

NEW CASTLE POLICE DEPARTMENT

450 West Main Street – Post Office Box 90

New Castle, Colorado 81647

AUTHORITY FOR RELEASE OF INFORMATION

Last Name: _____ First Name: _____

Middle Name: _____ Sex: _____ Race: _____ SSN: _____

Date of Birth: _____ Place of birth: _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the New Castle Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that 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, which may provide pertinent data for the New Castle Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

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 employment by the New Castle Police Department. I understand that all materials pertaining to this background investigation becomes the property of the New Castle 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 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 sources of confidential information cannot be revealed to me.

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: _____
(Signature)

Subscribed and sworn before me this

_____ Day of _____ 20_____ _____
(Street Address)

My commission expires _____ 20_____ _____ / _____ / _____
(City) (State) (ZIP)

Notary: _____

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes:

Your Name (Please print or type)

(Last)	(First)	(Middle [Full])
--------	---------	-----------------

Other names (including nicknames) you have used or been known by:

Please list home address:

(Number)	(Street)	(City)	(State)	(Zip)
----------	----------	--------	---------	-------

Please list the local telephone number(s) at
Which you can be contacted. () _____ () _____
Hrs. you can be contacted: Hrs. you can be contacted

Birth date 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? _____ 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.)

For the purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color
--------	--------	------------	-----------

Scars, tattoos, or other distinguishing marks:

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
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
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	<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
	<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 (including children)

Relationship: Home Work Other Home Work Other

Relationship: Home Work Other Home Work Other

Relationship: Home Work Other Home Work 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.

Home Work Other Home Work Other

Home Work Other Home Work Other

Home Work Other Home Work Other

Home Work Other Home Work Other

List as references 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
--	--	--

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 it's 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
		From	To	(Teachers, Counselors etc.)
		Month/Yr	Month/Yr	
_____	_____	_____	_____	_____

Education Continued

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). _____

Military Service

Selective Service Number | Approximate date of registration | Address at time of registration

Have you ever served in the armed forces, National Guard or military reserves? Yes _____ No _____

If "Yes," please supply the following information:

Branch of Service | Service Number | Dates of service | Type of Discharge

Are you currently participating in any military reserve or National Guard program? Yes _____ No _____

If "Yes", please supply the following information:

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes _____ No _____

If "Yes", please give details (include branch of service, when, where, circumstances).

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known From To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Financial (Continued)

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Account Number

Have you ever filed for or declared bankruptcy? Yes _____ No _____
If "Yes", please give details (include when, where, why).

Financial (Continued)

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

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

Have you ever had purchased goods repossessed? Yes _____ No _____

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

Financial (Continued)

Have your wages ever been garnisheed? Yes _____ No _____
If "Yes", please give details (include when, where, why).

Have you ever been delinquent on income or other tax payments? Yes _____ No _____
If "Yes", please give details (include when, where, why).

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 a specific legal implications as to how you should answer this question. Therefore, you MUST consult an Attorney before answering.)

Approx. Date	Police Agency	Circumstances

Legal (Continued)

Have you ever been placed on court probation as an adult? Yes _____ No _____
If "Yes", please give details (include when, where, why).

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.)

Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes _____ No _____
If "Yes", please give details (include date, law enforcement agency, circumstances).

Legal (Continued)

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).

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

Please list other states where you have been licensed to operate a motor vehicle.

State	State	State	State
Name under which license was granted.	Name under which license was granted	Name under which license was granted	Name under which license was granted

Motor Vehicle Operation (Continued)

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)	Approx. Date	Indicate whether fined or action Taken on driver's license.

Motor Vehicle Operation (Continued)

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 ____	Non-injury__
------------	----------------	-------------	--------------

Police Investigation | Police Agency

Yes _____ No _____

Date _____	Location _____	Injury ____	Non-injury__
------------	----------------	-------------	--------------

Police Investigation | Police Agency

Yes _____ No _____

Date _____	Location _____	Injury ____	Non_injury__
------------	----------------	-------------	--------------

Police Investigation | Police Agency

Yes _____ No _____

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

Motor Vehicle Operation (Continued)

Has your license ever been suspended, revoked? Yes _____ No _____

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

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).

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

If "Yes", please provide the following information:

Permit granted?	Yes _____	No _____	Date	Name of Law enforcement agency

Purpose

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any mis-statements of material facts will subject me to disqualification or dismissal.

Signature in full

Date completed

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	To Month Year		
____ / ____	____ / ____		
___ Full-time			
___ Part-time			
___ Voluntary			
		Title or duties	
			Telephone No.
			Names of co-worker

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		Title or duties	Telephone No.
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
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		Title or duties	Telephone No.
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
Reason for leaving			

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month Year	To Month Year	Title or duties	Telephone No.
____/____	____/____		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			

Reason for leaving

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month Year	To Month Year	Title or duties	Telephone No.
____/____	____/____		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			

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		Title or duties	Telephone No.
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
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		Title or duties	Telephone No.
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
Reason for leaving			

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month Year	To Month Year	Title or duties	Telephone No.
____/____	____/____		Names of co-worker
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			

Reason for leaving

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month Year	To Month Year	Title or duties	Telephone No.
____/____	____/____		Names of co-worker
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			

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		Title or duties	Telephone No.
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
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		Title or duties	Telephone No.
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
Reason for leaving			