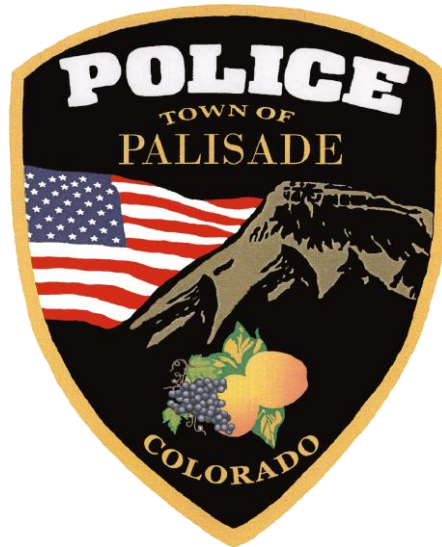


# Palisade Police Department Law Enforcement Supplemental Application



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Last, First, MI (please print legibly)

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Date

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Position applying for

175 E 3<sup>rd</sup> Street  
Palisade CO, 81526  
970-464-5601

Rev. 7/21/2023



## Palisade Police Department *Applicant Check-List*

**Review and check-off each item noted below to ensure that you have provided the required document or information as part of your application packet. Be complete and accurate. Failure to completely and accurately complete this supplemental application may result in disqualification from consideration.**

- Complete Town of Palisade Employment Application
- Complete and submit the Palisade Police Department Law Enforcement Supplemental Application

Palisade Police Department  
175 E 3<sup>rd</sup> Street PO BOX 200  
Palisade Co, 81526

- Submit a copy of High School Transcripts or G.E.D scores, and/or College Transcripts from all previous colleges attended with application packet.
- Copy of Current Driver's License
- Copy of Social Security Card
- Certificate of Application, Lack of Criminal History, and Release of Information (signed, dated, and NOTARIZED)
- Consent to Release (signed, dated, and NOTARIZED)
- Signed FERPA consent to release Information.
- Copy all Military Discharge paperwork, DD-214, if applicable
- If prior law enforcement submit a previous performance evaluation and complete prior Law Enforcement Section
- Copy of all previous applicable training certificates
- Resume (Cover letter optional)
- Awards or other supporting documents
- Personal History Questionnaire



Palisade Police Department  
*Contact Information*  
**PLEASE PRINT ALL INFORMATION LEGIBLY**

Full Name (please print): \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Other names used / Maiden Name / Aliases:**

Full Name (please print): \_\_\_\_\_  
LAST FIRST MIDDLE



# Palisade Police Department

## Supplemental Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #

\_\_\_\_\_  
CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Best way to contact you during normal hours:  Home  Cell  Work

Are you a citizen of the United States?  Yes  No

If no, are you authorized to work in the U.S.?  Yes  No

Do you have any previous Law Enforcement training?  Yes  No

If "yes", with what agency? \_\_\_\_\_

### Residences

Please list your place of residence for the past TEN years: (do not leave any gaps)

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #

\_\_\_\_\_  
CITY STATE ZIP CODE

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #

\_\_\_\_\_  
CITY STATE ZIP CODE

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #

\_\_\_\_\_  
CITY STATE ZIP CODE

Did you have any problems or issues in conjunction with any of your residences?  Yes  No  
(If yes, please provide details on continuation sheet)

## Former/Current Roommates

Please list all former or current Roommates. Include anyone who you lived with, not including parents or current spouse.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

## Former Dating Partners

Please provide a list of former dating partners. (i.e. boyfriend/girlfriend) where the relationship was an intimate relationship. "Intimate relationship" means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Living Together: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
FULL NAME

Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
MONTH/YEAR MONTH/YEAR   Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
FULL NAME

Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
MONTH/YEAR MONTH/YEAR   Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
FULL NAME

Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree/  
MONTH/YEAR MONTH/YEAR   Diploma/  
Certificate: \_\_\_\_\_

If you did not graduate from high school, provide specifics of where and when you received your G.E.D.

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

Did you have any problems or issues in conjunction with any of your education? (i.e. suspensions, academic probation, disciplinary issues, Title Nine investigations)  Yes  No  
(If yes, provide details on continuation sheet)

## References

*Please list three professional references (Do not use relatives). Please include complete contact and mailing information. (Please obtain approval with reference prior to listing)*

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

\_\_\_\_\_

## Employment

Please include all employment for the past TEN years, beginning with the most recent employer first. You may include additional pages if needed. Do not leave gaps. Indicate periods of unemployment if appropriate. Please list one person who worked with you at each place of employment.

