



Dacono Police Department Personal History Questionnaire (PHQ)

The following questions will be used in the background investigation process for those candidates who progress to that stage of the selection process. Honesty and accuracy are of the utmost importance when completing this questionnaire. **ANY** falsification, omission, misrepresentation, or deception regarding information provided by the candidate on this questionnaire, or during any part of the selection process, will be grounds for disqualification from the hiring process.

Candidates who are so disqualified will be ineligible for further testing with the Dacono Police Department for no less than two years.

Candidates who are uncertain about such things as the exact content of their driving history or criminal history are encouraged to obtain a copy directly from the appropriate agency. Candidates may attach such documentation and submit it with this questionnaire.

ALL information submitted herein is subject to investigation and confirmation. While disclosed misconduct will be evaluated on a case-by-case basis, any dishonesty will result in disqualification. The decision of the Dacono Police Department regarding such disqualification is final.

The questionnaire must be completed by typewriter or printed in black ink. If you need more space to respond to any question, you may attach additional sheet(s). Be certain to identify the question(s) responded to on the additional sheet(s). Answer all the questions. If a question is not applicable, indicate so by "N/A." If you have any questions regarding the information requested in any question, contact the Dacono Police Department for clarification.

SECTION I: Personal Information

The following information is requested of you for verification and contact purposes.

1. Your name (please print or type)				
Last		First		Middle
Other Names (including nicknames) you have used or been known by:				
2. Address at which you can be contacted:				
Number		State	City	State Zip Code
3. List the local telephone number (s) at which you can be contacted:			Hours you can be reached:	
4. Birth date: (Month) (Day) (Year)			Hours you can be contacted	
5. Social Security Number:			6. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. For the purpose of identification, provide the following:				
Height:		Weight:		Hair Color:
				Eye Color:
Scars, Tattoos, or other distinguishing marks:			Birthplace (City and State)	

8. List below every testing process you have undergone for the position of Police Officer other than simply submitting a job inquiry, including positions for which you are currently applying. If none, so state.

Agency/location	Approximate date of examination	Position on list	Status/Reason for Disqualification

SECTION II: Relatives and References

During the course of the background investigation, persons whom you know will be asked to comment upon your suitability for the position of Police Officer. Inquiries will be confined to job-related matters.

9. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A".		
If living, name of your:	Address where person can be contacted (include City, State, and Zip Code)	Contact telephone
Father		() Home () Work () Other
Mother		() Home () Work () Other
Father-in-Law		() Home () Work () Other
Mother-in-Law		() Home () Work () Other
Spouse		() Home () Work () Other
Former Spouse		() Home () Work () Other
Brother (s) and Sister (s)		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

10. Other relatives with whom you have a close personal relationship (including children):

	Relationship	() Home () Work () Other
	Relationship	() Home () Work () Other
	Relationship	() Home () Work () Other
	Relationship	() Home () Work () Other

11. In the space below, list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted	Telephone at which Person can be contacted
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

12. In the space below, list those individuals with whom you have resided during the last 5 years. Exclude family members.

Name	Address where person can be contacted	Telephone at which Person can be contacted
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other
		() Home () Work () Other

SECTION III: Education

13. The Colorado Commission on Peace Officer Standards and Training (POST) requires a Police Officer to possess a U.S. high school diploma or its equivalent. Please indicate your situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. institution.
- I possess the G.E.D. (General Educational Development) certificate.
- I possess an educational certificate.
- I possess a two-year college degree.
- I possess a four-year college or university degree from an accredited institution.

14. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Address (City, State, and Zip Code)	Dates Attended From Mo/ Yr To Mo/Yr	School References (teachers, counselors, etc.)

15. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools- any formal education beyond the high school level.)
 Yes No

If **YES**, please explain (include school, date, and circumstances.)

16. List any special honor or recognition, any involvement in scholastic or social organizations, or any participation in organized athletics while in high school or any post-high school educational institution:

SECTION V: Experience and Employment

19. Beginning with your most recent employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 7 years. (For the purposes of this personal history statement, volunteer work should be included as employment). For identification and verification, please include the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided.

Dates of Employment From To Mo / Yr Mo / Yr <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Salary	Name of Supervisor
		Telephone No.	Name(s) of Co-worker(s)
		Title or duties (for identification purposes)	
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Month / Year	To Month / Year

Dates of Employment From To Mo / Yr Mo / Yr <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Salary	Name of Supervisor
		Telephone No.	Name(s) of Co-worker(s)
		Title or duties (for identification purposes)	
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Month / Year	To Month / Year

Dates of Employment From To Mo / Yr Mo / Yr	Name and Address of Employer	Salary	Name of Supervisor
		Telephone No.	Name(s) of Co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Month / Year	To Month / Year

Dates of Employment From To Mo / Yr Mo / Yr	Name and Address of Employer	Salary	Name of Supervisor
		Telephone No.	Name(s) of Co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for Identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Month / Year	To Month / Year

