



FRUITA POLICE DEPARTMENT

Personal History Form for Police Officer Applicants

Personal						
Full Legal Name	Last	First		Middle		
Sex	Height	Weight	Hair	Eyes	Social Security Number	
Driver's License No.	State	Expiration Date	U.S. Citizen <input type="checkbox"/>	Naturalized Citizen <input type="checkbox"/>	Legal Alien <input type="checkbox"/>	Date Applied for Citizenship <input type="checkbox"/>
Date of Birth		Place of Birth (City, County, State, and Country)				
List All Names (Aliases and Nicknames) You Have Used Or Have Been Known By (Include Maiden Name)						
Last		First		Middle		Year(s) Used
List and Describe All Tattoos and Where They Are Located						
List the Current Address Where You Physically Reside (Not a Mailing Address)						
Number, Street, and Apt. No.				City	State	Zip Code
Name of the County Where You Reside			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other		How Long Have You Resided There?	
List Your Residence and Work Phone Numbers (Include Area Codes and Extensions, If Applicable)			Residence (Area Code)		Work (Area Code)	
			Pager or Beeper (Area Code)		Cellular Phone (Optional)	
List of Mailing Addresses if Unable to Obtain Mail at Your Residence						
Mailing Address				City	State	Zip Code

Marital Status

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced					
Full Name of Spouse		Maiden Name	Other Names Spouse Has Used	Date of Birth	Age
Date of Marriage		Place of Marriage (City, County, State, and Country)			
Spouse's Employer			Occupation or Position	How Long Employed	
Current Address of Spouse, If Not Living With You			Home Phone (Area Code)	Work Phone (Area Code)	
If Divorced, Widowed, or Had an Annulment, Provide the Following Information					
Full Name of Former Spouse		Maiden Name	Other Names Spouse Has Used	Date of Birth	Age
Date of Marriage		Place of Marriage (City, County, State, and Country)			
Former Spouse's Employer			Occupation or Position	How Long Employed	
Current Address of Former Spouse or Last Known Address			Home Phone (Area Code)	Work Phone (Area Code)	
Date Filed for Divorce	City, County, and State of Divorce			Is Divorce Final <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Former Spouse		Maiden Name	Other Names Spouse Has Used	Date of Birth	Age
Date of Marriage		Place of Marriage (City, County, State, and Country)			
Former Spouse's Employer			Occupation or Position	How Long Employed	
Current Address of Former Spouse or Last Known Address			Home Phone (Area Code)	Work Phone (Area Code)	
Date Filed for Divorce	City, County, and State of Divorce			Is Divorce Final <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been ordered by court to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is or was the monthly amount \$ _____					
Have you ever been required to pay alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is or was the monthly amount \$ _____					
Have you ever been delinquent in child support payment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain below.					

Residences

List all of your residences during the last ten years or since age fifteen. Begin with your most current residence. When listing military bases, include nearest

city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, or West. Include unit number or apartment number , where applicable.		
Current Address	City, State, and Zip Code	Since (Month/Year)
With Whom Do You Live		
If renting, give name of complete address, and phone number of person who collects the rent		
Address	City, State, and Zip Code	Since (Month/Year)
With Whom Do You Live		
If rented, give name of complete address, and phone number of person who collected the rent		
Reason for Moving		
Address	City, State, and Zip Code	Since (Month/Year)
With Whom Do You Live		
If rented, give name of complete address, and phone number of person who collected the rent		
Reason for Moving		
Address	City, State, and Zip Code	Since (Month/Year)
With Whom Do You Live		
If rented, give name of complete address, and phone number of person who collected the rent		
Reason for Moving		
Address	City, State, and Zip Code	Since (Month/Year)
With Whom Do You Live		
If rented, give name of complete address, and phone number of person who collected the rent		
Reason for Moving		
Address	City, State, and Zip Code	Since (Month/Year)
With Whom Do You Live		
If rented, give name of complete address, and phone number of person who collected the rent		
Reason for Moving		
Experience and Employment		
Beginning with your most current employment, list every job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided.		

