances and include when it happened and what agencies were involved.

Have your wages ever been garnished? Yes No

If yes, explain and include when, where, why and by whom.

Have you ever been delinquent on income or other tax payments? Yes No

If, yes explain and include when, where, and why.

Have you ever had purchased goods repossessed? Yes No

If yes, explain and include when, the firms involved and the circumstances.

****NOTE: You will be required to provide (at your expense) a copy of your most current credit report from one of the following credit reporting agencies: Trans Union, Experian, Equifax.**

Personal History Statement

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LEGAL

Have you ever been arrested or convicted of any misdemeanor or felony offense in this or any other state or country?

YES NO If yes, list all offenses, including those punishable under the Uniform Code of Military Justice.

ARRESTS/ CONVICTIONS	
<i>Date (Approximate)</i>	<i>Law Enforcement Agency</i>
<i>Explain the Circumstances:</i> _____ _____	
ARRESTS/ CONVICTIONS	
<i>Date (Approximate)</i>	<i>Law Enforcement Agency</i>
<i>Explain the Circumstances:</i> _____ _____	
ARRESTS/ CONVICTIONS	
<i>Date (Approximate)</i>	<i>Law Enforcement Agency</i>
<i>Explain the Circumstances:</i> _____ _____	
ARRESTS/ CONVICTIONS	
<i>Date (Approximate)</i>	<i>Law Enforcement Agency</i>
<i>Explain the Circumstances:</i> _____ _____	

Have you ever been placed on court probation as an adult? Yes No If yes, explain and include when, where, why.

Have you ever been reported to a Law Enforcement agency as a runaway or missing person? Yes No
If yes, explain the circumstances and include the name of the law enforcement agency, when, where, and why.

Are you suing, or have ever been sued, or brought suit against anyone in civil court (small claims, dissolutions, child custody, paternity, etc.)? Yes No If yes, explain and include court case or docket number, when, where, and why.

Have you ever been placed on Parole as an adult? Yes No If yes, explain and include when, where, and why.

Personal History Statement

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LEGAL CONTINUED

TRAFFIC CITATIONS		
<i>Nature of Violation</i>	<i>Date of Offense/ Citation</i> Month: Year:	<i>Where it happened</i> City: State:
<i>Outcome of Case:</i> _____ _____		
<i>Nature of Violation</i>	<i>Date of Offense/ Citation</i> Month: Year:	<i>Where it happened</i> City: State:
<i>Outcome of Case:</i> _____ _____		
<i>Nature of Violation</i>	<i>Date of Offense/ Citation</i> Month: Year:	<i>Where it happened</i> City: State:
<i>Outcome of Case:</i> _____ _____		
<i>Nature of Violation</i>	<i>Date of Offense/ Citation</i> Month: Year:	<i>Where it happened</i> City: State:
<i>Outcome of Case:</i> _____ _____		
Since your 18th birthday, have you been involved in a motor vehicle accident where you were the driver? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide the details in the spaces below.		
TRAFFIC ACCIDENTS		
<i>Date</i>	<i>Location</i>	
<i>Police Report?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Law Enforcement Agency</i>	<i>Was an injury involved?</i> <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
<i>Date</i>	<i>Location</i>	
<i>Police Report?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Law Enforcement Agency</i>	<i>Was an injury involved?</i> <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
<i>Date</i>	<i>Location</i>	
<i>Police Report?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Law Enforcement Agency</i>	<i>Was an injury involved?</i> <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

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GENERAL TOPICS

Other than for medical reasons, has your driver’s license ever been suspended, revoked, cancelled, denied or placed on a probationary status? Yes No If yes, give details below:

<i>Reason</i>	<i>Date</i>	<i>Location: City</i>	<i>State</i>
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Action Taken: Revoked Suspended Canceled Denied Probationary status

Other than for medical reasons, have you ever been refused automobile liability insurance or had an insurance policy cancelled? Yes No If yes, give details below:

<i>Reason</i>	<i>Date</i> / /	<i>Insurance Agency Name:</i>	
		<i>Location: City</i>	<i>State</i>

Have you ever been refused a permit to carry a concealed weapon? Yes No If yes, explain:

Describe in your own words your current use of intoxicating liquors:

Have you ever used marijuana or any other illegal narcotics? Yes No If yes, explain:

Would any previous employers hesitate to give you a good recommendation? Yes No If yes, who and why?