Dates of Employment From To Mo / Yr Mo / Yr	Name and Address of Employer	Salary	Name of Supervisor
		Telephone No.	Name(s) of Co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for Identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Month / Year	To Month / Year

Dates of Employment From To Mo / Yr Mo/ Yr <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and Address of Employer Title or duties (for identification purposes)	Salary	Name of Supervisor
			Telephone No.	Name(s) of Co-worker(s)
Reason for Leaving				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Month / Year	To Month / Year	
20. May we contact your present employer during the course of this background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when should the contact be made? _____				
21. If you have had no prior employment, explain in the space below. _____ _____				

22. Have you ever had any extended work absences for reasons other than vacations?
 If so, explain, including when, name of employer, and reason(s):

23. In the past seven (7) years, have you been told or asked to leave a job? Yes No
 If yes, explain:

24. Have you ever been fired/terminated from a job? Yes No
 If yes, explain:

25. Have you ever left a job under duress or unfavorable circumstances? Yes No
 If yes, explain:

26. In the past seven (7) years, have you ever been: Suspended Reprimanded Written up Demoted
If yes, explain the circumstances:

27. Have you ever stolen anything from an employer? Yes No
If yes, provide estimated dollar amount and items or amount of cash:

28. Have you ever called in sick to work when you were not sick? Yes No
If yes, when, how many times, and for what reasons?

29. Have you ever falsified reasons for arriving late to work? Leaving early? Taking extended leaves? Yes No
If yes, how many times, when, and for what reasons?

30. Have you previously worked as a Police Officer? Yes No

Where? _____ When? _____

Position held: _____

If you have previously worked as a Police Officer, answers questions 32 through 35.

31. Have you ever provided any false information or statements during the course of an internal affairs investigation?

Yes No

If yes, describe the circumstances:

32. Have you ever accepted a bribe or gratuity in violation of agency policy? Yes No

If yes, explain:

33. Have you ever offered not to take official police action in exchange for money or other compensation or items?

Yes No

If yes, explain:

34. Have you ever deliberately included false information or distorted the facts in an official police report?
 Yes No
 If yes, explain:

SECTION VI: Military Service

35. Provide the following:		
Selective Service Number	Approximate Date of Registration	

36. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information and attach a photocopy of DD214 to PHQ:			
Branch of Service and Last Duty Station	Service Number and Duties	Dates of Service ____ / ____ to ____ / ____	Type of Discharge and Date of Discharge

37. Are you currently participating in any military reserve or National Guard program? Yes No
38. Were you ever court martialed, tried on charges, been the subject of a summary court, deck court, captain's mast, company punishment, or any disciplinary action while a member of the armed forces? Yes No N/A
39. Did you ever sell, give or furnish confidential government information to unauthorized persons? Yes No N/A
40. If you answered "yes" to either question 39 or 40, explain below:

41. If you were released early from the military service, explain why:

42. List past commanding officers or military acquaintances who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known

SECTION VII: Legal

43. Have you ever been arrested or convicted for any crime (excluding traffic citations)? Yes No
 (Use additional sheets of paper if necessary).

Approx. Date	Police Agency (City and State)	Circumstances

44. Have you ever been placed on court probation as an adult? Yes No
 If "yes", give details (include when, where, why)

45. Have you ever been required to appear before a court of law excluding traffic citations? Yes No
 If "yes", give details (include when, where, why):

46. Have you committed any misdemeanor crimes (non-traffic) as an adult for which you were not arrested or charged?
 Yes No
If "yes", explain:

47. Have you ever committed a felony (with the exception of drug offenses) at any time whether or not you were arrested or charged? Yes No
If yes, explain:

48. Have you committed any sexual assault against an adult or child at any time (to include intentional "window peeping")?
 Yes No
If yes, explain:

49. Have you ever committed any acts of domestic violence whether or not you were arrested or charged?
 Yes No
If yes, explain:

50. Have you ever committed any acts of the unlawful use of physical force? Yes No
If yes, explain:

51. Have you ever stolen anything from a vehicle, business establishment, or another person?
 Yes No
If yes, explain and provide a reasonable estimate of the dollar value of the item(s) stolen:

52. Have you ever bought or sold property you reasonably thought was stolen? Yes No
If yes, explain and provide a description of the item(s):

53. Have you ever committed arson? Yes No

If yes, explain:

54. Have you ever committed forgery? Yes No

If yes, explain:

55. Have you ever committed shoplifting as an adult? Yes No

If yes:

When	Where	Item(s)	Dollar value

56. Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No

If yes, provide details, including date, law enforcement agency, and circumstances:

57. Are you now or have you ever been involved as a plaintiff or defendant in a civil court, including divorces or civil actions arising from law enforcement employment? Yes No

If yes, give details, including when, where, name and location of court, and circumstances:

58. Are you now or have you ever been the subject of a restraining order, including a domestic violence restraining order?