From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Co-Worker name \_\_\_\_\_ Phone: \_\_\_\_\_

---

From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Co-Worker name \_\_\_\_\_ Phone: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Co-Worker name \_\_\_\_\_ Phone: \_\_\_\_\_

---



From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Co-Worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you have any problems or issues at any of your places of employment? (i.e reprimands, disciplinary notice, conflicts, leave without proper notice, dismissal).  Yes  No

If you answered YES, please provide details on continuation sheet.

**Additional Questions**

Have you ever applied to any other law enforcement agency? If so please list below:  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the status of any of the above mentioned applications? If so please list:  
\_\_\_\_\_  
\_\_\_\_\_

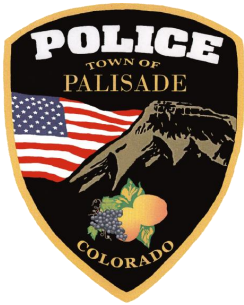
Have you worked for any law enforcement agency(even if not LE capacity) or detention facility?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any information we need to know about your name or your use of another name in order for us to be able to check your work, driving and criminal records? Please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain, in your own words, why you applying to the Palisade Police Department and future goals in law enforcement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







**Palisade Police Department**  
*Statement of Acknowledgment and Consent to Release  
Information*

I, \_\_\_\_\_ being of first duly sworn upon oath, state as follows;

\_\_\_\_\_ I am presently an applicant for employment with the Palisade Police Department in Palisade, Colorado. I fully understand that the Palisade Police Department conducts a background investigation of all applicants who are being considered for a position with the Palisade Police Department. This investigations includes, but is not limited to, an investigation of my past employment performance, school records, financial stability, military service, police encounters, driving record and character traits.

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

\_\_\_\_\_ I also understand 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 in support and attached hereto) becomes, upon submission to the Palisade Police Department (in petition for employment), the property of the Town of Palisade, State of Colorado, and cannot and will not be returned to me under any circumstance whatsoever.

\_\_\_\_\_ I authorize the Palisade Police Department to release any documents or information collected during the application process to 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 Palisade Police Department from any and all liabilities or claims that I may have against that person arising out of the release of such information.

\_\_\_\_\_ I further agree to release and hold harmless Town of Palisade, 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 Palisade Police Department for use by the Palisade Police Department in consideration of my application for employment and for such other purposes as may be related to any subsequent employment with the Palisade Police Department.

\_\_\_\_\_ This authorization for the release of information shall be valid for a one-year period from the date hereof. Any release of claim or liability set forth therein shall survive the termination of the Statement of Acknowledgement and Consent to Release Information. A photocopy of this Statement of Acknowledgment and Consent to Release Information will be valid as an original.

\_\_\_\_\_ I further certify that all statement made by me in the competition of the application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of the application with no further consideration, or if I am hired an false statements, fraud and/or deceit is subsequently discovered, such false statements, fraud and/or deceit will become grounds for my immediate dismissal from the Palisade Police Department.

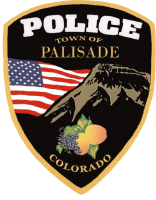
\_\_\_ I further acknowledge that I understand all employment with the Police Department is at the will and pleasure of the Chief of Police.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

My commission expires:



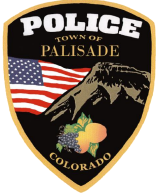
## Palisade Police Department

### *Certification of Application and Lack of Criminal History, and Release of Information*

I, \_\_\_\_\_, certify that I have personally completed all aspects of this application and all attachments. I certify that all the answers are accurate and complete to the best of my knowledge and belief, and I certify that all of the information provided in my application is accurate and complete.

I certify that I have never been a) convicted of a felony crime/offense in any state or federal court, b) convicted of any of the Colorado misdemeanors listed below, and c) convicted of a crime/offense comparable or similar to any of the Colorado misdemeanors listed below in any federal or other state's court. I further certify that no felony or listed or comparable or similar misdemeanor is pending against me. I authorize the Palisade Police Department (PPD) and any of its staff, employees, or agents to perform a background investigation to verify the truth of these statements.

