



Park City Municipal Corporation
PO Box 1480 Park City, UT 84060

We consider applicants for all positions without regard to race, color, religion, gender national origin, age, marital, sexual orientation or veteran status, disability or any other legally protected status. The City provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact the Human Resources Department at 435- 615-5720 or (TTY/Voice) 800-346-4128. Nothing in this section on Equal Employment Opportunity or any policies or procedures adopted by the City relating to discrimination or harassment is intended to create any right or obligation, whether contractual or otherwise, beyond that imposed by applicable state or federal law.

(PLEASE PRINT)

Position(s) Applied For : Police Officer Senior Police Officer
 Reserve Police Officer Police Dispatcher

Have you ever completed an application or any previous Personal History Statements with Park City Municipal Corporation? Yes No If yes, when? _____ What Position? _____

IDENTIFICATION

Name: _____
Last First Middle

Other names (including nicknames or other married names) you have used or been known by:

Birth Date: _____ Social Security Number: _____

Email Address: _____

List telephone number(s) and times at which you can be contacted:

Telephone Number	Best Hours to Contact

PARK CITY IS AN EQUAL OPPORTUNITY EMPLOYER

RESIDENCES

Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with the most current.

Address Including City, State, Zip	Date Began/Date Ended	Mortgage company or person responsible for collecting rent

RELATIVES, COHABITANTS, REFERENCES, AQUAINTANCES

During the background investigation, persons who know you may be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job-relevant matters. If a person is deceased, please indicate next to "Phone". If the person currently lives with you, print the name and note "Household Member" in the address section. **Please exclude minors.**

FATHER (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

_____ City State Zip Code

MOTHER (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

_____ City State Zip Code

FATHER-IN-LAW (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

_____ City State Zip Code

MOTHER-IN-LAW (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

_____ City State Zip Code

SPOUSE (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

FORMER SPOUSE (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

BROTHER/SISTER (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

BROTHER/SISTER (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

BROTHER/SISTER (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

CHILD (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

CHILD (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

CHILD (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

CHILD (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

CO-HABITANTS

List those individuals with whom you have resided during the last ten years. (*List no information prior to your 15th birthday and exclude relatives that you listed in the previous section.*)

NAME (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

NAME (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

NAME (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

REFERENCES

List five persons who are friends, fellow students, or neighbors who have known you for at least the last five years. (Exclude relatives and former employers.) All may be asked to appraise your character, ability, experience, personality, etc. These people should have seen you frequently in the past year.

NAME (Last, First, Middle) _____ Phone: _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

How does this person know you? _____

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

How does this person know you? _____

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

How does this person know you? _____

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

How does this person know you? _____

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

How does this person know you? _____

CO-WORKERS

List three present or former co-workers who know you and your qualifications. (*Exclude relatives and friends of social acquaintances listed above.*)

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

City State Zip Code

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

_____ City State Zip Code

NAME (Last, First, Middle) _____ **Phone:** _____

Home Address: _____
Street Address Apartment Number

_____ City State Zip Code

EDUCATION

List the schools you have attended, beginning with high school.

Name of School	Location	Degree Earned (Yes/No)

Have you ever been suspended or expelled from any high school or post-secondary school, i.e., any formal education beyond high school level? Yes No

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. Indicate full-time, part-time, or voluntary as applicable. *Please be aware that your present employer will be contacted. You may wish to let your supervisor know that you are being considered for employment with Park City Municipal Corporation.*

Employer	From	To	Work Performed
Telephone			
Address	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	From	To	Work Performed
Telephone			
Address	Hourly Rate/Salary		

Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	From	To	Work Performed
Telephone			
Address	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	From	To	Work Performed
Telephone			
Address	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

Have you taken any extended work absences for reasons other than earned vacations?

YES () NO () If yes, explain (include when, names of employer, and why).

Have you ever been disciplined, suspended, or placed on leave without final pay for a violation of work place policies or procedures? YES () NO () If yes, please give details.

Have you ever been the subject of any judicial or non-judicial disciplinary action resulting from your employment? YES () NO () If yes, please give details.

Have you ever been fired, asked to resign, or given the option to resign from any place of employment?
 YES () NO () If yes, please give details.

MILITARY SERVICE

Do you have military service in the Armed Forces of the United States? YES () NO ()

If yes, what branch? _____ Dates of Service: _____ - _____

Highest Rank Held? _____ Type of Duty: _____

Type of discharge or separation: _____ Military Serial No. _____

Do you have a reserve obligation? _____ Selective Service No. _____

FINANCIAL

The management of personal finances may be relevant to an individual's qualifications for police department employment. Please fill out the financial statements below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly Salary	\$	Mortgage/Rent	\$
Part-Time Income	\$	Vehicle Payment(s)	\$
Spouse's Salary	\$	Utilities	\$
Other Monthly Income over \$100	\$	Credit Cards	\$
		Other Monthly Payments over \$100	\$
		Estimated Monthly Cost of Living (include food, gasoline, car maintenance, entertainment and other obligations)	\$
Total Monthly Income	\$	Total Monthly Expenditures	\$

CURRENT ASSETS	CURRENT LIABILITIES
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Real Estate	\$	Real Estate	\$
Savings	\$	Credit Card Debt	\$
Checking	\$	Long Term Loans	\$
Stocks & Bonds	\$	Government Loans	\$
Life Insurance (cash value)	\$	Other Liabilities	\$
Vehicles	\$		
Other Assets	\$		
Total Assets	\$	Total Liabilities	\$

Within the last 10 years, have you filed or declared bankruptcy or filed for the Wage Earners Plan?
YES () NO () If yes, please give details (include when, where, why and amount).

Have any of your bills ever been turned over to a collection agency? YES () NO () If yes, please give details (include when, firms involved and circumstances).

Have your paychecks ever been garnished? YES () NO () If yes, please explain.

Have you ever had purchased goods repossessed? YES () NO () If yes please give details (include when, firms involved, and circumstances for each occurrence).

Have you ever been delinquent on child support, alimony, or income or other tax payments? YES () NO () If yes, please give details (include when, where, name and location of court, circumstances).

LEGAL

Have you ever been convicted of a crime? YES () NO () If yes, please give details

Have you ever been convicted in a Juvenile Court for an act which would have been a crime if committed by an adult? YES () NO () If yes, please give details (include when, where, name and location of court, circumstances).

Are you now or have you ever been involved as a plaintiff or a defendant in any civil action except for divorce? YES () NO () If yes, please give details

MOTOR VEHICLE OPERATION

Please list all states in which you have been licensed to operate a motor vehicle:

State: _____	DL#: _____	Name: _____
State: _____	DL#: _____	Name: _____
State: _____	DL#: _____	Name: _____
State: _____	DL#: _____	Name: _____

Have you ever been refused a motor vehicle operator's license by the State of Utah or any other state?
YES () NO () If yes, please give details

Has your motor vehicle operator's license ever been suspended or revoked? YES () NO () If yes, state when, where and why.

Has your motor vehicle operator's license ever been placed on probation? If yes, please give details.

Was your motor vehicle operator's license restored? YES () NO () When? _____

Please list all traffic citations (excluding parking citations) you have received within the last five years (For Reckless Driving or Driving Under the Influence of Alcohol, please list all and explain below regardless of date).

Nature of Violation	Location (city)	Approx. