



LAKESIDE POLICE DEPARTMENT  
5801 W. 44<sup>th</sup> AVE #A  
Lakeside, Co 80212  
303-455-1985

Dear Applicant:

Attached you will find an application for employment with the Lakeside Police Department. Please complete the application thoroughly and return it to the Lakeside Police Department.

Your application must be accompanied by the following documents:

- Copy of your Birth Certificate
- Copy of your High School diploma (or GED)
- Copy of Military Discharge papers, long form (if applicable)
- Current original DMV record
- Copy of P.O.S.T. certification
- Copy of any other diploma's or certificates you feel are applicable
- Letters of reference (if any)

You must also complete, sign, and have notarized the attached **five (5) waivers** authorizing the Lakeside Police Department to conduct a background investigation on you.

**Any incomplete application will not be processed, and you will not be eligible to proceed with the hiring process.**

**Note: We will only be hiring for Seasonal positions at this time.**

If you have any questions or concerns about this application, please contact us at 303-455-1985 and ask for Commander Mike Marchese.



## LAKESIDE POLICE DEPARTMENT CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Lakeside Police Department in this Application for Employment, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any mis-statement of material fact, willful omission or material fact or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these aforementioned mis-statements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

By Notary Public in the State of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

Official Seal:



## LAKESIDE POLICE DEPARTMENT CHILD SUPPORT

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

\_\_\_ I am not the subject to a court order for the support of a child.

\_\_\_ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney ( or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

\_\_\_ I am subject to a court order for the support of one or more children and I am **NOT** in compliance with the order, or a plan approved by the District Attorney ( or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's social security number: \_\_\_\_\_

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

By Notary Public in the State of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

Official Seal:



LAKESIDE POLICE DEPARTMENT  
PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Lakeside Police Department for the position of Police Officer, I recognize that an employing law enforcement agency has a legal, as well as moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

**I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.**

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

By Notary Public in the State of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

Official Seal:



## LAKESIDE POLICE DEPARTMENT LETTER OF UNDERSTANDING

I am applying for the position of Police Officer. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which consists of the following areas of concern, at a minimum.

- Review of my completed application form.
- Criminal Background check.
- Examination of prior employment
- Examination of my personal / financial report

A review board will evaluate the results of this investigation and make preliminary decisions as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon my position being sought.

- Polygraph examination
- Drug screen test
- Standard medical examination
- Psychological evaluation
- Physical abilities test

The aforementioned tests will be administered in a manner selected by the Lakeside Police Department. I understand that the results of the test are the property of the Lakeside Police Department to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Lakeside Police Department, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Lakeside Police Department and the Town of Lakeside.

I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Lakeside Police Department.

Print your name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

By Notary Public in the State of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

Official Seal:



LAKESIDE POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant \_\_\_\_\_
Please Print your full name

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

As an applicant for a position with the Lakeside Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release to any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Lakeside Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

By Notary Public in the State of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

Official Seal:



LAKESIDE POLICE DEPARTMENT  
 APPLICATION FOR EMPLOYMENT  
 5801 W. 44<sup>TH</sup> AVENUE  
 LAKESIDE, COLORADO 80212  
 303-455-1985  
 AN EQUAL OPPORTUNITY EMPLOYER

Please Block Print or Type

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
 DATE OF BIRTH (MMDDYYYY) SOCIAL SECURITY NUMBER (Disclosure is Voluntary)

\_\_\_\_\_  
 PRESENT ADDRESS APT # CITY STATE ZIP

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_)  
 HOME PHONE WORK PHONE CELL PHONE

\_\_\_\_\_  
 PLACE OF BIRTH SEX HEIGHT WEIGHT HAIR EYES

\_\_\_\_\_  
 DRIVER'S LICENSE NUMBER STATE TYPE EXPIRATION DATE

Are you a legal resident of the United States? YES NO

Can you type? YES NO  
 \_\_\_\_\_  
 EST. WORDS PER MINUTE

Are you familiar with computers? YES NO  
 -Please list software you are familiar with (word, excel etc.) \_\_\_\_\_

Please list any special training you have had: \_\_\_\_\_

Please list any special skills you have: \_\_\_\_\_

How did you hear of this position: \_\_\_\_\_

RELATIVES, REFERENCES, ACQUAINTANCES

Please list the names of **at least three persons** who are **not related** to you, who have **knowledge of you and your qualifications**.

NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE
NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE
NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE
NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE

RELATIVES, REFERENCES, ACQUAINTANCES (Cont)

List individuals with whom you have resided within the past 10 years. List no information prior to your 15<sup>th</sup> birthday. **Exclude family members.**

NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE
NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE
NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE
NAME	ADDRESS	( ) HOME PHONE	( ) OTHER PHONE

Please list all your residences during the last 10 years. Begin with your most current residence and proceed backward. If residence was rented, give the landlord's name, address and telephone number. Include street, apt #, city, state and zip code.

