

**BOULDER POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**Instructions and Advisements**

Complete every item by hand printing in black ink or typewritten. If an item does not apply to you, so indicate with N/A. Sign where required. If you need additional space, use the back of the specific page in which the information is required. All addresses must be complete. All phone numbers require an area code. Any falsifications, misstatements, or omissions may disqualify you. The truthfulness of all information supplied to the Boulder Police Department will be a subject of a computerized voice stress analysis (CVSA) test.

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**Highlighted areas are to be completed at a later date**

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**FOR SUPPORT & STAFF SERVICES USE ONLY**

Upon initial review,

- Personal history statement appears complete, continue in process.
- Personal history statement incomplete.

\_\_\_\_\_  
Staff member inspecting

# Personal, Spouse, Family

1) Name (Last, First, Middle Initial):

2)  Male  Female

\_\_\_\_\_

3) Aliases, Nicknames, Maiden Name, Other Names Used:

\_\_\_\_\_

4) Social Security Number: \_\_\_\_\_ 5) DOB (Month/Day/Year): \_\_\_\_\_

6) Place of Birth (City, County, State, County):

\_\_\_\_\_

7) Height: \_\_\_\_\_ 8) Weight: \_\_\_\_\_ 9) Eye Color: \_\_\_\_\_ 10) Hair Color: \_\_\_\_\_

11) Marital Status:  Single  Married  Divorced  Widowed

12) Name of Spouse or Significant Other: \_\_\_\_\_

13) Date and place of birth: \_\_\_\_\_

14) Address of Spouse/Significant Other: \_\_\_\_\_

15) Home Phone: \_\_\_\_\_ 16) Work Phone: \_\_\_\_\_

17) Spouse/Significant Other Occupation and, \_\_\_\_\_ 18) Place of work (firm name, address): \_\_\_\_\_

\_\_\_\_\_

19) Names, Addresses, Phone Numbers of Previous Spouses:

\_\_\_\_\_

\_\_\_\_\_

20) List all your children, including step and adopted, and provide the listed information:

Name	Date/Place of Birth	Address	Living with Whom (if minor)	Supported by (if minor)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21) Have you ever been ordered by the courts to pay child support or alimony?  Yes  No

22) Have you ever been delinquent in these payments?  Yes  No

## Dependents, Education

**23)** If you claim tax exemptions for support of other dependents other than spouse and children, provide the following information:

Name	Address	Relationship	Percent Support Provided
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**24)** List all high schools attended:

Name of School	Location	Dates Attended	Graduated (Y or N)
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If GED, give number, location, and date: \_\_\_\_\_

**25)** List all colleges and universities attended.

Name of college	Location	Dates Attended	Semester Hours Earned	Degree Awarded/GPA
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**26)** Other schools or training (trade business, military, etc.) List the name and location of the school, class title, dates attended, subjects studied, certificate awarded, and other pertinent information.

**27)** Indicate types of special licenses (such as pilot, radio, etc.) showing licensing authority, and date of expiration.

**28)** Special skills you possess and equipment you can use (for example: sign language, word processor, etc.)



## References

- 32) References. List the names of five persons not related to you excluding former employers, who have known you very well for at least three years. All persons listed may be asked to appraise your character, ability, experience, personality, and other factors.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ How did you become acquainted?: \_\_\_\_\_

Home Phone (area code & #): \_\_\_\_\_ Work Phone (area code & #): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ How did you become acquainted?: \_\_\_\_\_

Home Phone (area code & #): \_\_\_\_\_ Work Phone (area code & #): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ How did you become acquainted?: \_\_\_\_\_

Home Phone (area code & #): \_\_\_\_\_ Work Phone (area code & #): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ How did you become acquainted?: \_\_\_\_\_

Home Phone (area code & #): \_\_\_\_\_ Work Phone (area code & #): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ How did you become acquainted?: \_\_\_\_\_

