

LAKESIDE POLICE DEPARTMENT

5801 WEST 44TH AVE UNIT #A LAKESIDE, COLORADO 80212 | (303)455-1982

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:

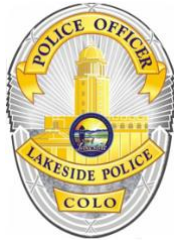
- Copy of your Birth Certificate
- Copy of your High School diploma (or GED)
- Copy of your Military Discharge papers long form (if applicable)
- Current original DMV record
- Copy of P.O.S.T. certification
- Copy of any other diplomas or certificates that you feel are applicable.
- References letters (if applicable)

You must 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 will not be eligible to proceed with the hiring process.

If you have any questions or concerns about this application, please contact us at 303-455-1985 and ask for Asst. Chief, Karl Ballard.

Thanks!



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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 misstatement 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 misstatements, 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: _____

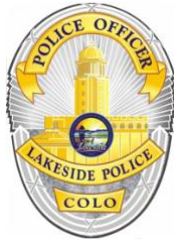
Subscribed and sworn to before me on this _____ day of _____, 20____

By Notary Public in the State of: _____,

_____ My Commission Expires: _____

Notary Public

Official Seal:



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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 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 Full Name: _____ Date: _____

Signature of Applicant: _____

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

By Notary Public in the State of: _____, _____

_____ My Commission Expires: _____

Notary Public

Official Seal:



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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.

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

By Notary Public in the State of: _____, _____

_____ My Commission Expires: _____

Notary Public

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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 in 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 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.

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

By Notary Public in the State of: _____,

_____ My Commission Expires: _____

Notary Public

Official Seal:



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AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, Date of Birth: _____ authorized representatives of the Lakeside Police Department to obtain pertinent information from my current and previous employers, references and other persons with knowledge of my work history and background, including but not limited to, performance and conduct related files (including internal affairs files), education, military service, welfare and unemployment history and medical psychological history. I authorize my previous and current employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Lakeside Police Department and hereby release all such persons and waive any and all claims, demands, or cause of action whatsoever, in connection with the request for and release of such information.

I further authorize any representative of the Lakeside Police Department to obtain a consumer credit report, as part of the application process and background investigation for a police officer position.

I have read, understand and agree to the following.

Note: A copy of this authorization release form shall be considered as valid as the original.

Signature of Applicant: _____ Date: _____

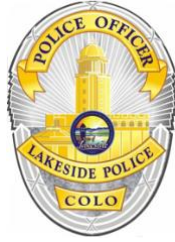
Subscribed and sworn to before me on this _____ day of _____, 20_____

By Notary Public in the State of: _____, _____

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POLICE APPLICANT BACKGROUND PACKAGE

An Equal Opportunity Employer

Dear Police Applicant:

Enclosed please find three documents that must be completed, signed, and submitted to the Lakeside Police Department by [REDACTED] in order to facilitate a prompt and efficient background process. The documents enclosed include:

- Authorization/Release Form
- Background Checklist (List of Required Documents)
- Background Information Packet

Failure to properly fill out the above documents and/or submit the required documentation may preclude you from being considered further for conditional employment with the Lakeside Police Department.

Should you have any questions regarding the above, please feel free to contact the Lakeside Police Department during normal business hours of 8:00 a.m. to 4:00 p.m., Monday through Friday.



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Police Applicant Background Information

Print Legal Full Name: _____

Date of Birth: _____ Place of Birth: _____

Are you a U.S. citizen? NO YES

Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Marital Status: Single Married Divorced Separated

(If applicable) Spouse's Name: _____ Date of Birth: _____

Spouse's Maiden Name (If applicable) _____

Spouse's or former spouse's Address: Number and Street _____

City/State/Zip _____

Phone Number: _____

Current Address: Number and Street _____

City/State/Zip _____

Mailing Address: Number and Street _____

City/State/Zip _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Have you ever legally changed your name? NO Yes

If Yes, what was your previous name? _____

Month/Date/Year of the name change? _____

What City and State did this name change filed? _____



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What was the reason for the name change?

List any other names, nicknames, or aliases you've been known by:

In chronological order, list each and every place in which you have lived for the past 10 years. Start with your present address.

Month/Year	Month/Year	Number/Street/City/State/Zip-code
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____

I OWN my home I am a RENTER

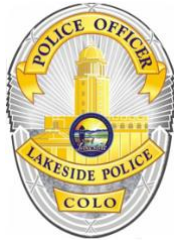
Name of the Property you are renting from: _____

Landlord Contact Name: _____

Number/Street/City/State/Zip _____

Property Phone Number: _____

Property Email Address: _____



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Applicants' Interpersonal Relationships

The below-listed questions are used as an additional source of information concerning applicants' interpersonal relationships.

List all clubs, societies, and civic/fraternal organizations to which you are an active member, or have been an active member.

