

POLICE EMPLOYMENT APPLICATION

Post Office Box 975, 100 Mikaela Way, Avon, CO 81620
970-748-4000 (Town main line) or 970-748-4025 (Human Resources)



INSTRUCTIONS FOR COMPLETING APPLICATION

- PLEASE PRINT LEGIBLY AND ACCURATELY IN INK or TYPE.
- **Complete this application in its entirety.** No action will be taken on this application until all questions have been answered. If space provided is inadequate, add another page and identify additional information by item number.
- Please do **not** write "SEE RESUME".

None of the questions are intended to imply illegal preference or discrimination based upon non-job related information.

The Town of Avon is dedicated to the principles of Equal Employment Opportunity in any term, condition, or privilege of employment.

The Town does not discriminate against applicants on the basis of age, race, sex, color, religion, gender, national origin, disability, sexual orientation, marital status or any other status protected by federal, state or local law.

Employment decisions are based on merit and business needs.

POSITION VACANCY INFORMATION

For what position are you applying? _____ Date of Application: _____
(For **each** position you are applying, an application is required)

Referred By: Town Website Newspaper Advertisement Other Website or Publication: _____
 Walk-in Friend Relative Town of Avon Employee: _____
(Include name of Town employee)

BIOGRAPHICAL INFORMATION

1. Last Name: _____ First Name: _____ Middle: _____
2. Give any other names you have used or been known by and attach a statement giving reasons: _____

3. Address: _____ City: _____ State: _____ Zip: _____
4. Social Security Number: _____
5. Place of Birth: _____
6. Are you 21 years of age or older? yes no (If you are hired you may be required to submit proof of age.)
7. Home Phone: _____ Business Phone: _____ Email: _____
8. If presently employed by the Town of Avon list position(s) and dates: _____
9. Have you previously applied to the Town of Avon? Yes no If so, give position applied for and dates: _____

10. Do any relatives by blood, marriage, or adoption work for the Town of Avon? yes no If yes, list name(s): _____

11. If hired, can you furnish proof that you are eligible to work in the United States? yes no
12. Please list all specific skills or additional training you have that are related to the job for which you are applying: _____

13. List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated. (Do not list memberships that indicate religion, sex, race, national origin or disability.) _____

14. What special skills and abilities do you have which may assist us in determining your candidacy for the position?

EMPLOYMENT EXPERIENCE

1. List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Please account for the last ten years

Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____	Telephone _____		
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	
Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____	Telephone _____		
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	
Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____	Telephone _____		
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	
Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____	Telephone _____		
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	

Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____		Telephone _____	_____
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	
Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____		Telephone _____	_____
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	
Name of Employer: _____			Job Title: _____
Address: _____			Duties: _____
Supervisor: _____		Telephone _____	_____
Dates of Employment (mm/yyyy)		Pay Starting: _____	Reason for Leaving/Seeking other employment: _____
Start: _____	End: _____	Ending: _____	

2. Are you presently employed? yes no
If yes, what is your occupation? _____
3. May we contact your present employer? yes no
4. Were you ever discharged or forced to resign? yes no
If yes, please explain. _____
5. Have your employers always treated you fairly? yes no
If not, explain: _____
6. Have you missed any work during the past six months? yes no
7. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?
yes no If yes, give details: _____

EDUCATIONAL EXPERIENCE

1. Indicate below the schools you have attended and courses completed.
Primary Schools, Name & Address: _____
Secondary Schools, Name & Address: _____

ACCREDITED COLLEGES AND UNIVERSITIES

UNDERGRADUATE

School Name, City & State: _____
Course of Study: _____
Degree Granted: _____
Quarter Hours / Semester Hours: _____
G.P.A.: _____ Total Hours: _____

POST BACCALAUREATE

School Name, City & State: _____
Course of Study: _____
Degree Granted: _____
Quarter Hours / Semester Hours: _____
G.P.A.: _____ Total Hours: _____

OTHER/VOCATIONAL/TECHNICAL

School Name, City & State: _____
Course of Study: _____
Degree Granted: _____
Quarter Hours / Semester Hours: _____
G.P.A.: _____ Total Hours: _____

REMINDER: **Attach all transcripts to this application**

RESIDENCES

1. Chronologically list all of your residences in the past 10 years.

DATES OF RENTAL (MM/YY) (MM/YY)		ADDRESS / TELEPHONE	NAME OF LANDLORD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES / SOCIAL ACQUAINTANCES

1. List below the names of five persons not related to you and not former employers who have known you well for at least 5 years. All persons to whom you refer may be asked to appraise your character, ability, experience,

personality and other qualities. If retired, give former occupation. These should be responsible adults of reputable standing in their communities.

