

**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)



**FLORENCE  
POLICE DEPARTMENT**

300 WEST THIRD ST · Florence, Colorado 81226  
Phone (719) 784-3411 · FAX (719) 784-4048

**SHANE PRICKETT**  
CHIEF OF POLICE

**BILL VINELLI**  
DEPUTY CHIEF OF POLICE

**Dear Applicant:**

- The information you provide in this Personal History Statement (PHS) will be used in the background investigation to determine your suitability for the position of Police Officer with the Florence Police Department.
- You must fill out the form completely and accurately.
- Type or legibly print (in ink) all required information.
- If a question does not apply to you enter N/A (not applicable) in the space provided for your response.
- If you need more space when completing a form use the reverse side of the page.

**Accurate and Full Disclosure:**

- All statements are subject to verification.
- Deliberate inaccuracies or incomplete statements may bar or remove you from consideration for employment.
- All questions must be answered completely and accurately.
- You are responsible for obtaining correct and complete information when filling out the attached forms.

It is to your advantage to respond openly. All factors in your background will be evaluated in terms of the circumstances and facts surrounding their occurrence, and their degree of relevance to the job of Police Officer. *For example*, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the Police Officer position.

**Disclosure of Arrests and Convictions:**

You must disclose any of the following which occurred on or after your 18<sup>th</sup> birthday.

- All arrests, whether they resulted in a conviction or not.
- All convictions
- Any period of probation or parole

**Do not divulge information concerning physical or medical related conditions, either past or current.** The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment.

If, for any reason, you do not understand or need clarification of any question in this questionnaire, please call Deputy Chief Bill Vinelli at the Florence Police Department 719-784-3411.

**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**Section 1: Personal Information**

**YOUR FULL NAME**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

**OTHER NAMES, INCLUDING NICKNAMES, OR MAIDEN NAMES YOU HAVER USED OR HAVE BEEN KNOWN BY**

**ADDRESS WHERE YOU RESIDE**

STREET: \_\_\_\_\_ APT/UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM RESIDENCE**

**EMAIL**

**SOCIAL SECURITY NUMBER**

**BIRTH DATE**

\_\_\_\_-\_\_-\_\_ / \_\_/\_\_/

**WHERE WERE YOU BORN?**

CITY COUNTY STATE

ARE YOU A UNITED STATES CITIZEN  YES  NO

**CONTACT NUMBERS**

HOME ( ) WORK ( ) OTHER ( )

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of a crime involving a sex offense? Yes  No

Have you ever been dishonorably discharged from military service? Yes  No

Have you held driver’s licenses in any other state? Yes  No  If, yes what states? \_\_\_\_\_

What area of police work are you most interested in? (Patrol, Investigations, Juvenile, etc) \_\_\_\_\_

Is there any reason why you can’t work any day of the week or shift work? Yes  No

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

**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**Marital Status**

SINGLE  MARRIED  DIVORCED  WIDOWED

Spouses' name? \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Emergency Contact:  Yes  No

**Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Primary Doctor**

For emergencies only, do you have a Primary Doctor?  Yes  No

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**Relatives**

**Note:** During the background investigation, persons who know you will be asked to comment upon your suitability for the position. Inquiries will be confined to job-relevant matters only.

**SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES BELOW. IF A CATEGORY IS NOT APPLICABLE, ENTER “N/A.” IF AN INDIVIDUAL IS NO LONGER LIVING, ENTER “DECEASED”.**

FAMILY MEMBER	ADDRESS	PHONE NUMBERS
<i>FATHER</i>	<i>STREET</i>	<i>HOME</i>
<u>Name</u>		( )
	<i>CITY</i>	<i>WORK</i>
		( )
	<i>STATE</i> <i>ZIP</i>	<i>OTHER</i>
		( )

FAMILY MEMBER	ADDRESS	PHONE NUMBERS
<i>MOTHER</i>	<i>STREET</i>	<i>HOME</i>
<u>Name</u>		( )
	<i>CITY</i>	<i>WORK</i>
		( )
	<i>STATE</i> <i>ZIP</i>	<i>OTHER</i>
		( )