Start with your most current employment.			
Do you object to our contacting your present employer(s) prior to your being accepted? If yes, please explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment From To Month/Year Month/Year ____ / ____ ____ / ____ How long employed there? ____		Name of Employer	
<input type="checkbox"/> Present Employment		Work Phone (Area Code)	
		Complete Address	
<input type="checkbox"/> Present Employment		Work Schedule (for example, Monday through Friday, 9 to 5, etc.)	
		Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe Your Duties			
Reason for Leaving (Be Specific)			
Supervisor's Name		Work or Home Phone (Area Code)	
List Another Supervisor		Work or Home Phone (Area Code)	
List a Co-Worker		Work or Home Phone (Area Code)	
<input type="checkbox"/> Unemployed From: _____ To: _____			

Experience and Employment (continued)

Dates of Employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? _____ <input type="checkbox"/> Present Employment	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

Describe Your Duties

Reason for Leaving (Be Specific)

Supervisor's Name	Work or Home Phone (Area Code)
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List Another Supervisor	Work or Home Phone (Area Code)
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List a Co-Worker	Work or Home Phone (Area Code)
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Unemployed From: _____ To: _____

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	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

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------------------	--------------------------------

Unemployed From: _____ To: _____

Experience and Employment (continued)

Dates of Employment	Name of Employer	Work Phone (Area Code)
---------------------	------------------	------------------------

From Month/Year ____/____	To Month/Year ____/____	Complete Address	
How long employed there? _____		Work Schedule (for example, Monday through Friday, 9 to 5, etc.)	
Job Position or Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

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	Complete Address	
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)	
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary

Describe Your Duties

Reason for Leaving (Be Specific)

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List Another Supervisor	Work or Home Phone (Area Code)
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List a Co-Worker	Work or Home Phone (Area Code)
------------------	--------------------------------

Unemployed From: _____ To: _____

Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year ____/____ ____/____	Name of Employer	Work Phone (Area Code)
	Complete Address	

_____ / _____ / _____ How long employed there? _____	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
Describe Your Duties			
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Supervisor's Name	Work or Home Phone (Area Code)		
List Another Supervisor	Work or Home Phone (Area Code)		
List a Co-Worker	Work or Home Phone (Area Code)		
<input type="checkbox"/> Unemployed From: _____ To: _____			
Dates of Employment From To Month/Year Month/Year _____ / _____ / _____ How long employed there? _____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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List Another Supervisor	Work or Home Phone (Area Code)		
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Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year _____ / _____ / _____	Name of Employer		Work Phone (Area Code)
	Complete Address		

How long employed there? _____	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
Describe Your Duties			
Reason for Leaving (Be Specific)			
Supervisor's Name		Work or Home Phone (Area Code)	
List Another Supervisor		Work or Home Phone (Area Code)	
List a Co-Worker		Work or Home Phone (Area Code)	
<input type="checkbox"/> Unemployed From: _____ To: _____			
Dates of Employment From To Month/Year Month/Year _____/____/____ ____/____/____ How long employed there? _____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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Supervisor's Name		Work or Home Phone (Area Code)	
List Another Supervisor		Work or Home Phone (Area Code)	
List a Co-Worker		Work or Home Phone (Area Code)	
<input type="checkbox"/> Unemployed From: _____ To: _____			

Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year _____/____/____ ____/____/____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		

How long employed there? _____			
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
Describe Your Duties			
Reason for Leaving (Be Specific)			
Supervisor's Name		Work or Home Phone (Area Code)	
List Another Supervisor		Work or Home Phone (Area Code)	
List a Co-Worker		Work or Home Phone (Area Code)	
<input type="checkbox"/> Unemployed From: _____ To: _____			
Dates of Employment From To Month/Year Month/Year ____ / ____ ____ / ____ How long employed there? _____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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Reason for Leaving (Be Specific)			
Supervisor's Name		Work or Home Phone (Area Code)	
List Another Supervisor		Work or Home Phone (Area Code)	
List a Co-Worker		Work or Home Phone (Area Code)	
<input type="checkbox"/> Unemployed From: _____ To: _____			

Experience and Employment (continued)

Have you ever held employment under another name? Yes No

If yes, list the names used, the employer, and the dates of employment.

Name Used	Employer	From (Month/Year)	To (Month/Year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? Yes No

If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

Date	Employer
	Details

Date	Employer
	Details

Date	Employer
	Details

Date	Employer
	Details

Have you ever had any extended work absences for any reason other than medical or earned vacations? (Leave of absence, suspensions, layoffs, etc.) Yes No

If yes, list the dates, name of employer, and details.

Date	Employer
	Details

*If yes, list **EVERY** agency you have applied with. Start 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	Date Applied
Complete Address including Zip Code	Position
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> Other _____	

What was your background investigator's name and phone number?

Name of Agency	Date Applied
Complete Address including Zip Code	Position
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> Other _____	

What was your background investigator's name and phone number?

Name of Agency	Date Applied
Complete Address including Zip Code	Position
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> Other _____	

What was your background investigator's name and phone number?

Name of Agency	Date Applied
Complete Address including Zip Code	Position
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> Other _____	

What was your background investigator's name and phone number?