18-3-204	Assault in the third degree	18-8-208.1	Attempt to escape
18-3-402	Sex assault	18-8-212	Violation of bail bond conditions
18-3-404	Unlawful sexual contact	18-8-304	Soliciting unlawful compensations
18-3-405.5	Sexual assault on a client by a psychotherapist	18-8-305	Trading in public office
18-3-412.5	Sex offenders-duty to register-penalties	18-8-308	Failing to disclose a conflict of interest
18-6-403	Sexual exploitation of children	18-8-403	Official oppression
18-7-201	Prostitution prohibited	18-8-404	First degree official misconduct
18-7-202	Soliciting for prostitution	18-8-503	Perjury in the second degree
18-7-203	Pandering	18-8-611	Simulating legal process
18-7-204	Keeping a place of prostitution	18-8-612	Failure to obey a juror summons
18-7-208	Promoting sexual immortality	18-8-613	Willful misrepresentation of material fact on juror questionnaire
18-7-302	Indecent exposure	18-8-614	Willful harassment of juror by employer
18-7-601	Dispensing violent films to minors	18-8-802	Duty to report use of force by peace officers
18-8-102	Obstructing government operations	18-9-111	Harassment
18-8-103	Resisting arrest	18-9-121	Ethnic intimidation
18-8-104	Obstructing a peace officer, firefighter, emergency medical services provider, rescue specialist, or volunteer	18-18-404	Unlawful use of controlled substances
18-8-108	Compounding	18-18-405	Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance
18-8-109	Concealing death	18-18-406	Offenses relating to marijuana and marijuana concentrate
18-8-111	False reporting to authorities	18-18-411	Keeping, maintaining, controlling, renting, or making available property for unlawful distribution or manufacture of controlled substances
18-8-112	Impersonating a peace officer		
18-8-113	Impersonating a public servant		
18-8-114	Abuse of public records		
18-8-201	Aiding escape		
18-8-204.2	Possession of contraband in the second degree		
18-8-208	Escapes		



## Palisade Police Department

### *Personal History Questionnaire*

#### Work History

1. Have you ever been fired, asked to resign, or forced to leave a job? Yes ( ) No ( )
2. Have you ever resigned from a position to avoid termination? Yes ( ) No ( )
3. Ever been the subject of an allegation charging you with racial or ethnic bias or sexual harassment? Yes ( ) No ( )
4. Ever receive unemployment compensation while working at any job? Yes ( ) No ( )
5. Ever receive unemployment compensation or unemployment compensation while working at any job that you were not entitled to? Yes ( ) No ( )
6. Ever work and get paid “under the table or off the books”? Yes ( ) No ( )
7. Have you ever been disciplined (e.g., oral/written reprimand, docked pay, suspension, demoted, etc.) for excessive absences, tardiness, poor judgment, unbecoming conduct, work performance or other work related reasons? Yes ( ) No ( )
8. Ever keep an overage (more money than the final accounting showed)? Yes ( ) No ( )
9. What is the most valuable thing you ever took from an employer?

\_\_\_\_\_

\_\_\_\_\_

10. Ever aware of any fellow employees taking from your employer? Yes ( ) No ( ) If yes, what did you do about it? \_\_\_\_\_

\_\_\_\_\_

#### Financial History

The management of personal finances is relevant to an individual’s qualifications for the position of Police Officer. Fill in the required information in this section. **BE COMPLETE AND ACCURATE.** The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

1. Do you receive income from sources other than your principal occupation? Yes ( ) No ( ) What is the source? \_\_\_\_\_ Amount per month? \_\_\_\_\_
2. Do you have a bank account? Yes ( ) No ( ) Name and location of bank: \_\_\_\_\_ Name and location of bank: \_\_\_\_\_

3. Do you have a checking account? Yes ( ) No ( ) Name and location of bank: \_\_\_\_\_ Name and location of bank: \_\_\_\_\_

4. Are you responsible for making alimony payments? Yes ( ) No ( ) If "Yes", indicate amount of payment: \$ \_\_\_\_\_ per: \_\_\_\_\_

5. Are you responsible for making child support payments? Yes ( ) No ( ) If "Yes", indicate amount of payment: \$ \_\_\_\_\_ per: \_\_\_\_\_

