

EMPLOYMENT APPLICATION
City of Sterling, Colorado
Police Department
421 North 4th Street, P.O. Box 4000,
Sterling, CO 80751- 0400
Phone: (970)522-9700 FAX: (970)521-0632
www.sterlingcolo.com

An Equal Opportunity Employer

Name				
First	Middle	Last		
Address				
Number and Street		City	State	Zip Code
Home Telephone #			Work Telephone #	

I hereby make application for the position of Police Officer with the City of Sterling.

I herewith submit the following with this application:

1. High school diploma or G.E.D. Certificate and transcripts for any higher education.
2. Copy of Form DD214 from military service, if any, for proper credits.
3. The attached personal history statement completed.
4. P.O.S.T. Academic Certification.

I understand that I must file all of the above documents fully and accurately completed or my application may not be considered.

Applicant's Signature: _____

Date: _____

City of Sterling Police Department Application for Employment

APPLICANT'S PERSONAL HISTORY STATEMENT

Please type, print or write legibly in BLACK ink.

Instructions: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by category title.

Check Position Applying for: **Police Officer** **Police Cadet**

PERSONAL INFORMATION

Name			Date of Birth		
First	Middle	Last	Month/Day/Year		
Give any other names you have used or been known by, and attach a statement giving reasons (if none, so state).					
Name:					
First	Middle	Last			
Name					
First	Middle	Last			
Address					
Number and Street		City	State	Zip Code	
Home Telephone #			Work Telephone #		
E-Mail Address:					
Are you a U.S. Citizen? Yes ___ No ___ Naturalized ? Yes ___ No ___ Date Naturalized _____					
Can you submit documentation verifying your identity? Yes ___ No ___					
What are your hobbies, special skills or abilities?					
Languages: In spaces below, please list any foreign language(s) you use and check the box that describes your skill level.					
			Read	Write	Speak
Language:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you object to wearing a uniform? ___ Yes ___ No Do you object to working shifts? ___ Yes ___ No

Do you possess Colorado P.O.S.T. certification? ___ Yes ___ No If yes, please provide the information below.

Do you possess P.O.S.T. certification in another state? ___ Yes ___ No If yes, please provide the information below.

Academy Attended	Dates	Certificate Number

EDUCATION

Are you a High School graduate or do you have a G.E.D.? (Circle one) High School G.E.D.

Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Over

Persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts. Please provide grade transcripts for high school and college attendance.

Please indicate below all the schools you have attended, beginning with high school.

Name of School	Address	Dates Attended	Degree or Certificate	School References (teachers, Counselors, etc)

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include any education beyond the high school level) _____ Yes _____ No

If yes, please explain below (include school, date and circumstances):

List below any additional training you have received, for example, armed forces training programs, correspondence courses, work training programs, etc.

Training/Course Taken	Dates	Location

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of police officer.

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:	Current Address (include city, state and zip code)	Telephone Numbers (please provide both home & work)
Father		
Mother		
Father-in-Law		
Mother-in-Law		
Spouse		
Former Spouse(s)		
Brother(s) & Sister(s)		
Step-Mother		
Step-Father		
Step-Brother(s) & Step-Sisters		

Other relatives (including children) with whom you have a close personal relationship (Indicate relationship).

RELATIVES, REFERENCES, ACQUAINTANCES – continued

Below, please list those individuals with whom you have resided with during the last ten (10) years (list no information prior to your 15th birthday). Exclude family members. Attach additional sheet if you need more space.

Name	Current Address (include city, state and zip code)	Telephone Numbers (please provide both home & work)

Please list five (5) references who have known you intimately for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. Do not list relatives or former employers.

#1 – Name	Current Address - city, state & zip	Telephone Numbers Home: Work:
Business, Occupation or Profession of the above named reference:		Years Known
#2 – Name	Current Address - city, state & zip	Telephone Numbers Home: Work:
Business, Occupation or Profession of the above named reference:		Years Known
#3 – Name	Current Address - city, state & zip	Telephone Numbers Home: Work:
Business, Occupation or Profession of the above named reference:		Years Known
#4 – Name	Current Address - city, state & zip	Telephone Numbers Home: Work:
Business, Occupation or Profession of the above named reference:		Years Known
#5 – Name	Current Address - city, state & zip	Telephone Numbers Home: Work:
Business, Occupation or Profession of the above named reference:		Years Known

RESIDENCE

Individuals who have been acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

Beginning with the most current, please list all of your residences during the last ten years. Attach additional sheet if you need more space.

Physical Address	City, State & Zip Code	Dates From/To Month/Year	If rental property, provide name and address of landlord	Name under which property was rented or owned

INSURABILITY

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

EMPLOYMENT HISTORY

Please list all jobs (including part-time, temporary and voluntary positions) you have held in the past ten years. Military service should be listed in the area following this section. Begin with your most recent employment. Explain any gaps in the section **Experience & Employment**.

Employer:	Telephone:	Dates Employed	Income Earned
Address:		From:	
		To:	
Type of Business:	Name(s) of Co Workers:		
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			
Summarize work performed/job responsibilities:			

EMPLOYMENT HISTORY - continued

Please list all jobs (including part-time, temporary and voluntary positions) you have held in the past ten years. Military service should be listed in the area following this section. Begin with your most recent employment. Explain any gaps in the section **Experience & Employment**.

Employer:	Telephone:	Dates Employed	Income Earned
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Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			
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Address:		From: To:	
Type of Business:	Name(s) of Co Workers:		
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			
Summarize work performed/job responsibilities:			

EMPLOYMENT HISTORY - continued

May we contact the employers you listed on previous pages? Yes No

If no, please indicate which one(s) you do not wish us to contact.

Have you ever been discharged or forced to resign from a position due to misconduct or unsatisfactory service?