Month/Year	Month/Year	Name of Organization (Clubs/Civic/Faternal)
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____

Have you participated or are an active member of any subversive, militant, or radical group organized to overthrow the United States government? NO

YES

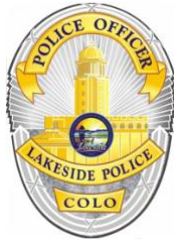
If YES, please identify the group(s):

Month/Year	Month/Year	Name of Group
From: _____	To: _____	_____
From: _____	To: _____	_____

Have you participated or are an active member of any group organized to oppress the civil rights of others based on race, color, creed, religion, national origin, gender, sexual orientation, or physical disability? NO YES

If YES, please identify the group(s):

Month/Year	Month/Year	Name of Group
From: _____	To: _____	_____
From: _____	To: _____	_____



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EDUCATION

In chronological order, list all schools attended. If you need more space, please use the additional sheets located at the end of this packet.

Month/Year Month/Year Name of High School
From: _____ To: _____ _____

Location of High School: _____ Class Rank: _____

What degree did you receive? Diploma GED

List any extracurricular activities, sports programs, clubs: _____

Month/Year Month/Year Name of College/University
From: _____ To: _____ _____

Location of College/ University: _____ Class Rank: _____

Did you receive a degree? NO YES

If yes, what was your major? _____

Month/Year Month/Year Name of College/University
From: _____ To: _____ _____

Location of College/ University: _____ Class Rank: _____

Did you receive a degree? NO YES

If yes, what was your major? _____

Month/Year Month/Year Name of College/University
From: _____ To: _____ _____

Location of College/ University: _____ Class Rank: _____

Did you receive a degree? NO YES

If yes, what was your major? _____



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Employment

Starting with present or most recent employment and working backwards consecutive, list all employment, including summer and part-time work.

Dates of Employment

Month/Year	Month/Year	Name of Past Employment Company
From: _____	To: _____	_____
Position Held/Description: _____		
Name of Supervisor/Manager: _____		Title of Supervisor/Manager: _____
Past Employment Address: _____		Phone Number: _____

Reason for leaving: _____

Dates of Employment

Month/Year	Month/Year	Name of Past Employment Company
From: _____	To: _____	_____
Position Held/Description: _____		
Name of Supervisor/Manager: _____		Title of Supervisor/Manager: _____
Past Employment Address: _____		Phone Number: _____

Reason for leaving: _____

Dates of Employment

Month/Year	Month/Year	Name of Past Employment Company
From: _____	To: _____	_____
Position Held/Description: _____		
Name of Supervisor/Manager: _____		Title of Supervisor/Manager: _____
Past Employment Address: _____		Phone Number: _____



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Reason for leaving: _____

Dates of Employment

Month/Year	Month/Year	Name of Past Employment Company
From: _____	To: _____	_____

Position Held/Description: _____

Name of Supervisor/Manager: _____ Title of Supervisor/Manager: _____

Past Employment Address: _____ Phone Number: _____

Reason for leaving: _____

Dates of Employment

Month/Year	Month/Year	Name of Past Employment Company
From: _____	To: _____	_____

Position Held/Description: _____

Name of Supervisor/Manager: _____ Title of Supervisor/Manager: _____

Past Employment Address: _____ Phone Number: _____

Reason for leaving: _____

*If you need more space, please use the additional sheets located at the end of this packet.

Have you ever been asked to resign, been given the option to resign in lieu of termination, been dismissed, or disciplined at a place of employment? NO YES

If Yes, please provide the details:

MILITARY SERVICE



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Have you ever served in any military organization of the United States? NO YES

(Please attach copy of DD-214 Form.)

Dates of Service:

Month/Year	Month/Year	Name of Branch
From: _____	To: _____	_____

Highest Rank Held: _____

Special Duties/Training: _____

Type of Discharge: _____

Are you now a member of the reserve forces or National Guard? NO YES

Were you in the reserve forces in the past? NO YES

Month/Year	Month/Year	Name of Branch
From: _____	To: _____	_____

Rank: _____ Address _____

I, _____, have never served in the armed forces of the United States.

Signature of Applicant: _____ Date: _____

FINANCIAL HISTORY



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List all current financial obligations (i.e., student loans, credit card balances, car loans, mortgage, child support, alimony, etc.):

Balances/Loan amount	Name of Financial obligations
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever filed for bankruptcy? NO YES

Have you ever been refused credit or had property repossessed? NO YES

If YES, to either or both of the above, please give details:

CRIMINAL RECORD

Have you ever been arrested and/or convicted of any crime? NO YES



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(Note: You do not have to disclose the existence of arrests/criminal charges which have been erased or dismissed, or those charges where there has been a finding of "Not Guilty," or those in which an absolute pardon has been received.)

If yes, give complete details, including date(s) of arrest(s) and hearing(s), location of offense(s), charge(s), details of the incident(s), and disposition(s):

If you need more space, please use the additional sheets at the end of this packet.

Have you ever been detained by a law enforcement officer? NO YES

If YES, give complete details of the incident(s) and disposition(s):

MOTOR VEHICLE RECORD

Are you a licensed automobile operator? NO YES



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State: _____ Operator Number: _____ Class: _____

Have you ever been convicted of a motor vehicle offense? NO YES

(This does NOT include traffic tickets.)

