

Town of Wiggins Colorado Police Department Application

APPLICATION FOR EMPLOYMENT

-2314

The Town of Wiggins is an equal opportunity/affirmative action employer and does not discriminate against any employee or applicant for employment because of race, sex, color, religion, age, national origin or disability.

The Town of Wiggins employs only U.S. Citizens or Aliens who can provide proof of identity and work authorization within 3 working days of employment.

**Instructions to Applicants**

1. Please print (in ink), typed applications will NOT be considered.
2. Complete one *Application for Employment* per desired position.
3. Complete one *Application Information Sheet* per desired position.
4. Return application and information sheet to: Town of Wiggins ~ 304 Central Ave ~ Wiggins, CO 80654

<b>Job Title as Announced:</b>				
<b>Name:</b> Last Name		First Name	Middle Name	Suffix
<b>Mailing Address:</b> Street Address		Apt./Unit #	P.O. Box	
City			State	Zip Code
<b>First Contact Phone Number:</b>		<b>Second Contact Phone Number:</b>		
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular/Pager <input type="checkbox"/> Message Only		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular/Pager <input type="checkbox"/> Message Only		
<b>E-Mail Address:</b>		<b>Best Time to Contact You:</b>		

If you are under 18 years of age, can you provide required proof of your eligibility to work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of position seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No    Approx. Date: _____	Date available: _____
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No    Approx. Date: _____	Desired salary range: _____
Do you have a spouse, relative or friend currently employed by the Town of Wiggins? Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No    Relation: _____	List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)
For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No You will be required to provide documentation to that effect should you be employed.	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____  Do you have any history of Brady violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____

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**EDUCATION HISTORY:** This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate:  Yes  No      GED:  Yes  No

**UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)**

Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:			
Major Field of Study:		Minor Field of Study:			
Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:			
Major Field of Study:		Minor Field of Study:			
Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:			
Major Field of Study:		Minor Field of Study:			

**BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING**

Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:		Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:					
Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:		Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:					

**LICENSES/CERTIFICATION/REGISTRATIONS:** If a license/certificate/registration is required for the job for which you are applying, please complete the following. If you need additional space attach a separate sheet of paper using the same format.

Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:
Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:
Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:
Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:

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**EMPLOYMENT HISTORY:** List your employment history of the position(s) held for the last 10 years. Start with the most recent job, including part-time, temporary, and volunteer jobs. If more than one position was held with a given organization, list each position as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the Town of Wiggins and/or may be removed from a job after hire.

Current or Last Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$            per	Ending or Current Salary: \$            per	Reason for Leaving:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years    Months					
Part Time Years    Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$            per	Ending Salary: \$            per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years    Months					
Part Time Years    Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$            per	Ending Salary: \$            per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years    Months					
Part Time Years    Months					
If part time, number of hours worked per week:					

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Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

<b>SPECIALIZED SKILLS:</b> Please list skills / equipment operated.	

<b>OTHER QUALIFICATIONS:</b> Please list any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills.	

Summarize special job-related skills and qualification:			
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Spreadsheet Software_____	<input type="checkbox"/> POST Certified	<input type="checkbox"/> _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Processing Software_____	<input type="checkbox"/> Commercial Driver License (CDL)	<input type="checkbox"/> _____
WPM_____	<input type="checkbox"/> Database Software_____	<input checked="" type="checkbox"/> CPR	<input type="checkbox"/> _____
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> First Aid	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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<b>REFERENCES:</b> List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.		
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:

<b>CERTIFICATION:</b> I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)	
Signature:	Date:

<b>FOR AGENCY USE ONLY</b>	
Application Received:	Application Entered:
Application Reviewed: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept:	
Second Review of Application: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	



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Father-in-law (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Mother-in-law (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Stepfather (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Stepmother (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other

Spouse, former Spouse(s), Domestic Partner, former Domestic Partner(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Children, Step Children, former Step Children, Adopted Children (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Brother(s) and Sister(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Stepbrother(s) and Stepsister(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

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Other relatives with whom you have a close personal relationship:

Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other

9. Please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15<sup>th</sup> birthday). Exclude family members.

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

10. Please list 3 to 5 references who have knowledge of you and your qualifications. Exclude relatives and former employers:

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

### EDUCATION

11. 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 regards to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. Institution.
- I passed the G.E.D. (General Educational Development) test.
- I passed the Colorado High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I possess a master's degree.
- I possess a doctorate degree.

12. Please indicate 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.



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Name of School	Location of School (City and State)	Dates Attended From / To	School References (Teacher, Counselor, etc.)

13. 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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

14. Please list all your residences during the last 10 years (list no information prior to your 15<sup>th</sup> birthday.) Begin with your most current residence.

Address City, State, Zip	Dates (From/To)	If rented, give name & address of the person responsible for the collection of the rent.