Name: _____	Years Known: _____	Occupation: _____
Address: _____	Phone: _____	
Business Address: _____	Business Phone: _____	
<hr/>		
Name: _____	Years Known: _____	Occupation: _____
Address: _____	Phone: _____	
Business Address: _____	Business Phone: _____	
<hr/>		
Name: _____	Years Known: _____	Occupation: _____
Address: _____	Phone: _____	
Business Address: _____	Business Phone: _____	
<hr/>		
Name: _____	Years Known: _____	Occupation: _____
Address: _____	Phone: _____	
Business Address: _____	Business Phone: _____	
<hr/>		
Name: _____	Years Known: _____	Occupation: _____
Address: _____	Phone: _____	
Business Address: _____	Business Phone: _____	

MILITARY SERVICE

1. Have you ever served in a military or naval organization of the United States? yes no If no, skip to next section.
Give Branch of Service: _____ Company: _____
Regiment: _____ Division: _____ Ship: _____
2. What is your service number? _____
3. Highest rank held: _____
4. Were you ever convicted in any court martial, summary court, deck court, captain's mast, etc.? yes no
If yes, give details: _____
5. Were you ever the subject of an article 15 or other non-criminal disciplinary action.? yes no
If yes, please explain: _____
6. How were you discharged? Honorably Dishonorably General

SELECTION DISQUALIFIERS

Note to the Applicant: The existences of any of the conditions listed immediately below will (with certain exceptions for credit issues) result in rejection from the selection process. These areas will be explored during the background and polygraph examination.

I. DRUG USAGE

A. MARIJUANA

Illegal use of marijuana more than 20 times total or more than five (5) times since the age of 21, or at any time within the past three (3) years.

B. DANGEROUS DRUGS/NARCOTICS/VAPOROUS SUBSTANCES

Illegal use of dangerous drugs, narcotics, or vaporous substances more than five (5) times total or more than one (1) time since the age of 21, or at any time within the past seven (7) years. Dangerous drugs

and/or narcotics include hashish, cocaine/crack, amphetamines/barbiturates, anabolic steroids, LSD/acid, PCP, Ketamine, psilocybin mushrooms, etc.

C. PEYOTE/MESCALINE

Illegal use of peyote or mescaline. (Exception: The use of peyote/mescaline is permitted if for bona fide religious ceremonies).

D. HEROIN-Use of heroin at any time

E. SALE, PRODUCTION, CULTIVATION, OR TRANSPORTATION FOR SALE OF ILLEGAL DRUGS.

F. PATTERN OF ABUSE OF PRESCRIPTION DRUGS

II. THEFT OR MISAPPROPRIATION OF PROPERTY

A. Any demonstrated pattern of habitual theft.

B. Any theft while serving in a position of trust.

III. ACTS CONSTITUTING A FELONY

A. The conviction of any act, which would constitute a felony in the State of Colorado, regardless of the time element.

B. The conviction of any act of domestic violence.

IV. FRAUD OR MISREPRESENTATION

A. Any intentional attempt to practice any deception or fraud in:

1. The employment application.
2. The various testing processes
3. Or failure to complete the application

V. DRIVING RECORD

A. More than one serious traffic violation (DUI, reckless driving, leaving the scene of an accident) within the last 5 years.

B. Any serious traffic violation, (DUI, reckless driving, leaving the scene of an accident) within the past 3 years.

C. Any recent demonstrated pattern of excessive traffic violations.

VI. CREDIT - Any demonstrated pattern of indebtedness over an extended period, which has resulted in repossessions, foreclosures, or submission of bills to a collection agency.

PERSONAL CHARACTERISTICS

Illegal Use of Drugs/Controlled Substances:

If you answer **“YES”** on any of the areas listed below, please provide a **full** explanation in the space below the questions. Include, if applicable, the following: 1) how the drug was ingested or consumed, 2) the duration of usage, 3) the motivation for use, 4) how the drug was obtained, 5) why you stopped using the drug, and 6) any other factors you believe are relevant.

1. Unless outlined in the aforementioned selection disqualifiers, affirmative answers will **not** be automatic grounds for discontinuation in the selection process. Withholding information **will** be grounds for automatic disqualification. Please answer each drug related question below by YES or NO and complete affirmative responses to the right.