Home Phone (area code & #): \_\_\_\_\_ Work Phone (area code & #): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ How did you become acquainted?: \_\_\_\_\_

Home Phone (area code & #): \_\_\_\_\_ Work Phone (area code & #): \_\_\_\_\_

## Military, Work History

33) Have you ever served in the U.S. Armed Forces?  Yes  No Type of discharge: \_\_\_\_\_

List all bases and stations you have served at:

34) Are you presently a member of the U.S. Reserve National or State Guard organization?  Yes  No

If "Yes", complete the following:

35) Grade and service: \_\_\_\_\_ Branch of service: \_\_\_\_\_

36) Organization and station or unit number and location: \_\_\_\_\_

37) Indicate Reserve obligation, if any: \_\_\_\_\_

38) Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces (including Reserves, National Guard, etc.)  Yes  No

If "Yes", give details below:

39) List all jobs you have had in the last ten years. List your present or most recent job first, and prior jobs in reverse chronological order. Attach additional sheets as needed.

From \_\_\_\_\_ to \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_

Starting salary & position/title: \_\_\_\_\_

Ending salary & position/title: \_\_\_\_\_

Name, address, and phone # (including area code) of employer: \_\_\_\_\_

List your duties and responsibilities:

Name and title of your supervisor: \_\_\_\_\_

Awards, commendations, noteworthy accomplishments:

Warnings, disciplinary actions, investigations of misconduct, reprimands:

Were you fired or forced to leave? \_\_\_\_\_ Reason for leaving:

## Work History (cont'd)

From \_\_\_\_\_ to \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_

Starting salary & position/title: \_\_\_\_\_

Ending salary & position/title: \_\_\_\_\_

Name, address, and phone # (including area code) of employer: \_\_\_\_\_

\_\_\_\_\_  
List your duties and responsibilities:

Name and title of your supervisor: \_\_\_\_\_

Awards, commendations, noteworthy accomplishments:

Warnings, disciplinary actions, investigations of misconduct, reprimands:

Were you fired or forced to leave? \_\_\_\_\_ Reason for leaving:

From \_\_\_\_\_ to \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_

Starting salary & position/title: \_\_\_\_\_

Ending salary & position/title: \_\_\_\_\_

Name, address, and phone # (including area code) of employer: \_\_\_\_\_

\_\_\_\_\_  
List your duties and responsibilities:

Name and title of your supervisor: \_\_\_\_\_

Awards, commendations, noteworthy accomplishments:

Warnings, disciplinary actions, investigations of misconduct, reprimands:

Were you fired or forced to leave? \_\_\_\_\_ Reason for leaving:

## Police Certification, Applications

40) Are you a state certified police officer?    Yes    No                      Issuing date:

41) Certificate number: \_\_\_\_\_    Date issued: \_\_\_\_\_

42) List all police academies ever attended:

Name of academy	Address	Phone number	Dates of Attendance	If not completed, reason
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43) Have you ever previously submitted an application with the Boulder Police Department or the City of Boulder?  
 Yes    No    If "Yes", please list the approximate dates, the position(s) applied for, and the disposition of that application.


44) List all of the law enforcement, police, or investigative agencies you have applied for, the approximate dates, and the dispositions of those applications.


## Driving History, Vehicles

45) Driver's license number and state: \_\_\_\_\_ Expiration date: \_\_\_\_\_

46) What other states have you had a driver's license in?:

47) Have you ever been refused a driver's license by any state?:  Yes  No If "Yes", give details:

48) Have you ever had a driver's license suspended or revoked?:  Yes  No If "Yes", by which state, date, and details:

When was your license reinstated?: \_\_\_\_\_

49) Have you been involved in a motor vehicle accident in the last ten years?  Yes  No If "Yes", list complete details, dates, locations, injury or non-injury, police agency investigating, report number, cause of accident, and who was at fault:

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50) List all of the traffic citations you have received in the last two years:

