

EMPLOYMENT APPLICATION ELIZABETH POLICE DEPARTMENT

425 South Main Street, PO Box 1527, Elizabeth, Colorado 80107 Ph: (303) 646-4664

Date:

General Instructions:

- 1. If an item doesn't apply to you write "N/A".
- 2. A completed application is required.
- 3. Any misstatements, misrepresentations, or omissions by you are cause for disqualification from employment considerations.
- 4. All information is subject to verification.

POSITION FOR WHICH YOU ARE APPLYING: _____

Last Name:	First:	Middle:	
Address:	City:	State:	Zip:
PO Box: Date of Bi	rth: Soc	eial Security No.	
Mailing address (If different from	n above):		
Email Address:			
Home Phone: ()	Business/Message	e Phone: ()	
Cell Phone: ()	Alternate	Phone: ()	
Alias(s), Maiden, Nicknames Na	me:		

Application Process

The application process will consist of the following steps:

Town of Elizabeth, and Elizabeth Police Department Employment Application: Initial employee applications are screened for suitability based on a variety of factors. Approval of the application moves prospective employees to the oral boards.

Interview with the Chief of Police: Conduct a one on one interview with the Chief of Police.

Staff Review: All applications will be subject to approval by the Elizabeth Police Department Command Staff.

Medical/Psychological Examinations: Upon receiving a conditional job offer, employment may be contingent upon physical and psychological examinations to determine the applicant's fitness to perform required duties.

Comprehensive Background Check: The background check is intended to further illuminate and illustrate the applicant's behavior, history, and personality.

General Information

YES	NO D	1. Do you have any relatives / friends that are employed by Elizabeth Police Department? Who? / Relationship to you:
		2. In the past, have you ever applied for any position with the Elizabeth Police Department? If yes, explain (Positions / dates, results, etc.):
		3. If hired, can you furnish proof you are eligible to work in the U.S.?
		4. Are you a Certified Peace Officer? State: Certificate #: Date of Issue:
		5. Are you able to perform the essential functions of the position for which you have applied, with or without accommodations?
		6. Are you willing to work shift work including weekends, holidays and overtime?
		7. If required, do you consent to the following: Polygraph, background investigation, drug test, physical examination and psychological examination?
		8. Have you ever taken a polygraph examination? Reason: Date: Examining Agency/Corporation:
		9. Are there any incidents in your life, which if known, might disqualify you as an applicant, whether or not you were directly involved, which might be discovered by a subsequent investigation? If yes, explain:
		Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with an organization? If yes, when did this occur and what were the circumstances?
		Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? If yes, when did this occur and what were the circumstances?
		Have you ever been placed on court probation as an adult? If yes, Explain:

_

_

_

	EDUC	ATION			
Circle the highest grade completed:					
	14 15	16	17 1 18		
High School Under	rgraduate		Graduate		
LIST ALL HIGH SCHOOLS ATTENDED					
If you received a GED: #	_ Location:			Date	:
High School Attended:		Date	s Attended: From	n:	_ To:
Address:		Phon	ıe #:	Fax:	
High School Attended:		Date	s Attended: From	n:	_ То:
Address:		Phon	ne #:	Fax:	
LIST THE COLLEGE, UNIVERSITY OR F	BUSINESS/	VOCATIO	NAL SCHOOLS A	ATTENDEI):
Name:		Date	s Attended: From	n:	To:
Address:					
Degree Received: DB.A. DB.S. Other					
Minor (if applicable):			Credit I	Hrs	
Classmate (list one):					
Name:		Date	s Attended: From	1:	To:
Address:		Phon	ne #:	Fax #:	
Degree Received: DB.A. DB.S. Other	r:		Major:		
Minor (if applicable):			Credit I	Hrs	
Classmate (list one):		Ph# o	or Email:		
Name:		Date	s Attended: From	ı:	To:
Address:		Phon	ne #:	Fax #: _	
Degree Received: \Box B.A. \Box B.S. \Box Other	r:		Major:		
Minor (if applicable):			Credit H	Hrs	
Classmate (list one):		Ph# o	or Email:		
Name:		Date	s Attended: From	n:	To:
Address:		Phon	ıe #:	Fax #:	
Degree Received: \Box B.A. \Box B.S. \Box Other	r:		Major:		
Minor (if applicable):			Credit H	Hrs	
Classmate (list one):		Ph# o	or Email:		
Name:		Date	s Attended: From	n:	To:
Address:		Phon	ıe #:	Fax #: _	
Degree Received: \Box B.A. \Box B.S. \Box Other	r:		_ Major:		
Minor (if applicable):			Credit H	Hrs	
Classmate (list one):		Ph# o	or Email:		

