

GATEWAY TO ALL SEASON FUN

TOWN OF DEL NORTE

140 SPRUCE STREET  
P.O. BOX 249  
DEL NORTE, CO. 81132



PHONE NO. (719) 657-2708  
FAX NO. (719) 657-2035

DEL NORTE POLICE DEPARTMENT JOB APPLICATION

**INSTRUCTIONS:** Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Main/Cell Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email Ad \_\_\_\_\_ Position Applied For: \_\_\_\_\_

*Please Check Appropriate Response*

1. Have you ever worked for the Town of Del Norte?..... Yes No  
If yes, please give date(s) of employment. \_\_\_\_\_ Position: \_\_\_\_\_
2. Are you a U.S. citizen? ..... Yes No  
If no, are you authorized by Immigration and Naturalization to work in the U.S.?..... Yes No  
Alien #A: \_\_\_\_\_  
Admission #: \_\_\_\_\_
3. Are you willing to work night shift? ..... Yes No  
Are you willing to work weekends? ... ..... Yes No
4. Are you related to a Town employee or is any member of your family employed by the Town? ..... Yes No  
If yes, please give the person's:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Department/Position: \_\_\_\_\_

## MILITARY EXPERIENCE

5. Were you in the U.S. Armed Forces? ..... ☐ Yes ☐ No
6. Are you required to register for the Selective Service? ..... ☐ Yes ☐ No  
If No, explain: \_\_\_\_\_
- Branch of Service: \_\_\_\_\_
- Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_
- Type of Discharge:  
☐ Honorable ☐ Entry Level ☐ General ☐ OTH (other than Honorable) ☐ Bad Conduct ☐ Dishonorable
7. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard
- If checked, date your obligation ends: \_\_\_\_\_

## RESIDENCES

Please list all of your residences for the past five (5) years, beginning with the most current. Please provide complete addresses, do not use P.O. Boxes.

Current Address:  
Number/Street/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

If Renting, Name of Landlord/Property Manager: \_\_\_\_\_

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

Name(s) of those you lived with: \_\_\_\_\_

Former Address:  
Number/Street/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

If Renting, Name of Landlord/Property Manager: \_\_\_\_\_

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

Name(s) of those you lived with: \_\_\_\_\_

Former Address:  
Number/Street/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

If Renting, Name of Landlord/Property Manager: \_\_\_\_\_

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

Name(s) of those you lived with: \_\_\_\_\_



**RELATIVES AND REFERENCES:** During the course of the background investigation, persons you know may be asked to comment upon your suitability for the position for which you have applied. Please complete the following section as thoroughly as possible.

Spouse Name:	Address:	Contact Number
Former Spouse Name:	Address:	Contact Number
Parent's Name:	Address:	Contact Number
Spouse's Parent's Name:	Address:	Contact Number
Other relative you wish us to contact:	Address:	Contact Number

**REFERENCES:** List four individuals who have knowledge of your personal history and professional qualifications. Exclude former employers and relatives.

Name:	Address:	Contact Number
Name:	Address:	Contact Number
Name:	Address:	Contact Number
Name:	Address:	Contact Number

#### DRIVER'S LICENSE INFORMATION

10. Do you have a valid Driver's License?..... ☐ Yes ☐ No

Current Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CDL Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

List Other States where you have been licensed:

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

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

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

11. Has your license ever been suspended?..... ☐ Yes ☐ No

12. Has your license ever been revoked?..... ☐ Yes ☐ No

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

If you answered YES to Questions 11-13, Explain below:

**DRIVING RECORD: PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS** (driving under the influence, driving while intoxicated, etc., should be listed under on page 11).

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all the apply)

☐ Failure to appear      ☐ Failure to complete traffic School      ☐ Failure to pay required fine

If checked, please explain:

*If you have more than four citations within the last seven years, please attach a separate sheet in the same format.*

#### EDUCATION AND SPECIAL TRAINING

**DATES ARE REQUIRED for this section**

Do you have a High School Diploma?..... ☐ Yes    ☐ No

Date Obtained: \_\_\_\_\_

GED?..... ☐ Yes    ☐ No

Date Obtained: \_\_\_\_\_

If not, what is the highest grade completed: \_\_\_\_\_

Name of Last High School attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_



**List any Basic Law Enforcement, Corrections, Telecommunication, or Fire Service Academy training you have received:**

Academy Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Location: \_\_\_\_\_ Name of Training Officer: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No

**List Colleges and Universities Attended Below:**

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Degree Field (Major/Minor) or Program of Study: \_\_\_\_\_

Credit Hours: Sem \_\_\_\_\_ Qtr \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No

Degree Received: \_\_\_\_\_

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Degree Field (Major/Minor) or Program of Study: \_\_\_\_\_

Credit Hours: Sem \_\_\_\_\_ Qtr \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No

Degree Received: \_\_\_\_\_

**List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:**

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Course/Subject: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Hours Required for Certification: \_\_\_\_\_