Have you ever been refused a security clearance for any job? Yes No If yes, give details below:

Have you ever been fingerprinted anywhere for any reason? Yes No

<i>Reason</i>	<i>Date</i> / /	<i>Name of fingerprinting Agency:</i>	
		<i>Location: City</i>	<i>State</i>

Has there ever been an incident that could open you up to blackmail or similar pressure? Yes No If yes, explain.

Is there anything in your background that has not already been addressed in this form that the Sheriff’s Office should know about in order to make a proper evaluation of your qualifications to be a deputy sheriff (omit juvenile information)?

Yes No If yes, explain: _____

In your own words explain how your family feels about you being/ becoming a law enforcement officer:

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GENERAL TOPICS CONTINUED

Have you applied at any other law enforcement agencies? Yes No If yes, fill in the information below:

<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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<i>Date</i>	<i>Agency</i>	<i>Outcome</i>
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Use back of page if more room is needed

In your own words, explain why you want to work at the Florence Police Department:

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Include the Following Documents when Submitting this Application:

Colorado P.O.S.T.

First Aid / C.P.R. Card

Certified Copy of Birth Certificate

Photocopy of Driver’s License

Social Security Card

High School / College Transcripts

Form DD 214 (If Applicable)

Any Name Change Documents

Credit Report (Experian preferred, Trans Union or Equifax will be accepted)

Certification

I hereby certify that I have completed this form, and any other supplemental pages I have attached, completely and accurately to the best of my knowledge. I hereby give the Florence Police Department and its authorized representative’s permission to request and review any and all information, documents and reports necessary to verify and investigate the answers I have provided in my application.

I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from continued employment.

Signature in Full _____ Date: _____

Subscribed and affirmed before me in the county of _____, State of Colorado, this _____ day of _____, 20__.

(Notary’s official signature)

(Commission expiration date)

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FLORENCE POLICE DEPARTMENT

600 WEST THIRD ST · Florence, Colorado 81226

Phone (719) 784-3411 · FAX (719) 784-4048

SEAN V. HUMPHREY
CHIEF OF POLICE

Authorization for Release of Information:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Sex</u>	<u>Race</u>	<u>Date of Birth</u>
Place of Birth:	<u>City</u>	<u>County</u>	<u>State</u>	<u>Country</u>	

This release, when presented by a duly authorized representative of the Florence Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Florence Police Department Background Investigator: Employment, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, Polygraph Examinations, current/prior Landlord information, all prior Educational Institution information (to include, but not be limited to, GED, High School, Jr. College, College, Graduate School, etc.), and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, Florence Police Department. 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 an investigation which may provide pertinent data for the Florence Police Department to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for

Personal History Statement

(To be printed legibly in ink – answer EVERY question)

employment by the Florence Police Department. I understand that all materials pertaining to this background investigation become the property of the Florence Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

Given the “Duty to Warn,” incumbent upon employers, I understand Job Reference Immunity Law generally provides limited or qualified immunity from civil liability for disclosure, at the request of a prospective employer, “... via this authorization per Colorado Revised Stat. Ann. 8-2-114(2)(a)...of a fair and unbiased opinion of an employee’s qualifications...,” provided a copy of the information is sent to the last known address of the subject of the reference.

I also understand and agree to indemnify and hold harmless the Florence Police Department, its agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising in the event that information discovered within this background check would bring discredit against me in my current employment, to include any current positions within a law enforcement agency as the Florence Police Department would be able, per this authorization for release of information, to report this information to my current employer. I understand that the Florence Police Department is not liable in any way for releasing this information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Applicant
Signature _____
Street Address _____
City State, Zip Code _____

State of _____

County/ City of _____

My commission expires _____

Signature of Notary _____

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