SPECIAL SKILLS OR QUALIFICATIONS

Please place a check mark next to any skill	that you possess.			
Typing/Keyboardingwpm □ Word Processing Transcription/Dictaphone □ Teletype/Computer Operator (What Type?) PC Database □ PBX/ Switchboard Common PC Applications: □ Word □ Excel □ Access □ Power Point □ Outlook				
□ Other: (list) List relevant skills, foreign languages, train	ning or college courses:			
□ Law Enforcement Training Academy □	Law Enforcement related training:			
VOLUNTEER SERVICE : List all L	aw Enforcement related volunteer or Rese	rve service as well.		
Name:	Dates of Service: From:	To:		
Address:	Phone #:	_ Fax #:		
Job/Position Title:				
Duties/Responsibilities:				
Co-Worker (list one):				
Name:	Dates of Service: From:	To:		
Address:	Phone #:	_ Fax #:		
Job/Position Title:				
Duties/Responsibilities:				
Co-Worker (list one):	Ph# or Email:			
Name:	Dates of Service: From:	To:		
Address:	Phone #:	_ Fax #:		
Job/Position Title:				
Duties/Responsibilities:				
Co-Worker (list one):				

Please list any other skill and/or fact you feel is pertinent to the position in which you are being considered:

EMPLOYMENT HISTORY

Begin with your most recent job and list your work history for and seasonal employment. Identify part-time jobs with "PT" and employment lasting more than two months. COMPLETE ALL INCOMPLETE APPLICATION WILL NOT BE CONSIDER in place of completing the application.	temporary jobs with "TEMP". Expl INFORMATION REQUESTED: A	ain any gaps in N
	Detec of Frencherment Frence	T
Present or Last Employer:	Dates of Employment From:	То:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: () Fax: ()
Duties:		
Co-worker (list one): Phone: () Email:	
Reason for leaving:		
*You will be notified prior to your curre		-
Past Employer:	Dates of Employment From:	То:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: () Fax: ()
Duties:		
Co-worker (list one): Phone: () Email:	
Reason for leaving:		
Past Employer:	Dates of Employment From:	То:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: () Fax: ()
Duties:		
Co-worker (list one): Phone: () Email:	
Reason for leaving:		
Past Employer:	Dates of Employment From:	То:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: () Fax: ()
Duties:		
Co-worker (list one): Phone: () Email:	
Reason for leaving:		
Past Employer:	Dates of Employment From:	То:
Address:	Hours worked weekly:	-
Name of Supervisor:	Phone: () Fax: ()
Duties:	•	
Co-worker (list one): Phone: () Email:	
Reason for leaving:		
Past Employer:	Dates of Employment From:	То:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: () Fax: ()
Duties:	•	
Co-worker (list one): Phone: () Email:	
Reason for leaving:		