Certification Received: \_\_\_\_\_

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Course/Subject: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Hours Required for Certification: \_\_\_\_\_

Certification Received: \_\_\_\_\_

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, business, or trade school?..... ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**EMPLOYMENT HISTORY - INSTRUCTIONS:** Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mo/yr): TO (mo/yr):

(Job 2)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mo/yr): TO (mo/yr):

(Job 3)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	



BETWEEN THESE JOBS (if applicable): ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mo/yr):

TO (mo/yr):

(Job 4)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

BETWEEN THESE JOBS (if applicable): ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mo/yr):

TO (mo/yr):

(Job 5)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

BETWEEN THESE JOBS (if applicable): ☐ UNEMPLOYED ☐ IN SCHOOL ☐ OTHER FROM (mo/yr):

TO (mo/yr):

(Job 6)	Employer: _____
Dates Employed:	Address: _____
From _____	Telephone Number: _____
To: _____	Your Job Title: _____
Hours per Week _____	Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____	Reason For Leaving Position: _____
Last Salary \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____	
Number of Employees supervised (if applicable): _____	

14. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)..... ☐ Yes ☐ No
15. Have you ever been fired, released from probation, or asked to resign from any place of employment? ..... ☐ Yes ☐ No
16. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... ☐ Yes ☐ No
17. Have you ever quit without giving proper notice? ..... ☐ Yes ☐ No
18. Have you ever resigned in lieu of termination? ..... ☐ Yes ☐ No
19. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? ..... ☐ Yes ☐ No
20. Were you ever the subject of a written complaint at work? ..... ☐ Yes ☐ No
21. Have you ever been counseled at work due to lateness or absences? ..... ☐ Yes ☐ No
22. Did you ever receive an unsatisfactory performance review? ..... ☐ Yes ☐ No
23. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of the outcome)? ..... ☐ Yes ☐ No
24. Is there a work-related civil lawsuit pending in which you have been named as a defendant? ..... ☐ Yes ☐ No
25. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? ..... ☐ Yes ☐ No
26. Have you ever sold, released, or given away legally confidential information? ..... ☐ Yes ☐ No
27. Have you ever called in sick when you were neither sick nor caring for a sick family member? ..... ☐ Yes ☐ No  
If yes, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_
28. Have you ever viewed pornographic material at your workplace? ..... ☐ Yes ☐ No
29. Have you ever engaged in sexual activity at work in violation of your employer's policy? ..... ☐ Yes ☐ No
30. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? ..... ☐ Yes ☐ No
31. Has your work performance ever been affected by your use of alcohol or drugs ..... ☐ Yes ☐ No
32. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ..... ☐ Yes ☐ No

If you answered **YES** to any of **Questions 14-32**, explain (include when, where, and circumstances; indicate corresponding Question Number:

33. Have you ever applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? ..... ☐ Yes ☐ No

If yes, list every agency you have applied to and have advanced beyond an oral board (e.g. initial background investigation, etc.), starting with the most recent (give complete and accurate addresses).

All agencies must be listed regardless of the outcome or current status. Check all boxes that apply for each agency.



Name of Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Background Investigator's Name: \_\_\_\_\_

Check each step in the process that you completes, and your status:

Steps: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Background Investigator's Name: \_\_\_\_\_

Check each step in the process that you completes, and your status:

Steps: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Background Investigator's Name: \_\_\_\_\_

Check each step in the process that you completes, and your status:

Steps: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain: \_\_\_\_\_

## FINANCIAL

34. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)? ..... ☐ Yes ☐ No
35. Have any of your bills ever been turned over to a collection agency? ..... ☐ Yes ☐ No
36. Have you ever had purchased goods repossessed? ..... ☐ Yes ☐ No
37. Have your wages ever been garnished? ..... ☐ Yes ☐ No
38. Have you ever had an employment bond refused? ..... ☐ Yes ☐ No
39. Have you ever avoided paying any lawful debt by moving away? ..... ☐ Yes ☐ No
40. Have you ever defaulted on (failed to pay) a loan? ..... ☐ Yes ☐ No

## LEGAL

Please disclose any of the following which occurred on or after your 15<sup>th</sup> birthday, even if the records were sealed, expunged, dismissed, or pardoned:

All detentions or arrests

All convictions

All diversion programs that were not successfully completed

41. Either as an adult or a juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform of Military Justice)? ..... ☐ Yes ☐ No

If yes, please give details on the following page:

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

☐ Felony ☐ Misdemeanor

Outcome: \_\_\_\_\_

\*Note: A conviction does not automatically mean you cannot be employed by the Town. The nature of the offense, how long ago it occurred, etc., are given consideration.

