

**New Castle Police Department**  
 Post Office Box 90  
 450 West Main Street  
 New Castle, Colorado 81647  
 970-984-2302; FAX 970-984-9807  
 www.newcastlecolorado.org



**Authorization and Release to Obtain Information**

Last Name:	First Name:	Middle Name:
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I, \_\_\_\_\_ authorize the Town of New Castle and its agent *Background Information Services, Inc. (BIS)* located at **1800 30<sup>th</sup> Street, Ste 204, Boulder, CO 80310, (800) 433-6010**, to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the Town of New Castle may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the Town of New Castle.

I hereby release the Town of New Castle, Colorado, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Town of New Castle.

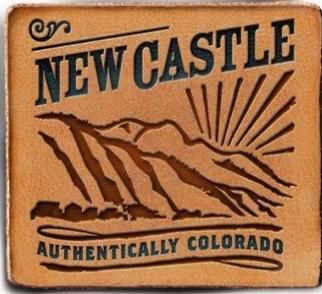
**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:** \_\_\_\_\_  
 (Applicant Signature)

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 (Street Address) (City) (State) (ZIP)

My commission expires: \_\_\_\_\_ 20\_\_\_\_\_

Notary: \_\_\_\_\_ (seal)



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**Police Officer Application**

<b>Today's Date:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
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The Town of New Castle is an Equal Employment Opportunity (EEO) employer. The Town does not discriminate against applicants or employees on the basis of race, age, gender, color, religion, national origin, disability, veteran or marital status, sexual orientation, genetic information, or any other status protected by applicable federal, state, or local law.

This application will be evaluated by those persons responsible for hiring at the New Castle Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

***Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the New Castle Police Department.***

**FOLLOW DIRECTIONS CAREFULLY**

1. Use black or blue ink to complete questionnaire
2. Complete the form in your own handwriting or printing. Do not type.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions. Do not leave any boxes blank.
7. If a question does not apply to you, write N/A in the box.
8. For additional employment space copy an employment history page
9. If you need additional space, write on the back page.
10. Before returning questionnaire, read, sign the last page and maintain a copy for your records.

# PERSONAL HISTORY STATEMENT

## Personal Information

Last Name		First Name			Middle Name					
Current Home Address		Street Name & Number (No PO Boxes)			City		State	Zip Code		
Mailing Address if different (i.e., PO Box)										
Email			List any other names you have ever used (including maiden name)							
Home Phone (include area code)		Cell Phone (include area code)		Alternate Phone Number (include area code)			Notification Type Preference <input type="checkbox"/> Email <input type="checkbox"/> Paper			
Age	Date of Birth	Place of Birth (City State)		Sex	Race	Height	Weight	Hair Color	Eye Color	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Tattoos (Description and Location)										
Check One <input type="checkbox"/> Single  <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			<input type="checkbox"/> Married <input type="checkbox"/> Separated			Spouse's Full Name			Spouse's Date of Birth	

### Social Security Number: (optional)

(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.)

## Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

Please supply the appropriate information in the space provided below. If a category is not applicable, write in "N/A".

If living, name of your;	Address where person can be contacted	Telephone at which person can be contacted
Father:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Spouse	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Former Spouse(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Father-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Brother(s) & Sisters(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

**Relatives and References (continued):**

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Children (if adults)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

**Other relatives with whom you have a close personal relationship**

Relationship:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Relationship:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Relationship:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

**Below, please list those individuals with whom you have resided during the last 10 years (List no information prior to your 15th birthday. Exclude family members.**

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

**References**

**List 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.**

Name	Address where person can be contacted	Telephone
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

**Education**

The Commission of Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate lines.

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Educational Development) test
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:  
 When: \_\_\_\_\_  
 How: \_\_\_\_\_

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (Teachers, Counselors etc.)
		From	To	
		Month/Yr.	Month/Yr.	

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four-year colleges, universities, and business and vocational schools - any formal education beyond the high school level.)

- Yes     No

If "Yes", please explain (include school, date, and circumstances). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently *Colorado POST Certified* or do you hold a current *Letter of Conditional Peace Officer Authority*?

- Yes (Please attach a copy of your certification or letter)     No     Expired Certification

If no, are you currently enrolled in a Colorado POST certified academy (such as CLETA)?

- Yes     No





**Financial** (continued)

Have you ever had purchased goods repossessed?  Yes  No

If "Yes", please give details (include when, firms involved, circumstances).

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Have your wages ever been garnished?  Yes  No

If "Yes", please give details (include when, where, why).

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

If "Yes", please give details (include when, where, why).

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**Legal**

If you have ever been arrested or convicted for any crime (excluding traffic citations) please give the following information: (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Therefore, you MUST consult an Attorney before answering.)

Approximate Date	Police Agency	Circumstances

Have you ever been placed on court probation as an adult?  Yes  No

If yes, please give details (include when, where, why).

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Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult?  Yes  No

If yes, please give details (include when, where, why).

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Have you ever been reported to a law enforcement agency as a missing person or runaway?  Yes  No

If yes, please give details (include date, law enforcement agency, circumstances).

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Are you now, or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes  No

If yes, please give details (include when, where, name and location of court, circumstances).

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## Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Colorado driver's license number	Expiration date	Name under which license was granted
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Please list other states where you have been licensed to operate a motor vehicle.

State: Name under which license was granted:			
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Have you ever been refused a driver's license by any state?  Yes  No

If "Yes", please explain (include when, where, why).

Colorado law requires that operators and owners of motor vehicles be covered by automobile liability insurance or have a certificate of Self-Insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Number	Date of Expiration

Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation	Location (city/issuing police agency)	Approximate Date	Indicate whether fined or action taken on driver's license.

Have you been involved as a driver in a motor vehicle accident within the last 5 years?  Yes  No

If "Yes", please give details for each accident.

Date	Location	Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Agency
Date	Location	Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Agency
Date	Location	Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Agency

If there is anything you wish to discuss about your driving record, please use the space below.

Has your license ever been suspended, revoked?  Yes  No

If "Yes", please give details (include what, when, where, why).

Details (include what, when, where, why) continued:

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**General Information**

Have you ever been refused insurance for any reason other than failure to pay a premium?  Yes  No  
 If "Yes", please explain (include company name and address, date, and reason).

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Have you ever applied for a permit to carry a concealed weapon?  Yes  No

If "Yes", please provide the following information:

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of Law enforcement agency
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Purpose:

**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list periods in sequence in the spaces provided.

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	To Month   Year ____ / ____  Telephone Number  Title or duties	  Names of co-workers   
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	  Telephone Number  Title or duties	  Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	  Telephone Number  Title or duties	  Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	  Telephone Number  Title or duties	  Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	   Telephone Number  Title or duties	   Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	   Telephone Number  Title or duties	   Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	   Telephone Number  Title or duties	   Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	   Telephone Number  Title or duties	   Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	   Telephone Number  Title or duties	   Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	   Telephone Number  Title or duties	   Names of co-workers
Reason for leaving		

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month   Year ____ / ____  To Month   Year ____ / ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
	Telephone Number	Names of co-workers
	Title or duties	
Reason for leaving		

**PLEASE READ BEFORE SIGNING**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the Town of New Castle whatever detail is available concerning my qualifications. I authorize the Town of New Castle to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the Town of New Castle. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that if I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the Town of New Castle.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the Town of New Castle policy. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize the Town of New Castle and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the Town of New Castle is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the Town of New Castle specifically acknowledges such change in writing. I hereby release the Town of New Castle and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

**The Town of New Castle is an Equal Opportunity Employer**

Full Signature	Date Completed
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