## **OPTIONAL REFERENCES**

Please list any individuals who are members of law enforcement agencies that you are acquainted with and who have knowledge of you and your qualifications. Address may be their residence or place of employment.

NAME/OCCUPATION/AGENCY	ADDRESS	PHONE
Name		
Agency		
NAME/OCCUPATION/AGENCY	ADDRESS	PHONE
Name		
Agency		
NAME/OCCUPATION/AGENCY	ADDRESS	PHONE
Name		
Agency		
	DRUG USE	
Have you ever experimented with or used any illegal drug	gs or prescription drugs unlawfully? Yes	S No
If yes, explain including time frame, year(s), type, extent:		
in yes, explain merdeling time frame, year(s), type, extent.		

GENERAL INFORMATION			
Use this space for any additional information.			

I understand that any conditional job or appointment tendered to me will be contingent upon the results of a thorough background investigation. I further understand that during the application process and/or background investigation, I am required to report to the Fruita Police Department, any changes in my personal history covered in this Personal History Form, within five business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy. I hereby certify that all statements made in this Personal History are true and complete. I understand that any discrepancies, misstatements, omission, and /or falsifications may be cause for disqualification, for my name to be removed from the eligibility list, or for immediate termination if an appointment has been made.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## CITY OF FRUITA POLICE DEPARTMENT

## **AUTHORIZATION TO RELEASE INFORMATION**

## PRE-EMPLOYMENT BACKGROUND WAIVER

I hereby authorize any representative of the Fruita Police Department bearing this release to obtain any information pertaining to my personal background and activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, and other sources of information. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal record information, medical/mental health, substance abuse, and credit history.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the City of Fruita Police Department to furnish such information as is described above, to third parties in the course of the City of Fruita Police Department fulfilling their official responsibilities with regard to my application for employment.

I hereby release you the institution or establishment you represent, including its officers, employees and 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.

If a criminal records investigation reveals criminal charges without disposition, I will provide a court order or similar legal document which stipulates what disposition was made of the charge(s).

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

This form must be notarized.

Signed	_Print Name	_
Date	-	
Social Security Number		
State of Colorado, County		
Signed in the presence of		
Address		
Day of	20	
My commission expires	Notary Public	