FAMILY MEMBER	ADDRESS	PHONE NUMBERS
<i>STEP PARENT</i>	<i>STREET</i>	<i>HOME</i>
<u>Name</u>		( )
	<i>CITY</i>	<i>WORK</i>
		( )
	<i>STATE</i> <i>ZIP</i>	<i>OTHER</i>
		( )

FAMILY MEMBER	ADDRESS	PHONE NUMBERS
<i>FATHER IN-LAW</i>	<i>STREET</i>	<i>HOME</i>
<u>Name</u>		( )
	<i>CITY</i>	<i>WORK</i>
		( )
	<i>STATE</i> <i>ZIP</i>	<i>OTHER</i>
		( )

FAMILY MEMBER	ADDRESS	PHONE NUMBERS
<i>MOTHER IN-LAW</i>	<i>STREET</i>	<i>HOME</i>
<u>Name</u>		( )
	<i>CITY</i>	<i>WORK</i>
		( )
	<i>STATE</i> <i>ZIP</i>	<i>OTHER</i>
		( )

**Relatives Cont.**





**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**REFERENCES**

List 5 references who have knowledge of you and your qualifications – Do Not list names that are listed elsewhere.

REFERENCE	ADDRESS	PHONE
<i>Name</i>	<i>Street</i>	<i>Home</i> ( )
	<i>City</i>	<i>Work</i> ( )
	<i>State</i> <i>Zip</i>	<i>Other</i> ( )

How long have you known this reference? \_\_\_\_\_

REFERENCE	ADDRESS	PHONE
<i>Name</i>	<i>Street</i>	<i>Home</i> ( )
	<i>City</i>	<i>Work</i> ( )
	<i>State</i> <i>Zip</i>	<i>Other</i> ( )

How long have you known this reference? \_\_\_\_\_

REFERENCE	ADDRESS	PHONE
<i>Name</i>	<i>Street</i>	<i>Home</i> ( )
	<i>City</i>	<i>Work</i> ( )
	<i>State</i> <i>Zip</i>	<i>Other</i> ( )

How long have you known this reference? \_\_\_\_\_

REFERENCE	ADDRESS	PHONE
<i>Name</i>	<i>Street</i>	<i>Home</i> ( )
	<i>City</i>	<i>Work</i> ( )
	<i>State</i> <i>Zip</i>	<i>Other</i> ( )

How long have you known this reference? \_\_\_\_\_

REFERENCE	ADDRESS	PHONE
<i>Name</i>	<i>Street</i>	<i>Home</i> ( )
	<i>City</i>	<i>Work</i> ( )
	<i>State</i> <i>Zip</i>	<i>Other</i> ( )

How long have you known this reference? \_\_\_\_\_

**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**Education**

**Check the appropriate box**

- I possess a high school diploma
- I have passed a GED equivalency test
- I have obtained college credit hours from an accredited college or university.

**List all schools attended beyond 8<sup>th</sup> grade, beginning with high school. Include Academy attended.**

NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED	
		FROM	TO
	STREET		
REFERENCE (TEACHER – COUNSELOR)	CITY	STATE	ZIP

RECEIVED

- DEGREE
- DIPLOMA
- CERTIFICATE

NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED	
		FROM	TO
	STREET		
REFERENCE (TEACHER – COUNSELOR)	CITY	STATE	ZIP

RECEIVED

- DEGREE
- DIPLOMA
- CERTIFICATE

NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED	
		FROM	TO
	STREET		
REFERENCE (TEACHER – COUNSELOR)	CITY	STATE	ZIP

RECEIVED

- DEGREE
- DIPLOMA
- CERTIFICATE

NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED	
		FROM	TO
	STREET		
REFERENCE (TEACHER – COUNSELOR)	CITY	STATE	ZIP

RECEIVED

- DEGREE
- DIPLOMA
- CERTIFICATE

Have you ever been expelled or suspended from ANY school?  Yes  No If yes please explain below, give location, date, and describe the incident.

---



---



---



**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**Residence**

**NOTE:** Individuals who became acquainted with you while you resided in different locations may provide helpful information for the background investigation.