Military Service

Did you comply with the draft registration law? <input type="checkbox"/> Yes <input type="checkbox"/> No	Selective Service Number:
Have you ever served in any of the Armed Forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> Discharged	
Branch of Service	Unit/Occupation
Enlistment Date	Discharge Date

Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If active or current reserve, list your commanding officer's name	
Were you ever investigated for any criminal activity while in the military or military reserves? <i>If yes, please explain.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves? <i>If yes, please explain.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate Date	Violation	Penalty	
Did you receive an honorable discharge? <i>If you received a discharge other than honorable, please explain.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.			
From (Month/Year)	To (Month/Year)	Location	Duties/Purpose

Education

The Commission on Peace Officer Standards and Training requires a peace officer to possess a U.S. High School Diploma or its equivalent. Please indicate your current status with this requirement. Check **all** boxes that apply.

- I possess a high school diploma from a U.S. institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year college degree from an accredited college or university.
- I passed the GED test meeting the required scores.
- I passed the High School Proficiency Examination.

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and Address of U.S. High Schools Attended and/or Graduated	From (Month/Year)	To (Month/Year)	Did You Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever attended college? Yes No

If yes, list all colleges and universities attended including post graduate.

Name of College or University	City and State	Major	From (Month/Year)	To (Month/Year)	Total Units Earned	Type Degree Earned

Have you ever attended a trade, vocational, or business school? Yes No

If yes, please provide the following information.

Name of School (Include City and State)	Type of School or Training	Dates Attended	Did You Finish the Course?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school? Yes No

If yes, explain in detail.

Motor Vehicle Operation and Insurance

Have you ever received a traffic citation? Yes No
If yes, list all traffic citations for the last four years. Start with the most recent.

Month/Year	Traffic Violation	City and State	What Action Resulted? (fined, traffic school attended, dismissed)

List all vehicles that you own and/or operate that are registered to you.

Year	Make/Model	Color	License Number and State	Is vehicle currently registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is vehicle currently insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Law requires that drivers and owners of vehicles be covered by automobile insurance. Please list your insurance company or companies.

Company	Telephone Number (Area Code)	Policy Number	Expiration Date

Have you ever been refused auto insurance for any reason? Yes No
If yes, please explain.

As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)? Yes No
If yes, please explain.

Motor Vehicle Operation and Insurance (continued)

Have you ever failed to appear in court on a traffic citation or parking citation? Yes No

If yes, provide the following information.

Approximate Date	Traffic Violation	City/County/State	Reason You Failed to Appear

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? Yes No

If yes, provide the following information.

Approximate Date	Traffic Violation	City/County/State	Penalty

Legal

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been charged with a felony in which you were acquitted of the felony charge(s)? Yes No

If yes to any of the above, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

Legal (continued)

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act (not listed in prior section)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with the most recent.</i>			
Date	Charges	Police Agency	Results
Explain circumstances			
Date	Charges	Police Agency	Results
Explain circumstances			
Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i>			
Date	Charges or Reason for Investigation	Police Agency	
Explain Circumstances			
Date	Charges or Reason for Investigation	Police Agency	
Explain Circumstances			
Have you ever received a misdemeanor citation in lieu of going to jail? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation.</i>			

Legal (continued)	
Have you ever been placed on court probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, to either question, explain below giving details, dates, and reason. If you were on probation more than once, please indicate.</i>	
Date	Details
Have you ever violated probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain below.</i>	
Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain below.</i>	
Have you ever been reported to a law enforcement agency as a missing person or runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Details
Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain below.</i>	
Date	Details
Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain below.</i>	
Date Applied	Was Permit Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Weapon?	
Name of the agency where applied (City, County, and State).	
For what purpose?	

**CITY OF FRUITA
POLICE DEPARTMENT**

AUTHORIZATION TO RELEASE INFORMATION

PRE-EMPLOYMENT BACKGROUND WAIVER

I hereby authorize any representative of the Fruita Police Department bearing this release to obtain any information pertaining to my personal background and activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, and other sources of information. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal record information, medical/mental health, substance abuse, and credit history.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the City of Fruita Police Department to furnish such information as is described above, to third parties in the course of the City of Fruita Police Department fulfilling their official responsibilities with regard to my application for employment.

I hereby release you the institution or establishment you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

If a criminal records investigation reveals criminal charges without disposition, I will provide a court order or similar legal document which stipulates what disposition was made of the charge(s).

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

This form must be notarized.

Signed _____ Print Name _____

Date _____

Social Security Number _____

State of Colorado, County _____

Signed in the presence of _____

Address _____

_____ Day of _____ 20 _____

My commission expires _____ Notary Public