Type of Drug	Have you ever sold, produced, or transported for sale?	Have you ever tried or used?	"First Used" Year/Date (mm/yyyy)	"Last Used" Year/Date (mm/yyyy)
Marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Amphetamines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Methamphetamines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Rush	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Barbiturates	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Morphine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
LSD/Acid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
PCP or Ketamine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Peyote	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Mescaline	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Psilocybin Mushrooms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Steroids (No. of cycles)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vaporous Substances (Please list, if more than one, please use lines below for details):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other illegal Drugs (Please list, if more than one, please use lines below for details):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Illegal use of non-prescribed Prescription Drugs (Please list, if more than one, please use lines below for details):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever bought, sold, transported, and/or manufactured any illegal drugs and/or any component of an illegal drug?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever used a prescription drug that was not prescribed for you?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever administered/injected any illegal drug into another individual's body?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever operated a motor vehicle while impaired to the slightest degree by alcohol and/or drugs?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been arrested for Driving Under the Influence (DUI) in any state or country?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever resided with anyone who was cultivating, manufacturing, distributing or selling marijuana or any other illegal substance?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you consume alcoholic beverages?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever consumed alcohol while at work?

Explanation of Affirmative Answers:

1. Have you ever been told by a Judge, Prosecutor or other court official that your testimony could not be trusted? yes no If yes, please explain: _____
2. Are you now or have you ever been a plaintiff or defendant in any civil action? yes no If yes, please explain: _____
3. Are you now or have you ever been the subject of a restraining order? yes no If yes, please explain: _____
4. Can you, without prejudice, treat every person politely and fairly regardless of race, creed, color, religion, or gender? yes no
5. Have you or anyone close to you ever been involved in any activities that may compromise your ability to perform the duties of a police officer/sergeant? yes no If yes, please explain: _____

CRIMINAL HISTORY

1. Have you ever been arrested or charged with a misdemeanor criminal offense? yes no If yes, please explain: _____
2. Have you ever been arrested or charged with a felony criminal offense? Yes No If yes, please explain: _____
3. Have you ever committed an act which if detected would have been grounds for legal charges being filed against you? yes no If yes, please explain: _____
Date(s) of Occurrence(s) _____
4. Have you ever committed a felony (with the exception of drug offenses) at any time? yes no If yes, please explain: _____
5. Have you committed any sexual assault against an adult or child at any time (to include window peeping)? yes no If yes, please explain: _____
6. Have you ever committed any acts of domestic violence? yes no If yes, please explain: _____
7. Have you ever committed any acts of unlawful use of physical force? yes no If yes, please explain: _____

8. Have you ever stolen anything from a vehicle, business establishment or another person? yes no
If yes, please explain: _____

9. Have you ever bought or sold property you thought was stolen? yes no
If yes, please explain: _____

10. Have you ever set a fire in a criminal, careless or dangerous manner? yes no
If yes, please explain: _____

11. Have you ever committed forgery? yes no
If yes, please explain: _____

12. Have you ever committed shoplifting as an adult? yes no If yes:

WHEN	WHERE	ITEMS	\$ AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you ever written a check with the knowledge it would not be covered within 10 days? yes no If yes,
When? _____
How many times? _____ Amount(s)? _____

DRIVING RECORD

1. Can you operate a motor vehicle? yes no

2. Do you possess a valid driver's license? yes no

State of issue: _____

Driver's License Number: _____

Type: _____

Expiration Date: _____

3. List all drivers' licenses ever possessed:

STATE	NUMBER	TYPE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Has your license ever been suspended or revoked? yes no
 If yes, explain: _____
 Was the license restored / reinstated? yes no When? _____
5. Have you ever been refused an operator's license by any state? yes no
 If yes, explain: _____
6. Has your license ever been placed on negligent operator's probation? yes no
 If yes, explain: _____

7. Have you ever been involved in a motor vehicle accident? yes no If yes, give complete details for each accident:
- | | |
|-----------------------|---|
| A. Date: _____ | Was there a police investigation? _____ |
| Location: _____ | Cause: _____ |
| Injury: _____ | Who was legally at fault? _____ |
| B. Date: _____ | Was there a police investigation? _____ |
| Location: _____ | Cause: _____ |
| Injury: _____ | Who was legally at fault? _____ |
8. List all traffic citations you have received (except parking): _____

GENERAL INFORMATION

1. Do you object to wearing a uniform? yes no
2. Do you object to working nights? yes no
3. Have you had experience with shift work? yes no
4. If it became necessary in the course of police duties for you to use physical force or take a human life, would you have any reluctance to do so? yes no Explain: _____

ATTN: ALL APPLICANTS!

BE SURE TO READ AND SIGN THE LAST PAGE OF THIS APPLICATION

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 authorize the investigation of criminal history and any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer (except previously noted), 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 the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

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 any offer may also be conditional upon my successfully passing a drug and/or alcohol screening examination. I hereby consent to a pre or post employment drug and/or alcohol screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN 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 TOWN MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

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

Signature of applicant: _____

Date: _____

(Applications without signature will be automatically rejected.)

THE TOWN OF AVON IS AN EQUAL OPPORTUNITY EMPLOYER