USE CONTINUATION SHEET FOR OTHER JOBS AS NEEDED

MILITARY

Address: Zip Code: Rental: □ Ye company resp Name Address: Zip Code: Rental: □ Ye	list all of your residences for the last 10 y Dates of Occupancy – Fro s □ No, If yes-provide us with the follow bonsible for the collection of rent: Dates of Occupancy – Fro s □ No, If yes-provide us with the follow bonsible for the collection of rent: Address Address Address Address	City: om: (month/year) ing information regard Phone City: om: (month/year) ing information regard	To ing the pers e Number To	State: : son or leasing Fax # State: :
Address: Zip Code: Rental: □ Ye company resp Name Address: Zip Code: Rental: □ Ye	Dates of Occupancy – Fro s Dates of Occupancy – Fro s No, If yes-provide us with the follow bonsible for the collection of rent: Address Dates of Occupancy – Fro s D No, If yes-provide us with the follow	City: om: (month/year) ing information regards Phone City: om: (month/year)	To ing the pers e Number To	State: son or leasing Fax # State: :
Address: Zip Code: Rental: □ Ye company resp Name Address: Zip Code:	Dates of Occupancy – Fro s 🗖 No, If yes-provide us with the follow bonsible for the collection of rent: Address Dates of Occupancy – Fro	City: om: (month/year) ing information regards Phone City: om: (month/year)	To ing the pers e Number To	State: : son or leasing Fax # State: :
Address: Zip Code: Rental: □ Ye ompany resp Name Address:	Dates of Occupancy – Fro s 🗖 No, If yes-provide us with the follow ponsible for the collection of rent: Address	City: om: (month/year) ing information regards Phone City:	To ing the pers e Number	State: : son or leasing Fax # State:
Address: Zip Code: Rental: □ Ye company resp Name	Dates of Occupancy – Fro s 🗖 No, If yes-provide us with the follow ponsible for the collection of rent: Address	City: om: (month/year) ing information regards	To ing the pers e Number	State: : son or leasing Fax #
Address: Zip Code: Rental: □ Ye company resp	Dates of Occupancy – From Dates of Consible for the collection of rent:	City: om: (month/year) ing information regard	To ing the pers	State: : son or leasing
Address: Zip Code: Rental: 🖵 Ye company resp	Dates of Occupancy – From Dates of Consible for the collection of rent:	City: om: (month/year) ing information regard	To ing the pers	State: : son or leasing
Address: Zip Code: Rental: 🖵 Ye	Dates of Occupancy – Fro s 🗖 No, If yes-provide us with the follow	City: om: (month/year)	То	State: :
Address:		City:		State:
Please	list all of your residences for the last 10 y	ears. Begin with your	most currer	nt residence.
	RESID			
Promotions	awards, medals, schools, etc			
	service? If yes, please explain:			
TYes DNo	Were you ever subject to any demotion of	or other disciplinary act	tion while in	n the military
	Type of Discharge: Honorable Disc Duties and Responsibilities:			
	Dates of service: From:			
				National Guar

Address:	City:	State:
Zip Code:	_ Dates of Occupancy – From: (month/year)	To:

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address		Phone Number	Fax #
Address:	Ci	ty:		State:

Zip Code: _____ Dates of Occupancy – From: (month/year) _____ To: _____

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State	:
Zip Code:	Dates of Occupancy – From: (month/year)	To:	

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State:

Zip Code: _____ Dates of Occupancy – From: (month/year) _____ To: ____

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State:
	•	

Zip Code:	Dates of Occupancy - From: (month/year)) To:

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

USE CONTINUATION SHEET AS NEEDED

NEIGHBORS – Current Residence

List four of you neighbors	surrounding your curre	nt residen	ice:	
1. Name:			Years known:	
Address:	_	City:	State:	Zip:
Home Ph:	Business Ph:		Cell Ph:	<u>.</u>
Email Address:			Best time to call:	<u>.</u>
2. Name:			Years known:	
Address:	_	City:	State:	Zip:
Home Ph:	Business Ph:		Cell Ph:	
Email Address:			Best time to call:	
3. Name:			Years known:	
Address:		City:	State:	Zip:
Home Ph:	Business Ph:		Cell Ph:	
Email Address:			Best time to call:	
4. Name:			Years known:	
Address:		City:	State:	Zip:
Home Ph:	Business Ph:		Cell Ph:	
Email Address:			Best time to call:	
	REF	ERENC	ES	
			ent and past information abo sted above, can provide ex	•
1. Name:			Years known:	
Address:		City:	State:	Zip:
Home Ph:	Business Ph:		Cell Ph:	<u>.</u>
Email Address:			Best time to call:	
2. Name:			Years known:	
			State:	
			Cell Ph:	
			Best time to call:	
3. Name:				
			Years known:	
Address:		City:		Zip:

CRIMINAL AND TRAFFIC INFORMATION

Complete the following fo		nviction. Include all traffi mental pages if necess	ic citations, regardless of disposition. sary.
Offense:		🛛 M	isdemeanor 🛛 Felony Class:
Date: Age	ncy of occurrence:		
Disposition: D Paid fine circumstances:			rge 🗖 Probation – Explain the
Offense:		🛛 M	isdemeanor 🛛 Felony Class:
Date: Age	ncy of occurrence:		
-	• •		rge 🗖 Probation – Explain the
Offense:		🗅 M	isdemeanor 🗖 Felony Class:
Date: Age	ncy of occurrence:		
Disposition: D Paid fine C circumstances:			rge 🖵 Probation – Explain the
Do you have a Colorado dı F		Tes 🗖 No. ng information for the las	et ten years.
TYPE of Drivers License	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?
Yes No - If yes, give date and reason:

Have you ever been involved as a driver in a motor vehicle accident? \Box Yes \Box No - If yes, complete the box below:

Date	Location/Agency	Violation	Issued to	Injury

Use supplemental pages if necessary.

NARCOTICS

□ Yes □ No - Have you **ever** used any illegal drugs, including, but not limited to, marijuana, hashish, cocaine, or taken depressants, amphetamines, tranquilizers, etc., that have not been prescribed for you by a physician? If <u>ves</u>, complete the following for each type of drug(s) used:

Type of illegal drug	How many times	Date of last time used

*** USE CONTINUATION SHEET AS NEEDED***

□ Yes □ No Have you **ever** sold or given any illegal drugs, narcotics, marijuana, hashish, etc. to anyone? If yes, what drug(s)?_____

How many times?

When was the last time?

□ Yes □ No Do you associate with any person or persons who use illegal drugs, narcotics or marijuana? If yes, please explain:

Additional Explanation if Needed:

FINANCIAL

The amount of indebtedness in itself will not be used in evaluating your qualifications, rather the behavior exhibited in meeting your financial obligations.

- □ Yes □ No Are you willing to submit to a credit check?
- □ Yes □ No Have you ever been a party to a civil suit? If yes, please give details (include when, where, why and number of lawsuits):

□ Yes □ No Have you ever filed for bankruptcy? If yes, please provide the details below:

□ Yes □ No Have you ever been evicted? If yes, please provide the details below:

□ Yes □ No Have any of your accounts ever gone to collections? If yes, please provide the details below:

ADDITIONAL DOCUMENTATION

Applicants who continue with the hiring process will be required to provide the following documentation upon request:

- **CERTIFIED COPY OF BIRTH CERTIFICATE**
- ⊕ **COPY OF SOCIAL SECURITY CARD**
- **COPY OF VALID COLORADO DRIVER'S LICENSE** ⊕
- **COPY OF HIGH SCHOOL DIPLOMA OR GED** ⊕
- **OFFICIAL COLLEGE TRANSCRIPT (IF APPLICABLE)** \$
- **COPY OF DD-214** ⊕
- ⊕ **COPY OF SPECIAL LICENSE/CERTIFICATE (IF APPLICABLE)**

ADDITIONAL INFORMATION

How did you find out about this position?