Yes No

If yes, explain:

SECTION VIII: Drugs/Narcotics/Alcoholic Beverage Use

59. Have you ever used, tried or experimented with any of the following drugs?

Substance		Approximate Date(s)
Marijuana / Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amphetamines, Crystal, Speed, Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Barbiturates, Barbs, Downers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hallucinogens, LSD, Psilocybin, Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cocaine, Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Illegal inhalants, e.g. paint fumes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

60. Have you ever.....		
A. Personally sold, given, or furnished illegal drugs or narcotics to another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Assisted in the transportation of illegal drugs or narcotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Sold, given, or furnished a drug prescribed for you to anyone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Forged a doctor's prescription for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Cultivated an illegal drug, e.g. marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Been warned about usage of or possession of alcohol or drugs on the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Missed work due to alcohol or drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Drank alcoholic beverages while on the job in violation of employer rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION IX: Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of Police Officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

61. Applicant's driver's license number	State	Expiration Date	
Name under which license was granted.			
62. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	
Name under which license was granted	Name under which license was granted	Name under which license was granted	
63. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain (include when, where, why).			
64. Please list all traffic citations (include parking citations) you have received in the last 5 years.			
Nature of Violation	Police Agency	Approximate Date	Disposition

65. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? Yes No
If yes, give details for each accident.

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	

66. If there is anything you wish to explain about your driving records, provide the details below:

67. Has your license ever been suspended, revoked, placed on probation, or identified as a habitual traffic offender?
 Yes No

If yes, give details, including what, when, where, and why:

68. Have you ever left the scene of an accident in violation of law? Yes No
If yes, explain:

69. Have you ever been arrested for driving under the influence of alcohol or drugs or driving while ability impaired?
 Yes No

If yes, provide original charge, date, arresting agency, court, and disposition:

SECTION X: Financial History

70. Do you have another source of income other than your salary? Yes No
If yes, explain:

71. How would you describe your credit rating?
 Excellent Good Average Poor

72. Have you ever declared Chapter 7 bankruptcy (all debts excused)? Yes No
If yes, explain:

73. Have you ever declared Chapter 13 bankruptcy (bill consolidation)? Yes No
If yes, explain:

74. Have you ever been referred to a collection agency? Yes No
If yes, explain:

75. Have you ever had property repossessed? Yes No
If yes, explain:

76. Have you ever had wages garnished? Yes No
If yes, explain:

77. Have you ever written a check with the knowledge it would not be covered within 10 days? Yes No

When? _____ How many times? _____ Amount? _____
Circumstances:

78. Have you ever been served an eviction notice by a landlord? Yes No
If yes, explain:

79. Have you ever been delinquent in paying alimony or child support? Yes No
If yes, explain:

80. Have you ever failed to file a federal, state, or local income tax return? Yes No
If yes, explain:

SECTION XI: General Information

81. Do you currently associate with anyone, including family members, who have committed or continue to commit crimes regardless of whether or not the person has been arrested? Yes No

82. Can you without prejudice treat every person in a professional and fair manner regardless of race, creed, color, religion, gender, or sexual preference? Yes No

83. Are you or have you ever been a member of any organization that advocates or practices unlawful acts of force or violence to prevent others from exercising their Constitutional Rights or seeks to overthrow the government of the United States? Yes No

84. Have you ever taken a polygraph or CVSA examination? Yes No
If yes, indicate the date, name, and address of the examining agency or corporation:

85. Are you acquainted with any members of the Dacono Police Department or the City of Dacono government?
If yes, provide name and association, e.g. friend or relative:

86. How were you referred to the Dacono Police Department, e.g. newspaper advertisement, Internet, personal contact?

87. Are you knowledgeable in a foreign language? Yes No
If yes, identify the language(s):

Speak: _____

Understand: _____

Read: _____

Write: _____

88. Did you lie, cheat, or commit any fraud or intentional misrepresentation during the application/selection process for this agency? Yes No
If yes, explain:

89. Is there anything in your background that you have not disclosed or have not fully explained? Yes No
If yes, explain:



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I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND RECOLLECTION. I UNDERSTAND AND ACKNOWLEDGE THAT ALL THE INFORMATION IS SUBJECT TO VERIFICATION. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND I WILL BE DISQUALIFIED FROM THE SELECTION PROCESS, AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY OF DACONO AND POLICE DEPARTMENT RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OR POLICE DEPARTMENT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY OF DACONO OR THE POLICE DEPARTMENT. I UNDERSTAND THAT NO CITY OF DACONO OR POLICE DEPARTMENT REPRESENTATIVE, OTHER THAN THE CITY ADMINISTRATOR OR HIS/HER DESIGNEE, AND THEN ONLY WHEN WRITTEN AND SIGNED BY THE CITY ADMINISTRATOR OR HIS/HER DESIGNEE, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE: _____ SIGNATURE: _____