**LIST ALL YOUR ADDRESS FOR THE PAST 10 YEARS Do NOT include information prior to your 18<sup>th</sup> birthday**

DATES		YOUR RESIDENCE ADDRESS		OWNER OR RENT COLLECTOR
<i>FROM</i>	<i>TO PRESENT</i>	STREET	APT #	<i>NAME</i>
		<i>CITY</i>	<i>STATE ZIP</i>	<i>STREET APT #</i>
				<i>CITY STATE ZIP</i>

DATES		YOUR RESIDENCE ADDRESS		OWNER OR RENT COLLECTOR
<i>FROM</i>	<i>TO PRESENT</i>	STREET	APT #	<i>NAME</i>
		<i>CITY</i>	<i>STATE ZIP</i>	<i>STREET APT #</i>
				<i>CITY STATE ZIP</i>

DATES		YOUR RESIDENCE ADDRESS		OWNER OR RENT COLLECTOR
<i>FROM</i>	<i>TO PRESENT</i>	STREET	APT #	<i>NAME</i>
		<i>CITY</i>	<i>STATE ZIP</i>	<i>STREET APT #</i>
				<i>CITY STATE ZIP</i>

DATES		YOUR RESIDENCE ADDRESS		OWNER OR RENT COLLECTOR
<i>FROM</i>	<i>TO PRESENT</i>	STREET	APT #	<i>NAME</i>
		<i>CITY</i>	<i>STATE ZIP</i>	<i>STREET APT #</i>
				<i>CITY STATE ZIP</i>

DATES		YOUR RESIDENCE ADDRESS		OWNER OR RENT COLLECTOR
<i>FROM</i>	<i>TO PRESENT</i>	STREET	APT #	<i>NAME</i>
		<i>CITY</i>	<i>STATE ZIP</i>	<i>STREET APT #</i>
				<i>CITY STATE ZIP</i>

**Personal History Statement**

(To be printed legibly in ink – answer EVERY question)

**USE BACK OF PAGE OR ATTACH ADDITIONAL PAGES IF NECESSARY.**

**Experience and Employment**

**BEGINNING WITH YOUR MOST CURRENT, LIST ALL JOBS YOU HAVE HAD, INCLUDING PART TIME, TEMPORARY AND VOLUNTEER POSITIONS LIST ALL PERIODS OF UN-EMPLOYMENT.**

**EMPLOYMENT HISTORY**

<i>From</i>	<i>To</i>	<i>Name of Company</i>	<i>Phone</i> ( )	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PART TIME		<i>Street Address</i>	Co-Workers	
		<i>City</i>	<i>State</i>	<i>Zip</i>
		1.)		
		2.)		
<b>Duties / Assignments</b>				
<b>Reason for Leaving</b>				

<i>From</i>	<i>To</i>	<i>Name of Company</i>	<i>Phone</i> ( )	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PART TIME		<i>Street Address</i>	Co-Workers	
		<i>City</i>	<i>State</i>	<i>Zip</i>
		1.)		
		2.)		
<b>Duties / Assignments</b>				
<b>Reason for Leaving</b>				

<i>From</i>	<i>To</i>	<i>Name of Company</i>	<i>Phone</i> ( )	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PART TIME		<i>Street Address</i>	Co-Workers	
		<i>City</i>	<i>State</i>	<i>Zip</i>
		1.)		
		2.)		
<b>Duties / Assignments</b>				
<b>Reason for Leaving</b>				

Would any problem result if your present employer is contacted during the course of the background investigation?  YES  NO  
 If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Personal History Statement**

(To be printed legibly in ink – answer EVERY question)

**Experience and Employment Cont.**

**IF ADDITIONAL SPACE IS NEEDED USE THE BACK OF THIS PAGE.**

<i>From</i>	<i>To</i>	<i>Name of Company</i>	<i>Phone</i> ( )	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME	<i>Street Address</i>		Co-Workers	
<input type="checkbox"/> VOLUNTEER			1.)	
<input type="checkbox"/> PART TIME	<i>City</i>	<i>State</i>	<i>Zip</i>	2.)
<b>Duties / Assignments</b>				
_____				
<b>Reason for Leaving</b>				

<i>From</i>	<i>To</i>	<i>Name of Company</i>	<i>Phone</i> ( )	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME	<i>Street Address</i>		Co-Workers	
<input type="checkbox"/> VOLUNTEER			1.)	
<input type="checkbox"/> PART TIME	<i>City</i>	<i>State</i>	<i>Zip</i>	2.)
<b>Duties / Assignments</b>				
_____				
<b>Reason for Leaving</b>				

<i>From</i>	<i>To</i>	<i>Name of Company</i>	<i>Phone</i> ( )	<i>Supervisor</i>
<input type="checkbox"/> FULL TIME	<i>Street Address</i>		Co-Workers	
<input type="checkbox"/> VOLUNTEER			1.)	
<input type="checkbox"/> PART TIME	<i>City</i>	<i>State</i>	<i>Zip</i>	2.)
<b>Duties / Assignments</b>				
_____				
<b>Reason for Leaving</b>				

Have you ever been disciplined at work?  Yes  No If yes, give details below.

*When?* \_\_\_\_\_ *Name of Employer* \_\_\_\_\_

WHY? \_\_\_\_\_

Have you ever been fired, released from probation or asked to resign from any place of employment?  Yes  No If yes, please give details.

*When?* \_\_\_\_\_ *Name of Employer* \_\_\_\_\_

WHY? \_\_\_\_\_

**Personal History Statement**

(To be printed legibly in ink – answer EVERY question)

**Military Experience**

<i>If you are a male born before March 29, 1957 or after December 31, 1959, and you are a citizen of the United States, or you were a resident of the U.S. on your 18<sup>th</sup> birthday, provide your selective service number.</i>	<b><u>Selective Service Number</u></b>
---	--

Have you ever served in one of the following?

- Armed services    
  National Guard    
  Military Reserve

Branch of service	Dates of service From: _____ To: _____	Type of Discharge
-------------------	---	-------------------

**Current Status**

Are you currently participating in one of the following?   
 Military Reserve (include active & inactive)   
 National Guard

If you are required to attend a period of active duty training annually, how many days are you obligated for? \_\_\_\_\_

If you received anything other than an honorable discharge please explain below.

---



---



---

**Attach certified copies of your DD 214 make sure member copy #4 is included**

**Financial**

**NOTE:** Managing personal finances is relevant to an individual’s qualifications for the position of peace officer. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior in meeting your obligations will be considered.

**Income and Expenses**

A.) From your present employer, what is your take home monthly income.....\$ \_\_\_\_\_

B.) Do you have income other than your salary or wages?   
 Yes     No   
 If yes, fill in the amount .....\$ \_\_\_\_\_

Explain: \_\_\_\_\_

C.) How much do you spend each month?.....\$ \_\_\_\_\_

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas, car maintenance, entertainment etc., as well as any other obligation(s) you may have.

Have you ever filed for or declared bankruptcy?   
 Yes     No   
 If yes, explain and include when, where, and the circumstances, as well as what chapter you filed under.

---



---

Have any of your bills ever been turned over to a collection agency?   
 Yes     No   
 If, yes explain and include when, the firms involved and the circumstances.

---



---

Have your wages ever been garnished?   
 Yes     No   
 If, yes explain and include when, by whom, where, and why.

---



---

Have you ever been delinquent on income or other tax payments?   
 Yes     No   
 If, yes explain and include when, where, and why.

---



---

Have you ever had purchased goods repossessed?   
 Yes     No   
 If yes, explain and include when, the firms involved and the circumstances

---



---

**\*\*NOTE: You will be required to provide at your expense a copy of your most current credit report from one of the following credit reporting agencies: Trans Union, Experian, Equifax.**

**Personal History Statement**

(To be printed legibly in ink – answer EVERY question)

**Legal**

Have you ever been arrested or convicted of any misdemeanor or felony offense in this or any other state or country?

Yes  No If, yes list all offenses, including those punishable under the Uniform Code of Military Justice.

**Arrest / Convictions**

<i>Approximate Date</i>	<i>Law Enforcement Agency</i>
-------------------------	-------------------------------

*Explain Circumstances* \_\_\_\_\_  
\_\_\_\_\_

<i>Approximate Date</i>	<i>Law Enforcement Agency</i>
-------------------------	-------------------------------

*Explain Circumstances* \_\_\_\_\_  
\_\_\_\_\_

<i>Approximate Date</i>	<i>Law Enforcement Agency</i>
-------------------------	-------------------------------

*Explain Circumstances* \_\_\_\_\_  
\_\_\_\_\_

<i>Approximate Date</i>	<i>Law Enforcement Agency</i>
-------------------------	-------------------------------

*Explain Circumstances* \_\_\_\_\_  
\_\_\_\_\_

<i>Approximate Date</i>	<i>Law Enforcement Agency</i>
-------------------------	-------------------------------

*Explain Circumstances* \_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed on court probation as an adult?  Yes  No If yes, explain the circumstances and include when, where, and why.

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

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

If yes, explain the circumstances and include the name of the law enforcement agency, when, where, and why.

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

Are you now suing, or have you ever been sued, or brought suit against anyone in civil court (small claims actions, dissolutions, child custody, support, paternity, etc.)?  Yes  No If yes, explain the circumstances and include the court case or docket number, when, where, and why.

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

Have you ever been placed on Parole as an adult?  Yes  No If yes, explain the circumstances and include when, where, and why.

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

**Personal History Statement**

(To be printed legibly in ink – answer EVERY question)

**Legal Cont.**

**Traffic Citations**

<i>Nature of violation</i>	<i>MO.</i> <i>YR</i>	<i>City</i>	<i>State</i>
----------------------------	----------------------	-------------	--------------

*Outcome of case:* \_\_\_\_\_

<i>Nature of violation</i>	<i>MO.</i> <i>YR</i>	<i>City</i>	<i>State</i>
----------------------------	----------------------	-------------	--------------

*Outcome of case:* \_\_\_\_\_

<i>Nature of violation</i>	<i>MO.</i> <i>YR</i>	<i>City</i>	<i>State</i>
----------------------------	----------------------	-------------	--------------

*Outcome of case:* \_\_\_\_\_

<i>Nature of violation</i>	<i>MO.</i> <i>YR</i>	<i>City</i>	<i>State</i>
----------------------------	----------------------	-------------	--------------

*Outcome of case:* \_\_\_\_\_

<i>Nature of violation</i>	<i>MO.</i> <i>YR</i>	<i>City</i>	<i>State</i>
----------------------------	----------------------	-------------	--------------

*Outcome of case:* \_\_\_\_\_

<i>Nature of violation</i>	<i>MO.</i> <i>YR</i>	<i>City</i>	<i>State</i>
----------------------------	----------------------	-------------	--------------

*Outcome of case:* \_\_\_\_\_

Since your 18<sup>th</sup> birthday have you been involved in a motor vehicle accident where you were the driver?    **Yes**    **No**   If yes, give details below.

<i>Date</i>	<i>Location</i>		
Police Report <input type="checkbox"/> YES <input type="checkbox"/> NO	Law Enforcement Agency	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury

<i>Date</i>	<i>Location</i>		
Police Report <input type="checkbox"/> YES <input type="checkbox"/> NO	Law Enforcement Agency	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury

<i>Date</i>	<i>Location</i>		
Police Report <input type="checkbox"/> YES <input type="checkbox"/> NO	Law Enforcement Agency	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury

**Personal History Statement**

(To be printed legibly in ink – answer EVERY question)

**General Topics**

Other than for medical reasons, has your license ever been suspended, revoked, cancelled, denied or placed on a probationary status?

**Yes**  **No** If yes, give details below.

<i>Reason</i>	<i>Date</i>	<i>Location</i> <i>City</i>	<i>State</i>
---------------	-------------	--------------------------------	--------------

*Action Taken*

Revoked  Suspended  Canceled  Denied  Probationary status

Other than for medical reasons have you ever been refused automobile liability insurance or had an insurance policy cancelled?