6. If you are responsible for making alimony or child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? Yes ( ) No ( ) If "Yes", explain details: \_\_\_\_\_  
\_\_\_\_\_

7. Have you or your spouse ever filed for or declared bankruptcy? Yes ( ) No ( ) If "Yes", give details when, where and reasons: \_\_\_\_\_  
\_\_\_\_\_

8. Have any of your bills ever been turned over to a collection agency? Yes ( ) No ( ) If "Yes", give details, including date(s), firm(s) involved and circumstances.  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever had, purchased goods repossessed? Yes ( ) No ( ) If "Yes", give details, including dates, firms involved, and circumstances:

10. Have your wages ever been attached or garnished? Yes ( ) No ( ) If "Yes", give dates, reason, who attached the wages, etc.  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been delinquent on federal income tax, state, local or other taxes? Yes ( ) No ( ) If "Yes", explain giving details including date, where and reason why.  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you now or have you ever had any illegal gambling debts? Yes ( ) No ( ) If "Yes", explain giving date(s) and details.  
\_\_\_\_\_  
\_\_\_\_\_

13. Ever not pay a dept – just skip out on it? Yes ( ) No ( )  
\_\_\_\_\_

14. Have you ever been evicted? Yes ( ) No ( )  
\_\_\_\_\_

15. Ever have a credit card recalled? Yes ( ) No ( )  
\_\_\_\_\_



16. Ever not financially support someone you were obligated to? Yes ( ) No ( )

\_\_\_\_\_

17. Ever issue a check or other debt instrument knowing you did not have the funds to cover it? Yes ( ) No ( )

\_\_\_\_\_

18. Are you presently experiencing any financial problems? Yes ( ) No ( )

\_\_\_\_\_

19. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes ( ) No ( ) If "yes", explain, including reasons for refusals, names of insurance companies, dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Do you currently have any financial obligation to any of the following?

AMOUNT OWED

Doctor / Dentist ( ) Yes ( ) No \_\_\_\_\_

Hospital/ Clinic ( ) Yes ( ) No \_\_\_\_\_

Mortgage ( ) Yes ( ) No \_\_\_\_\_

Financial Company ( ) Yes ( ) No \_\_\_\_\_

Auto Loan ( ) Yes ( ) No \_\_\_\_\_

Fed/ State/Local taxes ( ) Yes ( ) No \_\_\_\_\_

Credit Union ( ) Yes ( ) No \_\_\_\_\_

Student Loan ( ) Yes ( ) No \_\_\_\_\_

Court Judgment ( ) Yes ( ) No \_\_\_\_\_

Child Support ( ) Yes ( ) No \_\_\_\_\_

Alimony ( ) Yes ( ) No \_\_\_\_\_

Rent ( ) Yes ( ) No \_\_\_\_\_

Utilities ( ) Yes ( ) No \_\_\_\_\_

Bank Loans ( ) Yes ( ) No \_\_\_\_\_

Loans From others ( ) Yes ( ) No \_\_\_\_\_

Credit Cards ( ) Yes ( ) No \_\_\_\_\_

Other Creditors Not Listed ( ) Yes ( ) No \_\_\_\_\_

21. List ALL your present loans and any debt, garnishes, wage assignments or judgement pending against you. Include all Credit Card accounts. If none, so state. Date Original Monthly Reason Name & Mailing Address of Person Made Amount Payment For Loan or organization debt is owed to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal/Criminal Activity**

Have you ever been arrested or convicted of any crime, ordinance violation or have you received an infraction, summons, ticket or citation for criminal activity? Yes ( ) No ( )

If “Yes”, Explain Below; include dates, charges, Police Agency, Court, and Final Disposition.

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1. Have you or your spouse ever been involved as a plaintiff or defendant in any CIVIL COURT action? Yes ( ) No ( ) If “Yes”, list the date, place and full details of each incident below.

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2. Have you ever been reported to a Law Enforcement Agency as a Missing Person or as a Runaway? Yes ( ) No ( ) If “Yes”, list the date, place and full details of each incident below.

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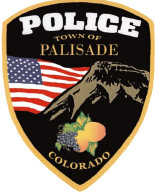
3. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes ( ) No ( ) If “Yes”, list the date, place and full details of each incident below. \_\_\_\_\_

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4. Have you ever been involved in any of the following in any way (participated in, conspired with or assisted anyone, regardless of whether or not you were caught)?