If YES, give complete details, including date(s) of arrest(s), hearing(s), location of offense(s), charge(s), details of the incident(s), and disposition(s):

Has your operator's license ever been suspended or revoked? NO YES

If YES, please explain:

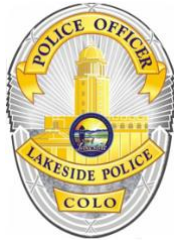
Have you ever received a traffic ticket? NO YES

If YES, give complete details, including charge(s), date(s), location(s), and disposition(s):

Do you currently have any unpaid parking tickets? NO YES

If YES, please give complete details:

GENERAL



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Is there anything that would prevent you from working nights, weekends, holidays, or in any way from being able to perform the essential job functions of a police officer? NO YES

If YES, please explain:

Do you speak any foreign languages? NO YES

If YES, give the details and proficiency level:

List any special skills, qualifications, and licenses you possess: (Do not include motor vehicle license.)

Have you ever applied for a weapons permit in any jurisdiction? NO YES

If YES, what type? _____ Date issued: _____

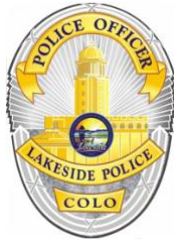
Location of issued permit: _____ Permit Number: _____

Have you ever been a party to a civil lawsuit, restraining order, or protective order, either as a plaintiff or a defendant? NO YES

Have you ever used (i.e., ingested, injected, sniffed, absorbed, or otherwise caused to enter your body) any non-prescriptive drugs or substances, including hallucinogenic drugs, stimulants, depressants, narcotic drugs, other types of chemicals, such as steroids? NO YES

If YES, answer the following:

List each drug or substance used and the approximate date range of it use:



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When did you last use each drug or substance listed above?

Do you drink alcoholic beverages? NO YES

If YES, what type and how often?

Are you presently applying to, or have you ever applied for, employment with any law enforcement agency?

NO YES

If YES, list agencies, current eligibility status, and reasons for non-selection:

Have you ever received any training in law enforcement by any state, local, or federal law enforcement agency? NO YES

If YES, list agencies, training, and certifications:

Have you ever taken a polygraph examination? NO YES

If YES,

Date: _____ Location: _____

Date: _____ Location: _____

REFERENCES



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Give the names of three people (not relatives or former employers) who have known you well during the past three years:

Name: _____ Contact Number: _____

Address: _____ Email Address: _____

Occupation: _____

Business Address: _____ Years Known: _____

Name: _____ Contact Number: _____

Address: _____ Email Address: _____

Occupation: _____

Business Address: _____ Years Known: _____

Name: _____ Contact Number: _____

Address: _____ Email Address: _____

Occupation: _____

Business Address: _____ Years Known: _____

AFFIDAVIT



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I, _____, certify that the information I have provided in this background informational is true and complete to the best of my knowledge. I understand that any willful omissions or falsification will be reason for withdrawal of a job offer or termination of employment whenever the omission or falsehood is discovered. I authorize any investigation into the statements I have made in this informational as necessary to arrive at any employment decision.

Signature of Applicant: _____

Date: _____

NARRATIVE



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OFFICER EMERGENCY CONTACT INFORMATION

Officer/Employee Information

Last Name: _____ First Name: _____

Date of Hire: _____

Badge Number: _____ Rank: _____

Driver's License Number: _____ Date of Birth: _____

Home Address: _____ Unit/Apartment number: _____

City: _____ State: _____ Zip-code: _____

Home Phone Number: _____ Mobile Phone Number: _____

Work Phone Number: _____

Emergency Contact

Spouse Significant other Friend Family Member

Name _____

Home Address: _____ Unit/Apartment number: _____

City: _____ State: _____ Zip-code: _____

Home Phone Number: _____ Mobile Phone Number: _____

Work Phone Number: _____

NOTE: Is there anyone you want to assist with notifications?

Name _____ Relation: _____

Home Address: _____ Unit/Apartment number: _____

City: _____ State: _____ Zip-code: _____

Home Phone Number: _____ Mobile Phone Number: _____



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INVENTORY ISSUED EQUIPMENT

Radio call sign: _____ LID Number: _____

Serial Number: _____

1. Assigned Weapon: _____ Serial Number: _____
Model : _____ Make: _____
2. Assigned Weapon: _____ Serial Number: _____
Model : _____ Make: _____
3. Assigned Weapon: _____ Serial Number: _____
Model : _____ Make: _____
4. Assigned Weapon: _____ Serial Number: _____
Model : _____ Make: _____

BWC Serial Number: _____

Additional equipment owned by LSPD:

Take home car Model: _____ Plate: _____

VIN: _____ Unit# _____

Specialized training, AR School, hand-gun instructor, ACT instructor, DVOC etc.

Signature of Employee: _____ Date: _____

Signature of Assginee: _____ Date: _____



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