Yes No

If yes, explain in space below:

EXPERIENCE & EMPLOYMENT

Please explain any gaps in employment in the last 10 years, (include dates). If you have no prior employment, please explain in the space provided.

MILITARY SERVICE

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

If yes, please supply any DD-214(s) and complete the following:

Branch of Service _____

Dates of Service: _____ to _____

Pay Grade: _____

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

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 explain. Give details including when, where, circumstances and outcome:

MILITARY SERVICE – continued

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	Current Address	Telephone Numbers (please provide both home & work)

LEGAL

Have you ever been arrested, charged or convicted for any crime (excluding traffic citations)? Yes No

If you have ever been arrested, charged or convicted for any crime (excluding traffic citations), please provide the following information:

Approximate Date	Law Enforcement Agency	Charges, Circumstances & Disposition

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

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

Have you ever been placed on a child registry in any state? Yes No

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

LEGAL - continued

Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult?

Yes No

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

Have you ever used, possessed or distributed any illegal drugs? Yes No

If yes, please describe below the drug(s) involved and the circumstances.

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

If yes, please give details below (including date, law enforcement agency and circumstances).

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 below (including date, location and circumstances).

Have you ever had a restraining order issued against you? Yes No

If yes, please give details below (including date, location and circumstances).

MOTOR VEHICLE OPERATION

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

Please list all drivers' licenses you have held, beginning with your current license.

Driver's license number	Name on license	State of Issue	Expiration Date

Have you ever been refused a driver's license, by any state? ____ Yes ____ No

If yes, please explain below (including when, where and why).

Colorado law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability policies you have on your personal vehicles.

Company Address City, State, Zip Code	Policy #	Date of Expiration

Please list all traffic citations (exclude parking citations) you have received within the last 7 years.

Nature of violation	Location	Approximate Date	Indicate disposition of the citation (fine/points, dismissed, etc.)

MOTOR VEHICLE OPERATION – continued

Have you ever been involved as a driver in a motor vehicle accident within the last 7 years? ____ Yes ____ No
 If yes, please give details for each accident. (Attach additional sheets, if necessary)

Accident #1		
Did Police Investigate? ____ Yes ____ No	Location (City/State)	Date <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
If yes, what law enforcement agency did the investigation?		Did you receive a traffic citation? ____ Yes ____ No
Accident #2		
Did Police Investigate? ____ Yes ____ No	Location (City/State)	Date <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
If yes, what law enforcement agency did the investigation?		Did you receive a traffic citation? Yes No
Accident #3		
Did Police Investigate? ____ Yes ____ No	Location (City/State)	Date <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
If yes, what law enforcement agency did the investigation?		Did you receive a traffic citation? ____ Yes ____ No

If your license has ever been suspended or revoked, please give details below (including when, where and why).

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

MISCELLANEOUS

During the course of performing police duties, if it became necessary to exercise reasonable force or to take a human life, would you be able to do so? _____ Yes _____ No

If no, please explain:

In the space provided below, please give your reasons for applying for this position:

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT, IT MAY BE CONDITIONED UPON MY SUCCESSFULLY COMPLETING ANY REQUIRED EXAMINATIONS, AND THAT, AS REQUIRED BY THE IMMIGRATION ACT OF 1986, I CAN PROVIDE IDENTIFICATION WHICH VERIFIES MY UNITED STATES CITIZENSHIP OR AUTHORIZATION TO WORK OR REMAIN IN THE UNITED STATES. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO DETERMINE MY CAPABILITY TO DO THE WORK FOR WHICH I AM APPLYING. I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT, IT WILL BE CONDITIONAL UPON MY AGREEMENT TO ABIDE BY CITY POLICES.

By signing, I am authorizing the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that:

- I may be asked to consent to a criminal background screening, sex offender registry check, Social Security Number and address verification.
- I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.
- I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CITY MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CITY MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE CITY OF STERLING. I HAVE THE RIGHT TO END MY WORK RELATIONSHIP WITH THE CITY, WITH OR WITHOUT ADVANCE NOTICE. THE CITY HAS THE SAME RIGHT.

I have read, understand, and by my signature consent to these statements.

Print Name

Signature

Date

This application for employment will remain active for a limited time. Ask Human Resources for details.

CITY OF STERLING
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The City of Sterling would appreciate your assistance in completing this brief questionnaire. The answers will be used solely for the purpose of evaluating and reporting the effectiveness of our recruiting and equal employment opportunity efforts.

This form will be held separately from your application and **will not** be used as a basis for any decisions regarding your employment.

COMPLETION OF THIS FORM IS OPTIONAL

NAME (please print): _____

Position applied for: _____ Full-time Part-time Seasonal

Date of Birth: _____ Sex: Male Female

ETHNICITY/RACE: (Check One)

- | | |
|--|--|
| <input type="checkbox"/> No Response | <input type="checkbox"/> Black or African American, Not Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White, not Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

VETERAN/U.S. MILITARY STATUS

- Veteran Non-Veteran

DISABILITY:

- None Visual Hearing Physical Learning Other

How did you learn about this position?

- | | |
|--|---|
| <input type="checkbox"/> Sterling Journal Advocate | <input type="checkbox"/> South Platte Sentinel |
| <input type="checkbox"/> Other Newspaper ad
Location
and name of newspaper _____ | <input type="checkbox"/> City of Sterling Website
www.sterlingcolo.com |
| <input type="checkbox"/> City job position
Location: _____ | <input type="checkbox"/> College/Trade School
Location: _____ |
| <input type="checkbox"/> Eastern CO Workforce Center | <input type="checkbox"/> HR Department |
| <input type="checkbox"/> Referral name: _____ | <input type="checkbox"/> Relative:
Name: _____
Dept./Div.: _____ |