ADDRESS OF RESIDENCE	FROM DATE	TO DATE	REASON FOR LEAVING	LANDLORD NAME, FULL ADDRESS, PHONE
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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EMPLOYMENT DESIRED

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Position \_\_\_\_\_ Full time \_\_\_ Part-time \_\_\_ Either one \_\_\_ Salary Desired \_\_\_\_\_

Date you would be available to start \_\_\_\_\_ Are you employed now? YES NO  
Will you need to give notice? YES NO

Have you applied at this Department before YES NO If YES, when \_\_\_\_\_

Have you ever been employed by the Town of Lakeside? YES NO

If yes to above, when, and in what capacity? \_\_\_\_\_

How long were you employed? \_\_\_\_\_ Who was your Supervisor? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Have you ever applied for a Law Enforcement position	YES	NO	Is the application still open or pending?	
When _____			YES	NO
What Agency _____			YES	NO
_____			YES	NO
_____			YES	NO

If more than three list on the back of this sheet

Have you ever declared Bankruptcy? YES NO If Yes, when and where? \_\_\_\_\_

Within the last seven (7) years, have any of your bills been turned over to a collection agency? YES NO  
If "YES" give details to include when, firms involved and circumstances: \_\_\_\_\_

Within the last seven (7) years, have your wages been garnished? YES NO If "YES" give details to include when, where, and why: \_\_\_\_\_

Have you ever been delinquent on child support, income tax, or other tax payments? YES NO If "YES" give details to include when, where, and why \_\_\_\_\_

Are you currently the subject of any type of civil or criminal court action? YES NO If "YES", give details to include when, where, and why \_\_\_\_\_

Do you own your own home or are you buying your own home? YES NO Renting Other \_\_\_\_\_

Are you Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Living with someone \_\_\_

Spouse or significant other's name \_\_\_\_\_  
Maiden name if applicable \_\_\_\_\_ D.O.B. \_\_\_\_\_

EMPLOYMENT HISTORY

Please list all jobs starting with your current employer or most recent job **and go back 10 years**. If needed list on another sheet of paper.

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Employer or company name	Address	Phone	
Position held	Start Date	End Date	Salary
Description of work you did _____			
Supervisor Name: _____		Reason for leaving: _____	

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Employer or company name	Address	Phone	
Position held	Start Date	End Date	Salary
Description of work you did _____			
Supervisor Name: _____		Reason for leaving: _____	

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Employer or company name	Address	Phone	
Position held	Start Date	End Date	Salary
Description of work you did _____			
Supervisor Name: _____		Reason for leaving: _____	

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Employer or company name	address	phone	
Position held	Start Date	End Date	Salary
Description of work you did _____			
Supervisor Name: _____		Reason for leaving: _____	

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Employer or company name	address	phone	
Position held	Start Date	End Date	Salary
Description of work you did _____			
Supervisor Name: _____		Reason for leaving: _____	

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Use additional pages if needed

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HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT? YES NO

IF YES PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MILITARY HISTORY

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HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY YES NO BRANCH OF SERVICE IF YES \_\_\_\_\_

DATES OF ACTIVE SERVICE \_\_\_\_\_ RANK AT TIME OF DISCHARGE \_\_\_\_\_

TYPE OF DISCHARGE RECEIVED \_\_\_\_\_

TYPE OF ASSIGNMENT(S) \_\_\_\_\_

PRESENT NATIONAL GUARD OR RESERVE MEMBER YES NO

(Please remember to attach copy of discharge papers to application)

HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES NO IF "YES", WHEN \_\_\_\_\_

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 TO INCLUDE BRANCH OF SERVICE, WHEN, WHERE, CIRCUMSTANCES, ETC \_\_\_\_\_

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

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EDUCATION HISTORY

Please list all schools attended beginning with high School

NAME OF SCHOOL	ADDRESS	GRADE COMPLETED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU POSSESS A HIGH SCHOOL DIPLOMA OR G.E.D. FROM A U.S. INSTITUTION? YES NO (please attach a copy to application)

DO YOU POSSESS A COLLEGE DEGREE? YES NO MAJOR \_\_\_\_\_

IF YOU HAVE ATTENDED COLLEGE AND NOT YET OBTAINED A DEGREE, LIST NUMBER OF CREDIT HOURS COMPLETED \_\_\_\_\_

HAVE YOU OBTAINED A DIPLOMA FROM A TRADE OR BUSINESS SCHOOL? YES NO TYPE \_\_\_\_\_

POLICE ACADEMY ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

DATE YOU COMPLETED ACADEMY OR DATE YOU EXPECT TO COMPLETE ACADEMY \_\_\_\_\_

DO YOU CURRENTLY HOLD A STATE OF COLORADO POLICE OFFICERS STANDARD AND TRAINING CERTIFICATE YES NO

COLORADO STATE CERTIFICATION NUMBER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES NO IF YES WHICH ONE(S) \_\_\_\_\_

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BACKGROUND INFORMATION

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(The fact that your record may have been affected by a sealing, an expungment, a release, or a pardon has specific legal implications as to how you answer the following questions.)

