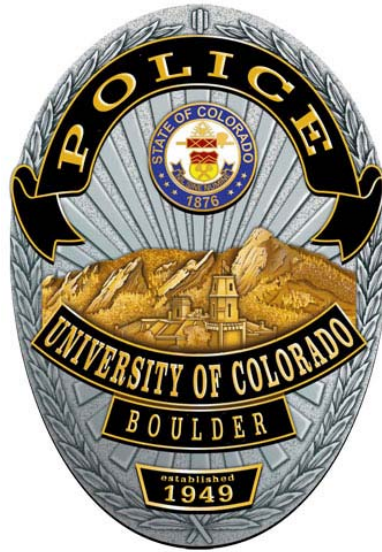


University of Colorado Police Department



Personal History Questionnaire

Applicant's Name: _____

University of Colorado Police Department Person History Questionnaire

Equal Opportunity Statement

Within the specifications of job requirements, the University of Colorado is an Affirmative Action Employer. There is no discrimination for or against any applicant based on race, color, religion, sex, national origin, political affiliation, age, or handicaps.

Information

The Personal History Questionnaire (PHQ) is the basis for a pre-employment inquiry designed to verify the information furnished in support of the application, as well as to obtain comments regarding an applicant's honesty, reliability, and general suitability for employment in the position applied for.

The inquiry will also include a query of appropriate law enforcement agencies regarding a possible criminal history. Personal data such as sex, date of birth, social security number, and physical description are necessary to obtain accurate information, and to prevent mistaken identity.

The individual PHQ's and the results of pre-employment inquiries are furnished to the appointing authority (Chief or Deputy Chief of Police). They may also be furnished to a duly appointed selection board.

The PHQ and results of the pre-employment inquiry are restricted and not available for public disclosure.

Instructions:

It is easiest to "Save" this form to your computer, fill out the information, then print the document for submission.

Please type your name in the space on page 1 above. Every item in the questionnaire must be answered. If an item does not pertain to the applicant, the abbreviation N/A, for Not Applicable, should be entered in the blank space.

The *Authorization to Release Information* and the *Authority for Release of Credit Information* forms need to be signed by you. These forms are at the end of the Personnel History Questionnaire. The *Authorization for Release (p. 13)* form must be notarized. Completed forms should be submitted to:

Officer.Karen.Pendergraft
University of Colorado Police Department
1050 Regent Drive
Campus Box 502
Boulder, CO., 80309
karen.pendergraft@colorado.edu

Personal Data:

Full Name: _____

Aliases/Maiden Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Date of Birth: ____ / ____ / ____ . Social Security Number: _____

Place of Birth: _____

U.S. Citizen? _____ Alien Registration Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Facial Hair: _____

Sex: _____ Race: _____ Scars/Tattoos: _____

Marital Status: _____

Education:

High School(s) Attended & Dates: _____

Year of High School Graduation: _____ GED? _____ If so, Certificate Number: _____

College or University:

Name: _____ Dates: _____ Degree: _____ Credit Hours: _____

Name: _____ Dates: _____ Degree: _____ Credit Hours: _____

Name: _____ Dates: _____ Degree: _____ Credit Hours: _____

Name: _____ Dates: _____ Degree: _____ Credit Hours: _____

Are you POST certified? _____ If so, Certificate Number: _____

Academy Attended: _____ Dates: _____ to _____

Military Experience:

Branch of Service: _____

Dates of Service: _____

Type of Discharge: _____

If discharge is other than Honorable, please explain: _____

Driving History:

Driver's License State and Number: _____

List the states in which you have held a driver's license: _____

Has your driver's license ever been suspended? _____ If so, please explain: _____

Have you ever received a ticket or summons for driving violations (excluding parking violations)?

If so, please list:

1. Offense cited for: _____ Approximate date: _____

Agency issuing citation: _____ Disposition: _____

2. Offense cited for: _____ Approximate date: _____

Agency issuing citation: _____ Disposition: _____

3. Offense cited for: _____ Approximate date: _____

Agency issuing citation: _____ Disposition: _____

4. Offense cited for: _____ Approximate date: _____

Agency issuing citation: _____ Disposition: _____

5. Offense cited for: _____ Approximate date: _____

Agency issuing citation: _____ Disposition: _____

Criminal History Data

If you have ever been arrested, please list information below.

- 1. Offense: _____ Date: _____
Law Enforcement Agency: _____
Case Disposition: _____
- 2. Offense: _____ Date: _____
Law Enforcement Agency: _____
Case Disposition: _____
- 3. Offense: _____ Date: _____
Law Enforcement Agency: _____
Case Disposition: _____
- 4. Offense: _____ Date: _____
Law Enforcement Agency: _____
Case Disposition: _____
- 5. Offense: _____ Date: _____
Law Enforcement Agency: _____
Case Disposition: _____

Comments regarding any arrest(s): _____

Residence Data:

Please list all addresses for the past ten years, or since your eighteenth birthday, whichever is shorter. Begin with your present address and work backwards.