Friend	The Town's Website	Elizabeth Police Department Web Page	🗖 Job Line
□ Newspape	er (Which one? Be specific):		

• Other (Be specific):

MUST BE SIGNED BY APPLICANT

I certify that I have made no misstatements, misrepresentations, omissions, or falsifications in this application, and that the entries are true, complete and correct to the best of my knowledge. Any misstatements, misrepresentations, omissions, or falsification on this application may be grounds for immediate termination. All application materials, without exception, become the property of the Elizabeth Police Department.

Signature of Applicant:

Date:

The ELIZABETH POLICE DEPARTMENT is an Affirmative Action/Equal Opportunity Employer

STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION

ss:

STATE OF COLORADO) TOWN OF ELIZABETH)

I, ____

_____, being first duly sworn upon oath state as follows:

I am presently an applicant for the Elizabeth Police Department, Elizabeth, Colorado. I fully understand that the Elizabeth Police Department conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a position with the Elizabeth Police Department. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, military, police, driving records and character. I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form, or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by Elizabeth Police Department personnel to release any information to the Elizabeth Police Department pertaining to the background investigation including , but not limited to, records or information relating to my past employment performance, health, financial stability, schooling, military, police driving records and character for use by the Elizabeth Police Department in the consideration of my application for employment and for no other purpose.

I also understand hereby that this application and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the Elizabeth Police Department, the property of the Elizabeth Police Department and the Town of Elizabeth, State of Colorado, and can not and will not be returned to me under any circumstances whatsoever and will not be disclosed to me, except as provided by Colorado Law.

I authorize the Elizabeth Police Department to release any documents or information collected during the application process or any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Elizabeth Police Department from any and all liability or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Elizabeth Police Department, its elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Elizabeth Police Department in the consideration of my application for employment and for such other purposes as may be related to any subsequent employment with the Elizabeth Police Department, and the disclosure or release of any documents or information by the Elizabeth Police Department or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer or any fraud whatsoever, constitutes a basis for automatic rejection of this application, or if I am hired and fraud and/or deceit is subsequently discovered, such fraud and/or deceit will become grounds for my immediate dismissal from the Elizabeth Police Department. Furthermore, I acknowledge that any hiring decisions made by this department will not be discussed and/or disclosed.

Signature: ______.

Subscribed and sworn to before me this _____ date of ______20___.

Witness my hand and official seal. My commission expires:

NOTARY PUBLIC

Elizabeth Police Department Voluntary Statistical Recruitment Information

This information is requested to let us know if we are succeeding in recruiting all qualified individuals, without regard to race, religion, age, color, national origin, disability, sex, or political affiliation or activity. You are not required to complete this form. Providing this information is voluntary. The information requested is utilized for statistical reporting purposes, and will not be used in evaluating your application for employment with the Elizabeth Police Department.

Name:	Dinot	Phone:	
Last	First	Middle	Area Code First
	treet – Apt # - POB		
City, State, Zip Code: _		Date of	Birth:
Social Security No			Sex: \Box M \Box F

Select and mark one of the racial/ethnic categories in which you wish to be identified:

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

- □ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For Example: China, Japan, Korea, the Philippine Islands, and Samoa.
- □ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- □ **Hispanic**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- □ White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