**EXPERIENCE AND EMPLOYMENT**

15. Would any problem result if your present employer is contacted during the course of the background investigation?  Yes  No  
 If "No", when should such contact be made? \_\_\_\_\_  
 \_\_\_\_\_

16. If you have no prior employment, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Have you ever been fired or asked to resign from any place of employment?  Yes  No  
 If "Yes", please give details (include when, where, circumstances). \_\_\_\_\_  
 \_\_\_\_\_

18. Have you ever applied for another position requiring peace officer powers?  Yes  No  
 If "Yes", please give details (include when, name of agency, circumstances). \_\_\_\_\_  
 \_\_\_\_\_

19. List any job you held since age 18 that was **not** listed on the Wiggins application. Include dates of employment, salary, job title, supervisor and phone number, duties, and reason for leaving.

	May we contact them?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**MILITARY SERVICE**

20. If you are a male under age 26, please provide the following:

\_\_\_\_\_  
Selective Service Number                      Approximate Date of Registration                      Address at Time of Registration

21. Have you ever served in the armed forces, National Guard or military reserves?  Yes  No  
If "Yes", please give details (include branch of service, when, where, circumstances). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Are you currently participating in any military reserve or National Guard program?  Yes  No  
If "Yes", please give details (include branch of service, when, where, circumstances). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. 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). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. 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. \*\*Please submit your DD-214 with application packet.\*\*

Name	Address	Phone Number	Years Known (From / To)
_____			
_____			

**FINANCIAL**

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

26. Have any of your bills or checks ever been turned over to a collection agency?  Yes  No  
If "Yes", please give details (include when, firms involved, circumstances). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Have you ever had purchased goods repossessed?  Yes  No  
If "Yes", please give details (include when, firms involved, circumstances). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Have your wages ever been garnished?  Yes  No  
If "Yes", please give details (include when, where, why). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Have you had debts or financial obligations four or more months in arrears in the last five years?  Yes  No

30. Within the past five years, has any property owned, or partially owned by you been the subject of a lien?  Yes  No

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**LEGAL**

31. If you have ever been arrested, convicted or ticketed for any crime, please list:

Approximate Date	Police Agency	Circumstances

32. Have you ever been placed on court probation, or sentenced to jail as an adult?  Yes  No  
If "Yes", please give details (include when, where, why). \_\_\_\_\_

33. Were you ever required to appear before a court as a juvenile 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). \_\_\_\_\_

34. 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). \_\_\_\_\_

35. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action (excluding dissolution of marriages)?  
 Yes  No If "Yes", please give details (include when, where, names and location of court, circumstances). \_\_\_\_\_

36. Have you ever been the subject of a restraining order?  Yes  No  
If "Yes", please give details (include when, where, why). \_\_\_\_\_

**DRUG USE**

37. Have you ever used marijuana?  Yes  No  
When was the last time? \_\_\_\_\_

38. With the exception of marijuana, have you ever used any illegal drugs, including non-prescribed steroids?  Yes  No  
What was the drug used? When was the last time? \_\_\_\_\_

39. Have you sold, manufactured or distributed any drug, including marijuana, at any time?  Yes  No  
If "Yes", please explain. \_\_\_\_\_

40. When was the last time you used any prescription medication that was not prescribed to you, if ever? \_\_\_\_\_  
Please explain. \_\_\_\_\_

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**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.*

41. Colorado driver's license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

State: \_\_\_\_\_ Name under which license was granted: \_\_\_\_\_

State: \_\_\_\_\_ Name under which license was granted: \_\_\_\_\_

(Continued on Next Page)

State: \_\_\_\_\_ Name under which license was granted: \_\_\_\_\_

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

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

\_\_\_\_\_

44. Colorado law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Please list the current liability insurance you have with your motor vehicle(s).

Company & Address	Policy Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are bonded or have deposited \$35,000 to meet your motor vehicle finance responsibility, please indicate.

Bond  \$35,000

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

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

46. Have you ever been involved as a driver in a motor vehicle accident within the past 5 years?  Yes  No

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

Date: \_\_\_\_\_ Location: \_\_\_\_\_  Injury  Non-injury

Police Investigation?  Yes  No Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  Injury  Non-injury

Police Investigation?  Yes  No Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  Injury  Non-injury

Police Investigation?  Yes  No Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  Injury  Non-injury

Police Investigation?  Yes  No Police Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  Injury  Non-injury

Police Investigation?  Yes  No Police Agency: \_\_\_\_\_

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47. Has your license ever been suspended, revoked, denied or your driving privilege restricted in any manner?  Yes  No  
If "Yes", please give details (include what, when, where, why). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. If there is anything you wish to discuss about your driving record, please do so. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

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

50. 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: \_\_\_\_\_  
\_\_\_\_\_

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**I hereby certify that all statements made in the Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal. I understand that all statements made by me are subject to verification by a polygraph examination, voice stress analyzer exam and/or a detailed background investigation.**

Signature in full \_\_\_\_\_ Date \_\_\_\_\_

Print full name \_\_\_\_\_

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Town of Wiggins Colorado Police Department Application

It is the policy of the Town of Wiggins to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Position applied for: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:

- Male
- Female

Race/Ethnicity

- African American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Two or more races

Vietnam Veteran

Disabled Veteran

Mental or Physical Disability

How did you hear of this position?

- Town of Wiggins Website / Channel 16
- Newspaper (Please Specify) \_\_\_\_\_
- Friend/Relative
- Other Governmental Agency or Academy/School/College
- Job Service
- Other \_\_\_\_\_