**Yes**  **No** If yes, give details below

<i>Date</i>	<i>Reason</i>
-------------	---------------

Insurance Company and Address

Have you ever been refused a permit to carry a concealed weapon?  **Yes**  **No** If yes, explain

Describe in your own words your current use of intoxicating liquors: \_\_\_\_\_

Have you ever used marijuana or any other illegal narcotics?  **Yes**  **No** If yes, give details below

Do you feel any previous employers would hesitate to give you a good recommendation?  **Yes**  **No** If yes, which one and why?

Have you ever been refused a security clearance for any job?  **Yes**  **No** If yes, give details below

Have you ever been fingerprinted anywhere for any reason?  **Yes**  **No**

<i>Date</i>	<i>Location</i>	Agency that took fingerprints
<i>Reason:</i>		

Have you ever been involved in anything that could open you up to blackmail or similar pressure?  **Yes**  **No** If yes, explain.

Is there anything in your background that has not already been addressed in this form that the Sheriff's Office should know to be able to make a proper evaluation of your qualifications to be a deputy sheriff (omit juvenile information).  **Yes**  **No** If yes, explain.

In your own words explain how your family feels about you being a law enforcement officer:





**Personal History Statement**

(To be printed legibly in ink – answer *EVERY* question)

**Documents to Include when You Return this Packet**

- Colorado P.O.S.T.*
- First Aid / C.P.R. Card*
- Certified** *Copy of Birth Certificate*
- Photocopy of Driver’s License*
- Social Security Card*
- High School / College Transcripts*
- Form DD 214 if Applicable*
- Any Name Change Documents*
- Credit Report*

(Prefer credit report from Experian but will accept from Trans Union or Equifax)

**Certification**

I hereby certify that I have completed this form and any other supplemental pages I have attached, completely and accurately to the best of my knowledge. I hereby give the Florence Police Department and its authorized representative’s permission to request and review any and all information, documents and reports necessary to verify and investigate the answers given by in my application for deputy sheriff.

I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from continued employment.

Signature in Full \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and affirmed before me in the county of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary’s official signature)

\_\_\_\_\_  
(Commission expiration date)

**Authorization Release of Information**

(To be printed legibly in ink – answer EVERY question)



# FLORENCE POLICE DEPARTMENT

600 WEST THIRD ST · Florence, Colorado 81226

Phone (719) 784-3411 · FAX (719) 784-4048

**SHANE PRICKETT**

CHIEF OF POLICE

**BILL VINELLI**

DEPUTY CHIEF OF POLICE

## Authorization for Release of Information:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Sex</u>	<u>Race</u>	<u>Date of Birth</u>
<u>Place of Birth</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Country</u>	

This release, when presented by a duly authorized representative of the Florence Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Florence Police Department Background Investigator: Employment, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, Polygraph Examinations, current/prior Landlord information, all prior Educational Institution information (to include, but not be limited to, GED, High School, Jr. College, College, Graduate School, etc.), and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, Florence Police Department. 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 an investigation which may provide pertinent data for the Florence Police Department to consider my suitability for employment.

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 Florence Police Department. I understand that all materials pertaining to this background investigation become the property of the Florence 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/her 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 confidential information or source(s) of information will not be revealed to me.

Given the “Duty to Warn,” incumbent upon employers, I understand Job Reference Immunity Law generally provides limited or qualified immunity from

**Authorization Release of Information**

(To be printed legibly in ink – answer *EVERY* question)

civil liability for disclosure, at the request of a prospective employer, "... via this authorization per Colorado Revised Stat. Ann. 8-2-114(2)(a)...of a fair and unbiased opinion of an employee’s qualifications..." provided a copy of the information is sent to the last known address of the person who is the subject of the reference.

I also understand and agree to indemnify and hold harmless the Florence Police Department, its agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising in the event that information discovered within this background check would bring discredit against me in my current employment, to include any current positions within a law enforcement agency as the Florence Police Department would be able, per this authorization for release of information, to report this information to my current employer. I understand that the Florence Police Department is not liable in any way for releasing this information to my current employer.

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:**

Applicant Signature _____  Street Address _____  City State, Zip Code _____
--

State of \_\_\_\_\_

County/City of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires \_\_\_\_\_

Signature of Notary \_\_\_\_\_