EMPLOYMENT HISTORY - CONTINUATION SHEET

Past Employer:	Dat	Dates of Employment From:		То:		
Address:	Hou	Hours worked weekly:		-		
Name of Supervisor:	Pho	ne: ()		Fax: ()
Duties:						
Co-worker (list one): Phone:	e: ()			Email:		
Reason for leaving:						
Past Employer:	Dat	es of E	Employr	nent From	:	То:
Address:	Hou	irs woi	rked we	ekly:		
Name of Supervisor:	Pho	ne: ()		Fax: ()
Duties:						
Co-worker (list one): Phone:	e: ()			Email:		
Reason for leaving:						
Past Employer:	Dat	es of E	mployr	nent From	:	То:
Address:			rked we			1
Name of Supervisor:		ne: ()		Fax: ()
Duties:	1					
Co-worker (list one): Phone:	e: ()			Email:		
Reason for leaving:						
Past Employer:	Dat	es of E	Employr	nent From	:	То:
Address:	Hou	irs woi	rked we	ekly:		
Name of Supervisor:	Pho	ne: ()		Fax: ()
Duties:						
Co-worker (list one): Phone:	e: ()			Email:		
Reason for leaving:						
Past Employer:	Dat	es of E	mployr	nent From	:	To:
Address:	Hou	irs woi	rked we	ekly:		
Name of Supervisor:		ne: ()		Fax: ()
Duties:	1					
Co-worker (list one): Phone:	e: ()			Email:		
Reason for leaving:						
Past Employer:	Dat	es of E	mplovr	nent From		То:
Address:			rked we			
Name of Supervisor:		ne: ()	J -	Fax: ()
Duties:		<u> </u>	/		· X	,
Co-worker (list one): Phone:	e: ()			Email:		
Reason for leaving:	. ,					

EDUCATION - Continuation

Name:	_ Dates Attended: From:	То:
Address:	_ Phone #: Fax #:	
Degree Received: B.A. B.S. Other:	Major:	
Minor (if applicable):	Credit Hrs	
Classmate (list one):	_ Ph# or Email:	
Name:	_ Dates Attended: From:	То:
Address:	_ Phone #: Fax #:	
Degree Received: B.A. B.S. Other:	Major:	
Minor (if applicable):	Credit Hrs	
Classmate (list one):	_ Ph# or Email:	
Name:	_ Dates Attended: From:	To:
Address:	_ Phone #: Fax #:	
Degree Received: D B.A. D B.S. Other:	Major:	
Minor (if applicable):	Credit Hrs	
Classmate (list one):	_ Ph# or Email:	
Name:	_ Dates Attended: From:	То:
Address:	_ Phone #: Fax #:	
Degree Received: B.A. B.S. Other:	Major:	
Minor (if applicable):	Credit Hrs	
Classmate (list one):	_ Ph# or Email:	
CRIMINAL AND TRAFFIC IN	FORMATION-Continuation	
Offense:	🛛 Misdemeanor 🖵 Felony	Class:
Date: Agency of occurrence:		
Disposition: Paid fine Guilty Not guilty Plead circumstances:		
Offense:		
Date: Agency of occurrence:		
Disposition: Paid fine Guilty Not guilty Plead circumstances:	guilty to charge 🖵 Probation – Exp	lain the

Offense:		isdemeanor 🛛 Felony Class:	
Date: Age	ncy of occurrence: _		
Disposition: Device Paid fine circumstances:			arge 🖵 Probation – Explain the
Offense:		🛛 M	isdemeanor 🗖 Felony Class:
Date: Age	ncy of occurrence: <u></u>		
Disposition: Paid fine circumstances:	•		arge 🖵 Probation – Explain the
Driver's License's: TYPE of Drivers License	State of Issue	Expiration Date	License Number

TYPE of Drivers License	State of Issue	Expiration Date	License Number

Accidents:

Date	Location/Agency	Violation	Issued to	Injury

Narcotic Use: Continuation

Type of illegal drug	How many times	Date of last time used

Prior Addresses:

Address:	City:	State:
Zip Code:	Dates of Occupancy – From: (month/year) To	D:

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State:
-		

Zip Code:	Dates of Occupancy - Fro	om: (month/year)	To:

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State:
	· · ·	

Zip Code: _____ Dates of Occupancy – From: (month/year) _____ To: _____

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State:

Zip Code: _____ Dates of Occupancy – From: (month/year) _____ To: _____

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #

Address:	City:	State:

Zip Code: _____ Dates of Occupancy – From: (month/year) _____ To: _____

Rental: \Box Yes \Box No, If yes-provide us with the following information regarding the person or leasing company responsible for the collection of rent:

Name	Address	Phone Number	Fax #