



# 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 Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing address (If different from above): \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Business/Message Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Alias(s), Maiden, Nicknames Name: \_\_\_\_\_

## 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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EDUCATION

Circle the highest grade completed:

**GED**   **9**   **10**   **11**   **12**     **13**   **14**   **15**   **16**     **17**   **18**  
                    High School                      Undergraduate                      Graduate

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## LIST ALL HIGH SCHOOLS ATTENDED

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If you received a GED: # \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

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## LIST THE COLLEGE, UNIVERSITY OR BUSINESS/VOCATIONAL SCHOOLS ATTENDED:

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**Name:** \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

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:  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:  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:  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:  B.A.  B.S.  Other: \_\_\_\_\_ Major: \_\_\_\_\_

Minor (if applicable): \_\_\_\_\_ Credit Hrs. \_\_\_\_\_

Classmate (list one): \_\_\_\_\_ Ph# or Email: \_\_\_\_\_

## SPECIAL SKILLS OR QUALIFICATIONS

Please place a check mark next to any skill that you possess.

- |   |  |
|---|--|
| <input type="checkbox"/> Typing/Keyboarding _____ wpm   | <input type="checkbox"/> Word Processing                               |
| <input type="checkbox"/> Transcription/Dictaphone   | <input type="checkbox"/> Teletype/Computer Operator (What Type?) _____ |
| <input type="checkbox"/> PC Database  | <input type="checkbox"/> PBX/ Switchboard                              |
| <input type="checkbox"/> Common PC Applications: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Power Point <input type="checkbox"/> Outlook |  |
| <input type="checkbox"/> Other: (list) _____  |  |

List relevant skills, foreign languages, training or college courses: \_\_\_\_\_  
\_\_\_\_\_

Law Enforcement Training Academy  Law Enforcement related training: \_\_\_\_\_  
\_\_\_\_\_

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**VOLUNTEER SERVICE:** List all Law Enforcement related volunteer or Reserve service as well.

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**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):** \_\_\_\_\_ **Ph# or Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Dates of Service:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Job/Position Title:** \_\_\_\_\_

**Duties/Responsibilities:** \_\_\_\_\_

**Co-Worker (list one):** \_\_\_\_\_ **Ph# or Email:** \_\_\_\_\_

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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 at least ten years, including part-time, temporary and seasonal employment. Identify part-time jobs with "PT" and temporary jobs with "TEMP". **Explain** any gaps in employment lasting more than two months. **COMPLETE ALL INFORMATION REQUESTED: AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** Resumes can be included, but **may not** be used in place of completing the application.

<b>Present or Last Employer:</b>	Dates of Employment From:	To:
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 current employer being contacted\***

<b>Past Employer:</b>	Dates of Employment From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	Dates of Employment From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	Dates of Employment From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	Dates of Employment From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	Dates of Employment From:	To:
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

Yes  No Have you ever served in a regular component of the armed forces?

If yes, what branch of service?  Marines  Army  Airforce  Navy  National Guard

Dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge:  Honorable  Dishonorable  Other: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No Were you ever subject to any demotion or other disciplinary action while in the military service? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Promotions, awards, medals, schools, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RESIDENCE

Please list all of your residences for the last 10 years. Begin with your most current residence.

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Dates of Occupancy – From: (month/year)** \_\_\_\_\_ **To:** \_\_\_\_\_

**Rental:**  Yes  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:**  Yes  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:  Yes  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:  Yes  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:  Yes  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:  Yes  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:  Yes  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 current residence:

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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: \_\_\_\_\_

## REFERENCES

List three people who know you well enough to provide current and past information about you. **Do not list relatives. Past supervisors and co-workers, not listed above, can provide excellent references.**

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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: \_\_\_\_\_



## CRIMINAL AND TRAFFIC INFORMATION

Complete the following for each criminal conviction. Include all traffic citations, regardless of disposition.  
**Use supplemental pages if necessary.**

**Offense:** \_\_\_\_\_  Misdemeanor  Felony Class: \_\_\_\_\_

Date: \_\_\_\_\_ Agency of occurrence: \_\_\_\_\_

Disposition:  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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**Offense:** \_\_\_\_\_  Misdemeanor  Felony Class: \_\_\_\_\_

Date: \_\_\_\_\_ Agency of occurrence: \_\_\_\_\_

Disposition:  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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**Offense:** \_\_\_\_\_  Misdemeanor  Felony Class: \_\_\_\_\_

Date: \_\_\_\_\_ Agency of occurrence: \_\_\_\_\_

Disposition:  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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Do you have a Colorado driver's license?  Yes  No.

Provide the following information for the last **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: \_\_\_\_\_

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Have you ever been involved as a driver in a motor vehicle accident?  Yes  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 yes, 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

Newspaper (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: \_\_\_\_\_



# 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.

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle Area Code First

Address: \_\_\_\_\_  
Number – Street – Apt # - POB

City, State, Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sex:  M  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

<b>Past Employer:</b>	<b>Dates of Employment From:</b>	<b>To:</b>
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	<b>Dates of Employment From:</b>	<b>To:</b>
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	<b>Dates of Employment From:</b>	<b>To:</b>
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	<b>Dates of Employment From:</b>	<b>To:</b>
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	<b>Dates of Employment From:</b>	<b>To:</b>
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

<b>Past Employer:</b>	<b>Dates of Employment From:</b>	<b>To:</b>
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ( )	Fax: ( )
Duties:		
Co-worker (list one):	Phone: ( )	Email:
Reason for leaving:		

**EDUCATION - Continuation**

**Name:** \_\_\_\_\_ **Dates Attended: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**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:**  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:**  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:**  B.A.  B.S.  Other: \_\_\_\_\_ **Major:** \_\_\_\_\_

**Minor (if applicable):** \_\_\_\_\_ **Credit Hrs.** \_\_\_\_\_

**Classmate (list one):** \_\_\_\_\_ **Ph# or Email:** \_\_\_\_\_

**CRIMINAL AND TRAFFIC INFORMATION-Continuation**

**Offense:** \_\_\_\_\_  Misdemeanor  Felony **Class:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Agency of occurrence:** \_\_\_\_\_

**Disposition:**  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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

**Offense:** \_\_\_\_\_  Misdemeanor  Felony **Class:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Agency of occurrence:** \_\_\_\_\_

**Disposition:**  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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

**Offense:** \_\_\_\_\_  Misdemeanor  Felony Class: \_\_\_\_\_

Date: \_\_\_\_\_ Agency of occurrence: \_\_\_\_\_

Disposition:  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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**Offense:** \_\_\_\_\_  Misdemeanor  Felony Class: \_\_\_\_\_

Date: \_\_\_\_\_ Agency of occurrence: \_\_\_\_\_

Disposition:  Paid fine  Guilty  Not guilty  Plead guilty to charge  Probation – Explain the circumstances: \_\_\_\_\_

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**Driver's License's:**

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:** \_\_\_\_\_

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

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**Zip Code:** \_\_\_\_\_ **Dates of Occupancy – From: (month/year)** \_\_\_\_\_ **To:** \_\_\_\_\_

Rental:  Yes  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:  Yes  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 #