From: _____ To: Present Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

Employment / Unemployment Data:

Please list all employment and periods of unemployment for the past ten years, or since your eighteenth birthday, whichever is shorter. If you were unemployed, please write "Unemployed" with the applicable dates.

Begin with your present status, and work backwards.

Is it okay to contact your current employer? _____

1. From: Present To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

2. From: _____ To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

3. From: _____ To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

Employment / Unemployment Data (continued):

- 4. From: _____ To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

- 5. From: _____ To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

- 6. From: _____ To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

- 7. From: _____ To: _____
Job Title: _____
Duties: _____
Name of Business: _____
Address: _____

Phone Number: _____
Supervisor's Name: _____
Type of Business: _____
Average hours worked per week _____
Reason for Leaving: _____

Character Reference Data

Please list at least three persons not related to you, and not previous employment supervisors, who have known you for at least one year, and who have had frequent contact with you.

It is important that you furnish current and complete addresses and phone numbers.

1. Name: _____ Occupation: _____
Address: _____
Phone Numbers: *Home* _____ / *Work* _____
How do you know this person? _____
How long have you known this person? _____

2. Name: _____ Occupation: _____
Address: _____
Phone Numbers: *Home* _____ / *Work* _____
How do you know this person? _____
How long have you known this person? _____

3. Name: _____ Occupation: _____
Address: _____
Phone Numbers: *Home* _____ / *Work* _____
How do you know this person? _____
How long have you known this person? _____

4. Name: _____ Occupation: _____
Address: _____
Phone Numbers: *Home* _____ / *Work* _____
How do you know this person? _____
How long have you known this person? _____

5. Name: _____ Occupation: _____
Address: _____
Phone Numbers: *Home* _____ / *Work* _____
How do you know this person? _____
How long have you known this person? _____

6. Name: _____ Occupation: _____
Address: _____
Phone Numbers: *Home* _____ / *Work* _____
How do you know this person? _____
How long have you known this person? _____

For Your Information: A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA's, specific responsibilities in connection with their respective roles in the credit granting and

reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's website (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.

- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You can find out what is in your file.** Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning “risk scores,” “credit scores,” or other economic predictors that are in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your file was used by the third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.

- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you – such as denying an application for credit, insurance, or employment – must give you the name, address, and phone number of the CRA that provided that information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source

also must advise national CRA's – to which it has provided data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA – such as a creditor who reports to a CRA – that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of a CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “FSB” appear in federal institution’s name)	Office of Thrift Suspension Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

Authority For the Release of Credit Information:

I do hereby authorize any duly authorized agent of the University of Colorado Police Department to obtain and review a credit report for the purpose of a pre-employment background investigation. I understand that under the Federal Fair Credit Reporting Act, as amended by the Consumer Credit Reform Act of 1996, before any adverse action can be taken with regard to information obtained from the credit report, I will be provided with the name, address, and phone number of the Credit Reporting Agency that provided the report along with a summary of my rights under the Fair Credit Reporting Act.

Printed Name

Signature

Street Address, City, State, Zip Code

Telephone Number

Social Security Number

University of Colorado at Boulder Police Department
Authorization for Release of Information

To Whom It May Concern:

I am an applicant for peace officer employment, peace officer certification or promotion as a certified peace officer with the University of Colorado at Boulder Police Department. In order to determine my suitability for employment, peace officer certification, or promotion, I understand that the University of Colorado at Boulder Police Department must complete a thorough investigation of my personal background. Given the authorities and responsibilities assigned to peace officers, it is in the public's interest that this investigation is completed, and that all relevant information concerning my personal and employment history be disclosed to the University of Colorado at Boulder Police Department.

Therefore, I, _____, DOB, _____ Driver's License #: _____, do hereby request and authorize any bank, credit union, lending institution, past or present employer, educational institution, doctor or other health care professional including mental health care providers, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification or licensing commission, military organization, and any other individual agency, private or public ("Information Provider"), to produce and provide copies of any and all documents or other information in their possession regarding me to the University of Colorado at Boulder Police Department, including those of a privileged or confidential nature.

I further waive all right to inspect or review any information provided by the Information Provider and compiled by the University in reference to my application for employment, peace officer certification or promotion. I also authorize the University to release copies of any and all documents or other information it possesses regarding me to my current employer and to any agency or entity regulating the certification, authority or conduct of law enforcement officers, including, but not limited to, the University of Colorado at Boulder Police Department, agencies of the State of Colorado and other states and agencies of the federal government.

Moreover, I hereby release the Information Provider and The Regents of the University of Colorado, a body corporate ("University"), their current and former officers agents and employees, in both their individual and official capacities, of and from any and all liabilities, claims, demands, damages, attorneys fees, costs, actions, rights and causes of action of whatsoever kind and nature in connection with information sought and provided pursuant to this *Authorization for Release of Information*.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is longer.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements and hereby authorize the release of information regarding me in accord with the provisions of this document.

Applicant:

Applicant Signature

Printed Name

Address

Phone Number

Notary:

STATE OF COLORADO

COUNTY OF: _____

Subscribed and sworn before me

This is the _____ day of _____, _____.

Notary Public Signature and Seal

My Commission Expires: _____