HAVE YOU EVER BEEN ARRESTED? YES NO

HAVE YOU EVER BEEN ISSUED A PENAL SUMMONS TO APPEAR IN COURT? YES NO

HAVE YOU EVER RECEIVED A TRAFFIC CITATION? (OTHER THAN PARKING) YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC? YES NO  
ARE YOU CURRENTLY THE SUBJECT OF ANY KIND OF PROTECTION ORDER? YES NO  
HAVE YOU EVER BEEN SENTENCED TO A COUNTY JAIL, STATE OR FEDERAL PRISON, OR ANY OTHER TYPE OF PENAL INSTITUTION? YES NO  
HAVE YOU EVER BEEN IN A DIVERSION PROGRAM, OR ON PROBATION OR PAROLE? YES NO  
HAS YOUR LICENSE TO DRIVE EVER BEEN SUSPENDED, REVOKED, OR DENIED? YES NO  
HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT IN THE LAST FIVE YEARS? YES NO

If you have answered "YES" to any of the above please explain fully in the space below. If more space is needed then use the back of this sheet. Be sure to include information such as dates, locations, agencies, charges, dispositions and any other information we should know.

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ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, OR GROUP OF PERSONS THAT IS, OR WAS, TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE IN NATURE, OR WHICH HAD ADOPTED OR EXPRESSED A POLICY OF ADVOCATING OR APPROVING OF THE COMMISION OF ACTS OF FORCE OR VIOLENCE AS A MEANS TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTION MEANS? YES NO IF "YES" IDENTIFY THE ORGANIZATION AND EXPLAIN FULLY: \_\_\_\_\_

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USE OF DRUGS OR NARCOTICS

A yes answer does not necessarily exclude you from being hired

Have you ever smoked/used Marijuana or Hashish Oil	YES	NO
Have you ever used Cocaine, Crack, Ice, Barbiturates, Amphetamines	YES	NO
Have you ever used Methamphetamines,(Speed, Crank)?	YES	NO
Have you ever abused any type of Prescription Drugs?	YES	NO
Have you ever used LSD, Hallucinogens, PCP (Angel Dust, Sherm?	YES	NO
Have you ever used Heroin or other Opiates?	YES	NO
Have you ever used Steroids, or pharmaceutical drugs not prescribed for you?	YES	NO
Have you ever abused any type of household chemical or inhalant?	YES	NO
Do you associate with persons, friends, family etc. that use drugs or Narcotics illegally?	YES	NO

If you answered yes to any of the above questions please **explain in detail** and give the **date first used, and the date last used** in your explanation. \_\_\_\_\_

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MISCELLANEOUS

Do you object to working nights? (Swing or graveyard shifts)	YES	NO
Do you object to working on the weekends?	YES	NO
Do you object to working Holidays?	YES	NO
Do you object to working 10 – 12 hour days	YES	NO
Do you object to wearing a uniform?	YES	NO

Is there anything that has not been asked on this application that would disqualify you from being a police officer in Colorado, or prevent you from performing your duties as a police officer to the fullest extent? YES NO  
If "YES", please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPTIONAL INFORMATION

LIST ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES OR OTHER ASSOCIATIONS OF WHICH YOU ARE, OR HAVE BEEN A MEMBER

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WHAT ARE YOUR PERSONAL HOBBIES?

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LIST THE MAGAZINES AND NEWSPAPERS TO WHICH YOU CURRENTLY SUBSCRIBE

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LIST ANY IDENTIFYING MARKS, SCARS, TATTOOS, BURNS OR BIRTHMARKS.

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PLEASE COMPLETE THIS QUESTION IN **YOUR OWN HANDWRITING**.

Question: “Why do you want this job? How do you think it will benefit you?”

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application could be cause to be disqualified from consideration for this position if discovered before being hired and could be cause for dismissal if discovered after I am employed. Further, I understand and agree that my employment is for no definite period and regardless of the date of payment of my wages/salary, I may be terminated at any time without any previous notice during any time period of my employment. I understand that I will have to undergo a psychological examination, medical examination, and written tests and oral interviews and may be asked to submit to a polygraph examination as a condition of my employment. I understand that a full investigation of my background will be conducted.

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