



City of Cripple Creek Police Department

101 E. Bennett Avenue • PO Box 1687 • Cripple Creek, Colorado 80813

Phone (719) 689-2655 • Fax (719) 689-9879

RELEASE OF INFORMATION AGREEMENT

STATE OF _____
COUNTY OF _____

TO WHOM IT MAY CONCERN: Please carefully read this authorization to release information about you, then sign and date it in ink.

This release will be utilized and provided to third-party agencies in order to conduct a background investigation pursuant to your request for employment. Please be advised that this release will be in effect for two years from the date signed.

I hereby authorize any Officer or other authorized representative of the Cripple Creek Police Department bearing this release, or a copy of it, within **two** years of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment.

I consent to your release of **any and all public and private information** that you may have concerning me, including but not limited to documents concerning my work record, my background and reputation, my military service records, my financial and credit reports, my criminal history record, including any arrest records, any information contained in any investigatory files, performance evaluations, complaints or grievances filed by or against me, the records or recollections of attorney's at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, including all information of a confidential or privileged nature and photocopies of same, education, academic achievement, attendance, athletics, personal history, background investigations, polygraph examination, any and all internal affairs investigations and disciplinary action, **including any files which are deemed to be confidential, and or sealed.**

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records or your organization, including its officers, employees, or 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. I direct you to release such information upon request of the duly accredited representative of this agency regardless of any agreement I may have made with you previously to the contrary.

I respectfully request and authorize you to furnish the Cripple Creek Police Department **any and all information** that you may have concerning me. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Cripple Creek Police Department. This release is executed with the full knowledge and understanding that the information is for official use of the Cripple Creek Police Department.

Consent is granted for the Cripple Creek Police Department to furnish the information described above and subsequently provided to the Cripple Creek Police Department to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any rights or opportunity to read or review any information provided in the background investigation report prepared by the Cripple Creek Police Department.

I also agree to indemnify and hold harmless the person or persons to whom this request is presented and his/her agents and employees from and against all claims, expenses, and liability arising out of complying with this request.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

NOTE: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL, YOU MAY RETAIN THIS FORM IN YOUR FILES.

Print Name

Applicant's Signature

Date

Subscribed and sworn before me this _____ day of _____, 20____

_____ My commission expires: _____

Cripple Creek Police Department Application Supplement

Below you will find several additional questions that will help us get to know you better.
ALL TIME LIMITS SPECIFIED IN THIS APPLICATION SUPPLEMENTAL ARE TO BE DETERMINED FROM THE DATE OF THE EMPLOYMENT APPLICATION.

1. What is it about the community of Cripple Creek and the Police Department that interests you?

2. Describe and define Community Oriented Policing (COP), in your own words and how you plan to implement COP in your daily activities?

3. Which other law enforcement agencies have you applied to in the past 12 months? Include your status with each agency.

Police Department Integrity Standards

Please answer the following questions. Any “yes” answers must be explained on the final page.

NOTE: answering “Yes” to these questions does not constitute an automatic bar from employment. Factors such as age, time lapse and circumstances surrounding the situation will be taken into consideration.

Employment History (including school and military history)

1. Have you ever intentionally omitted or falsified any answers provided in an application for employment? Yes No

Financial Responsibility

1. Do you have individual debt that is or was 90 days delinquent within the last two years?
Yes No

2. Have you knowingly presented a financial transaction device, two or more times within the last three years, knowing you had insufficient funds in the account? Yes No

Integrity

1. Have you committed a felony or been convicted of a felony offense other than those described in the narcotics behavior section below? Yes No

2. Have you committed a misdemeanor or been convicted of a misdemeanor within the last three years, not including traffic related offenses? Yes No

3. Have you falsified any official document (i.e. any business or court record)? Yes No

4. Have you knowingly offered, solicited, or accepted a bribe? Yes No

Narcotics Behavior

1. Have you distributed or manufactured a controlled substance? Yes No

2. Have you illegally used/possessed/abused any prescription drugs within the last five years? Yes No

3. Have you used marijuana, or marijuana/THC-infused products (edibles, oils, lotions etc..) in the last 5 years? Yes No

4. Have you used an illegal drug or controlled substance, but not limited to, cocaine, LSD, mushrooms, steroids, or amphetamines, within the last five years? Yes No

5. Have you used any illegal drugs to include marijuana, or controlled substances on or off duty, while employed as a law enforcement officer, or while employed with a law enforcement agency. Yes No

Driving History

1. Has your driver's license been suspended/revoked/denied in any state within the last three years? Yes No

2. Have you been denied or had a lapse in automobile insurance coverage in the last three years? Yes No

3. Have you been convicted of an alcohol or drug related driving offense in the past three years? Yes No

4. Do you have more than one conviction for an alcohol or drug-related driving offense? Yes No

Check any of the below driving convictions you've had in the last three years? Provide date(s), location and details on the final page.

Driving under the influence of alcohol or drugs

Driving after suspension or revocation of license

Reckless driving

Leaving the scene of an accident

Vehicular homicide, manslaughter, or assault arising out of the use of a vehicle

Speeding 20MPH or more above the limit

Racing

Chemical test refusal

Fleeing or eluding a police officer

Passing a stopped school bus

Making a false accident report

Any other conviction not listed above

Excessive Force/Violence

1. Have you used physical force against another person resulting in physical harm, requiring medical attention, except as authorized by law, in the past five years? Yes No

2. While employed as a law enforcement/security/detention/correction officer have you had any complaint(s) or suspension(s) for excessive force? Yes No N/A (Civilian applicant)

3. Have you committed or been convicted of any unlawful sexual contact involving a child? Yes No

4. Have you committed or been convicted of child abuse resulting in injury or death; or been charged in any child abuse incidents? Yes No

5. Do you possess any conviction(s) for domestic violence or abuse, or other conviction which would prohibit you from carrying or possessing a firearm? Yes No

Use this page for explanation purposes. Please indicate the appropriate section heading and question number you are providing an explanation for. Additional sheets may be attached if necessary.