



# Buena Vista Police Department

**28362 County Road 317**  
**P.O. Box 1310**  
**Buena Vista CO 81211**  
**(719) 395-8654**



## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors.

### General Instructions:

1. Print all information so that it is legible.
2. If an item does not apply to you, write N/A
3. A completed application is required
4. Any misstatements, misrepresentations or omissions by you, is cause for disqualification from employment considerations.
5. All information is subject to verification.

Position in which you are applying \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Business/Message \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Email: \_\_\_\_\_

Other name in which you have used, or have been known by (Please Explain)  
Name: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_

Following the testing process, applicants who have scored the highest will be notified and will be required to submit the following information.

1. Certified copy of birth certificate
2. Copy of Social Security Card
3. Copy of valid drivers' license
4. Copy of High School Diploma or GED
5. Official College Transcripts (if applicable)
6. Military Discharge Form DD-214 (if applicable)
7. Copy of Colorado POST Law Enforcement Certificate (if applicable)

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any friends or relatives that are currently employed by the Buena Vista Police Department? Who / What relationship to you: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever applied for any position with the Buena Vista Police Department? Position(s) / Date(s) _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime? Provide details on a separate sheet.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid Colorado drivers' license # _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had your drivers' license suspended or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a certified Colorado Peace Officer? Certificate # _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to perform the essential functions for the position in which you are applying?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to work shift work, including weekends, holidays and overtime?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to submit to a credit history check?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to consent to the following: Polygraph, Background investigation, Drug test, Physical Examination and a Psychological Examination?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a subject in a civil suit? Provide details on a separate sheet.
<input type="checkbox"/>	<input type="checkbox"/>	Are you presently an applicant or on an eligibility list for any other employer? Please provide list.  Employer: _____ Position: _____  Employer: _____ Position: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been discharged from a job, or asked to resign? If yes, please explain: _____
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<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received any disciplinary action from an employer? If yes, please explain: _____
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Yes    No  
   

Are you now, or have you ever been engaged in any business as an owner, partner, or corporate member?

If yes, please explain: \_\_\_\_\_

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Have you ever served in the Armed Forces? If yes, indicate what branch and type of discharge. \_\_\_\_\_

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How many days have you missed from work within the past year? (Exclude absences due to disability or those covered by FMLA) \_\_\_\_\_

What type of Police work are you interested in? (Patrol, Investigations, Juvenile, ect.) \_\_\_\_\_

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Have you ever used any illegal drugs; including, but not limited to Marijuana, Hashish, Cocaine, LSD, Depressants, amphetamines, Tranquilizers, ect.?

If yes, what were the drug(s)? \_\_\_\_\_

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How many times? \_\_\_\_\_

When was the last time? \_\_\_\_\_

  

Do you associate with any person or persons who use illegal drugs?

If yes, please explain: \_\_\_\_\_

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Have you ever been refused an auto insurance policy?

If yes, please explain: \_\_\_\_\_

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Education

Circle highest grade completed GED 7 8 9 10 11 12 13 14 15 16 17 18

List all High schools attended (If GED, provide number, location and date)

High school attended: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

High school attended: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

List all College, University or institutes of higher learning attended.

Name: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Credit Hours \_\_\_\_\_

Type of Degree \_\_\_\_\_

Please describe any special qualifications and or skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Services:

List all Law Enforcement related volunteer / reserve services:

Name of agency \_\_\_\_\_ Dates of service \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

Name of agency \_\_\_\_\_ Dates of service \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

Name of agency \_\_\_\_\_ Dates of service \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

## Employment History

List name of employers in consecutive order with present or last employer first. Account for all periods of time, including military service and any periods of unemployment. If you were self-employed. Give the firm name and business references.

**\*\*Note:** A job offer may be contingent upon acceptable references from current and former employers. **\*\***

Present or last employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		

Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		
Employer:	Dates:from	to
Address	Weekly Hours Worked	
Telephone #	Name of supervisor:	
Duties:		
Co-Worker: (list one)		
Reason for leaving:		

## References

List three people who know you well enough to provide current and past information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Your relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Your relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Your relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Business: \_\_\_\_\_





Affidavit

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 of employment and may result in my dismissal if discovered at a later time.

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 that I have the right to make 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 authorize 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 if I am extended an offer of employment, it may be conditional upon my successful passing of 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 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 have read, understand, and by my own signature consent to these statements.

I understand that I am required to provide my Social Security Number and Date of Birth in order that a thorough background investigation may be performed.

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed before me on this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_