42. Have you ever been placed on court probation as an adult? ..... ☐ Yes ☐ No
43. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ..... ☐ Yes ☐ No
44. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity support, etc.) as either plaintiff or defendant? ..... ☐ Yes ☐ No
45. Have the police ever been called to your home for any reason? ..... ☐ Yes ☐ No
46. Have you or your spouse/partner ever been referred to Child Protective Services? ..... ☐ Yes ☐ No
47. Have you ever been the subject of an emergency protective order/restraining order/stay away order? ..... ☐ Yes ☐ No
48. Have you settled any civil suit in which you, or your insurance company, or anyone else on your behalf was required to make a payment to the other party? ..... ☐ Yes ☐ No
49. Have you ever fraudulently received welfare, unemployment compensation, worker' compensation or other state or federal assistance? ..... ☐ Yes ☐ No
50. Have you ever filed a false insurance or works' compensation claim? ..... ☐ Yes ☐ No
51. Other than those listed in Question #41, will your name appear in any police record system or police report as a VICTIM, WITNESS, OR SUSPECT? (Do not include when acting in the capacity of paid employment such as an EMT or store loss prevention officer)..... ☐ Yes ☐ No
52. Are you currently, or have you within the past seven years, received unemployment benefits while also receiving other sources of income? ..... ☐ Yes ☐ No

If you answered **YES** to any of **Questions 42-52**, please explain (include court case or document, dates, and circumstances; indicate corresponding Question number):



### UNDETECTED ACTS

Within the past seven (7) years, OR at any time after you were first employed in law enforcement or the fire service, have you ever committed any of the following misdemeanors? NOTE: you may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 53. Annoying/obscene phone calls or text messages; cyber bullying .....                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 54. Battery (use of force or violence upon another) .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 55. Brandishing a weapon (any type of weapon) .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 56. Carrying a concealed weapon without a permit .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 57. Contributing to the delinquency of a minor; providing alcohol to minors .....                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 58. Driving under the influence of alcohol and/or drugs .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 59. Drunk in public (being so intoxicated in a public place that you are not able to care for yourself) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 60. Hit and run collision .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 61. Hunting/Fishing without a license .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 62. Illegal gambling; including online gambling .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 63. Impersonating a peace officer .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 64. Indecent Exposure .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 65. Petty theft (value up to \$400, including shoplifting/switching rice tags) .....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 66. Possession of alcohol as a minor .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 67. Prostitution or soliciting a prostitute .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. Resisting arrest (including running from the police) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 69. Trespassing .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70. Vandalism (including "tagging", malicious mischief and/or property damage .....                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 71. Intentionally writing a bad check .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 72. Filing a false police report .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 73. Any other act amounting to a misdemeanor within the past seven years .....                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 74. Cruelty to animals .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75. Street Racing .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **YES** to any of the items in **Questions 53-75**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions 76 and 77 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- |   |  |                              |
|---|--|------------------------------|
| - Amphetamines/Methamphetamines                       | - Glue   | - Mescaline                  |
| - Barbituates   | - Hallucinogens                                      | - Morphine                   |
| - Cocaine/Crack cocaine                               | - Hashish/Hashish Oil                                | - PCP / Angel Dust           |
| - Designer drugs<br>(ecstasy, synthetic heroin, etc.) | - Heroin/Opium                                       | - Quaaludes                  |
| - GHB   | - Marijuana  | - Steroids                   |
| - Prescription drug(s) not prescribed to you          | - Prescription drugs used for<br>Recreation purposes | - Tetrahydrocannabinol (THC) |

76. Within the past six months, have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No  
If YES, give details, including drug(s) used and circumstances:

77. Prior to the past six months (check all that apply):

- ☐ I have never used, or experimented with any drug recreationally
- ☐ I have tried or used one or more drugs, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.)

If checked, give details including drug(s) used, most recent date, and circumstances:

#### Other Topics:

78. Have you ever been refused a permit to carry a concealed weapon? ..... ☐ Yes ☐ No
79. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
80. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ Yes ☐ No
81. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? ..... ☐ Yes ☐ No
82. Do you know if any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job? ..... ☐ Yes ☐ No
- If you answered YES to Questions 78-82, give details including dates, and circumstances; indication Question Number:



## Town of Del Norte, Colorado

### RELEASE OF INFORMATION

**INSTRUCTIONS:** Applicants for positions within the Del Norte Police Department are required to sign, date and **have the Release of Information form notarized prior to submitting the application.** Failure to properly complete the form may result in the application being subject to disqualification.

#### POSITION APPLYING FOR: (circle one)

Chief of Police

Police Officer

Part time/Reserve

Officer Code Enforcement

As an applicant with for the position(s) selected above, I am required to furnish information for the use in determining my qualifications. For consideration of my employment with the Town of Del Norte, I hereby authorize the release of any and all information that you have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceedings involving disciplinary matters. I understand that I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

This release will expire sixty days (60) after the date signed.

I hereby release discharge all persons, corporations, entities, the Town of Del Norte, and/or any agent and representative furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records or other information, and such release shall be binding on my legal representatives, heirs, and assigns.

A photocopy of this release form shall be considered as valid.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

State of Colorado )  
Town of Del Norte ) ss  
Rio Grande County )

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

**My Commission Expires:**