

UNIVERSITY OF COLORADO POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

Confidential



Table of Contents

- I. Administrative Data
- II. Equal Opportunity Statement
- III. Authorization for Release (includes Summary of Fair Credit Report Act)
- IV. Personal Data
- V. Residential Data
- VI. Physical Data
- VII. Educational Data
- VIII. Military Service Data
- IX. Criminal History Data
- X. Employment / Unemployment Data
- XI. Character Reference Data

Please make sure to fill out and return all of the above sections.

I. Administrative Data

Note: This section is to be filled out by the hiring/appointing authority.

Name of Applicant: _____

Date of Application: _____

Anticipated Date of Hire: _____

Requested Date for Completion of Background Investigation: _____

Position Applied For: _____

Name and Title of Hiring / Appointing Authority: _____

Business Address: _____

Phone: _____

Request: The above named individual is being considered for employment with the University of Colorado. Please implement an inquiry to determine the accuracy of the information furnished on the applicant's Personal History Questionnaire.

Printed Name of Requester

Signature of Requester

Title of Requester

Phone Number

II. 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 hiring/ appointing authority. They may also be furnished to a duly appointed selection board. The dissemination of information furnished on the PHQ, or obtained through the pre-employment inquiry, will be governed by reasonable discretion.

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

Instructions

Every item in the questionnaire must be answered. *If an item does not pertain to the applicant, the abbreviation N/A, for Not Applicable, must be entered in the blank space.* Incomplete PHQ's cannot be processed, and will be returned to the hiring/ appointing authority.

The Authorization to Release Information and the Authority for Release of Credit Information must be completed for processing, signed, and notarized before the PHQ can be accepted.

Please type or print in ink.

The person named below is an applicant for a position with the State of Colorado. We would appreciate your furnishing us with as much of the information requested as possible. We assure you that any information given will be treated confidentially. Below is a waiver which has been executed by the applicant.

Thank you for your assistance.

Sincerely,

Joe Roy
Chief of Police

III. Authorization to Release Information

***Authorization for Release of Information
To the University of Colorado Police Department***

To Whom It May Concern:

I am an applicant for criminal justice officer certification/ employment or a certified officer with the University of Colorado Police Department. In order to determine my suitability for certification/ employment or continued certification, I understand that the University of Colorado Police Department must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operators License Number _____, do hereby request and authorize any bank, credit union, lending or present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the to the University of Colorado Police Department regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the University of Colorado Police Department from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification/ employment. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize University of Colorado Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: University of Colorado Police Department, agencies of Colorado and other states, agencies of the federal government, and the applicant's/officer's employing agency.

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.

Please go to the next page to sign the waiver.

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

I have read and fully understand the above statements.

Applicant/Officer Signature

Printed Name

Address

Phone Number

STATE OF COLORADO

COUNTY OF _____

Subscribed and sworn to before me,
This is the ____ day of _____, _____.

Notary Public and Seal

My Commission Expires: _____

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	Department of Transportation

by former Civil Aeronautics Board or Interstate Commerce Commission	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

From Experian Information Solutions, Inc. 1999

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

IV. Personal Data

Applicant's Name: _____
last first middle

Aliases: _____
list names, dates used, and reasons (ie. maiden name, nicknames)

Current Address: _____

Current Phone Number: (_____) _____

Date of Birth: _____

Place of Birth: _____
city county state country

US Citizen: Yes / No Alien Registration Number: _____

Social Security Number: _____

Marital Status: Single _____ Married _____ Divorced _____
date date

Driver's License Number: _____ State: _____ Expiration Date: _____

Has your license ever been suspended or revoked? Yes / No

If yes, please explain: include dates, reason, agency, present status

POST Certification: for law enforcement applicants

Academy: _____

Date: _____ Certificate Number: _____

V. Residence Data

Please list all addresses since your eighteenth birthday. Also include any vacations in excess of 30 days, and travel to a foreign country. 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 _____

Include additional pages if necessary

University of Colorado Police Department
Personal History Questionnaire 12

Applicant's Name: _____

VI. Physical Data

Sex: Male / Female

Race: White / Black / Hispanic / Asian / Native American / Other: _____

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Facial Hair: _____

Scars/ Marks/ Tattoos _____
location, description

Other unique physical characteristics: _____

VII. Educational Data

Last High School Attended: _____ Dates: _____

Graduate: Yes / No GED: Yes / No / NA _____
certificate # / date

College or University:

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

POST Certification: For law enforcement applicants

Academy: _____

Date: _____ Certificate Number: _____

VIII. Military Service Data

Branch of Service: _____

Dates of Service: _____

Type of Discharge *: _____

* If other than "Honorable Discharge," please explain:

IX. Criminal History Data

If you have ever been arrested, please list information below. *Also*, list any tickets or summonses (excluding parking tickets) that you have received since your eighteenth birthday.

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: _____

Include additional pages if necessary

Applicant's Name: _____

X. Employment / Unemployment Data

Please list all employment and periods of unemployment since your eighteenth birthday. Begin with your **present** status, and work backwards.

1. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

2. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

3. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

University of Colorado Police Department
Personal History Questionnaire 15

Applicant's Name: _____

4. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

5. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

6. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

University of Colorado Police Department
Personal History Questionnaire 16

Applicant's Name: _____

7. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

8. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

9. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

University of Colorado Police Department
Personal History Questionnaire 17

Applicant's Name: _____

10. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

11. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

12. From _____ To _____ Employed / Unemployed

Name of Business: _____

Address: _____

Phone #: _____

Supervisor's Name: _____

Type of Business: _____

Job Title/ Duties: _____

Full Time _____ Part Time _____ Average hours worked per week _____

Reason for Leaving: _____

Reason for Leaving: _____

Include additional pages if necessary

Applicant's Name: _____

XI. 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 Number: *home* _____ / *work* _____
How long have you known this person? _____

2. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

3. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

4. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

5. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

6. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

University of Colorado Police Department
Personal History Questionnaire 19

Applicant's Name: _____

7. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

8. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

9. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

10. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

11. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

12. Name: _____ Occupation: _____
Address: _____
Phone Number: *home* _____ / *work* _____
How long have you known this person? _____

Your personal history questionnaire is now complete.