Location	Issuing agency	Approx. Date	Violation	Disposition
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51) List all vehicles owned:

Make	Model	Year	License # & state	Insurance company name & address
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## Conduct

- 52) Have you committed any misdemeanors in the last three years, including but not limited to the following: driving under the influence of drugs or alcohol; harassment; disorderly conduct; theft under \$1,000; domestic violence; assault without deadly weapon; possession, use or sale of marijuana or its derivatives; criminal mischief under \$1,000; trespassing  Yes  No

If "Yes", give the details below:

If other, describe:

- 53) Have you committed any felonies in the last five years, including but not limited to the following: driving under the influence of drugs or alcohol; arson; burglary; assault with deadly weapon; robbery; auto theft; forgery/fraud; criminal mischief over \$1,000; theft over \$1,000; possession, use or sale of illegal substances, other than marijuana or its derivatives, (i.e., barbiturates, amphetamines, hallucinogenic, cocaine, heroin, LSD, PCP)  Yes  No

If "Yes", give the details below:

If other, describe:

- 54) Since the age of eighteen, have you been convicted of any non-traffic misdemeanors or felonies?  Yes  No  
If "Yes", explain below:

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- 55) Since the age of eighteen, have you ever used excessive physical force against another person? (If applying for a civilian position, this question does not need to be answered.)  Yes  No If "Yes", give details below:

- 56) Have you ever been adjudicated as a delinquent in juvenile court?  Yes  No If "Yes", give details below:

- 57) Have you ever written checks which were returned for insufficient funds?  Yes  No If "Yes", give details below:

- 58) Have you received any arrests or summonses (misdemeanor or felony) where the case/s had been filed even though ultimately dismissed, even if the record and/or arrest was expunged. This information is required to ensure that underlying conduct is appropriate for a peace officer.  Yes  No If "Yes", give details below:

## Financial Background

(Financial information is only required for Police Officer, and Property and Evidence positions.  
This section should be completed at the time of interview and not submitted electronically.)

### 59) Financial background:

Your monthly income: \_\_\_\_\_ Spouse's monthly income: \_\_\_\_\_

Other monthly income: \_\_\_\_\_ Source: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Monthly mortgage (PITT): \_\_\_\_\_

Mortgage company and balance: \_\_\_\_\_

Monthly car insurance: \_\_\_\_\_ Monthly child support: \_\_\_\_\_

Other monthly payments: \_\_\_\_\_

Total from list below: \_\_\_\_\_

### Debts

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

## Financial Background (cont'd)

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Security: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Address: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Address: \_\_\_\_\_

60) Has your credit ever been considered unsatisfactory or have you been refused credit?:  Yes  No If "Yes", give date and circumstances.

61) Have you ever declared bankruptcy?:  Yes  No If "Yes", give date and circumstances.

## Firearms

(Firearms information must be completed ONLY if applying for a Police Officer position)

- 62) Have you had any training in the use of firearms (other than at police academies listed previously?)  Yes  No If "Yes", complete the following:

Training type	Given by	Dates of training	Standard met
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- 63) Do you have federal firearms license?:  Yes  No If "Yes", license #:

Do you have a concealed weapons permit?:  Yes  No If "Yes", permit #:

Issuing authority:

## Associations, Statement

- 64) Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?:  Yes  No
- 65) Are you now or have you ever been affiliated with any organization of the type described above, as an agent, official, or employee?:  Yes  No
- 66) List any friends or relatives employed by the City of Boulder and their relationship to you:

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- 67) I certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I hereby authorize my former employers to give information regarding my employment with them, and in addition, to furnish any other information regarding myself. I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any willful misrepresentation or falsification or if any information has been omitted. I agree to take a computer voice stress analysis at any time before employment. I further understand that if I am accepted for a position, I shall be in a probationary period during which time I can be discharged without cause for my failure to fulfill the requirements of the position and have no right to a formal appeal.

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Signature of Applicant

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Date