Caused a person's death / person to be hospitalized	Yes ( ) No ( )
Taken items from a store as a child / as an adult	Yes ( ) No ( )
Take any property or money without owner's permission	Yes ( ) No ( )
Take a motor vehicle without the owner's permission	Yes ( ) No ( )
Falsely report a fire or other emergency situation	Yes ( ) No ( )
Falsely report a Crime	Yes ( ) No ( )
Use a phony identification	Yes ( ) No ( )
Use a credit card or ATM card illegally	Yes ( ) No ( )
Use or display a weapon during an altercation	Yes ( ) No ( )
Make a threatening or obscene communication anonymously (via telephone, mail, E-Mail, fax, etc.)	Yes ( ) No ( )
Receive or distribute any items you knew to be stolen	Yes ( ) No ( )
Intentionally damage property of someone else	Yes ( ) No ( )
Were you ever in illegal possession of a weapon	Yes ( ) No ( )
Make a false or inflated insurance claim	Yes ( ) No ( )
Take something from someone by force	Yes ( ) No ( )
Break into a motor vehicle	Yes ( ) No ( )
Break into a building (home / business, etc.)	Yes ( ) No ( )
Set fire to anything	Yes ( ) No ( )
Kidnap or otherwise keep someone against their will	Yes ( ) No ( )
Counterfeit anything	Yes ( ) No ( )
Commit blackmail / any form of extortion	Yes ( ) No ( )
Tamper with a witness or evidence	Yes ( ) No ( )
Use a computer to commit a crime	Yes ( ) No ( )
Make a false statement to the police	Yes ( ) No ( )
Harass or stalk someone	Yes ( ) No ( )
Interfere with a police officer	Yes ( ) No ( )
Deliberately hurt an animal	Yes ( ) No ( )
Make or take an illegal bet	Yes ( ) No ( )
Impersonate a police officer	Yes ( ) No ( )
Ever use physical force with your spouse or significant other (strike, push, slapping, shaking, etc.)	Yes ( ) No ( )
Ever use physical force with a parent	Yes ( ) No ( )
Ever use physical force with a child	Yes ( ) No ( )
Ever been subject of a restraining/protective order	Yes ( ) No ( )
Ever been convicted of a criminal offense	Yes ( ) No ( )
Ever have a criminal charge reduced in court	Yes ( ) No ( )
Do you have a permit to carry a pistol or revolver	Yes ( ) No ( )
Did you ever have a pistol permit denied/revoked	Yes ( ) No ( )
Any friends, family, close acquaintances ever been involved in any criminal activity	Yes ( ) No ( )
If Yes, did you assist them in any way	Yes ( ) No ( )
Ever been involved in organized crime	Yes ( ) No ( )





**Palisade Police Department**  
*Certification of Application and Lack of Criminal  
History, and Release of Information (Continued)*

**I understand that any misstatement of fact or willful withholding of information during the application process will disqualify me, or if selected to attend, will be cause for immediate dismissal and termination from the Palisade Police Department (PPD). Should I be so disqualified or dismissed, I understand that I will remain liable for all charges incurred as part of the application process, and that I will not be eligible for any refund for money I paid for such things as a background investigation and a fingerprint check.**

I authorize Palisade Police Department (PPD) and/or its staff, employees, or agents to release any and all information concerning my application to, participation in, or graduation from, Palisade Police Department to any agency or its representatives or agents requesting such information as part of my application for employment by that agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public

My commission expires:

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: \_\_\_\_\_

(Name of University Official and Department that will be releasing the educational records)

Please provide information from the educational records of \_\_\_\_\_ [Name of Student requesting the release of educational records] to:

Palisade Police Department Att. Detective Segers "Prospective Employer" [Name(s) of person to whom the educational records

will be released, and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"]

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

\_\_\_\_\_ transcript

disciplinary records

\_\_\_\_\_ recommendations for employment or admission to other schools

\_\_\_\_\_ all records

\_\_\_\_\_ other (specify) \_\_\_\_\_

The information is to be released for the following purpose:

\_\_\_\_\_ family communications about university experience

employment

\_\_\_\_\_ admission to an educational institution

\_\_\_\_\_ other (specify) \_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the University Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_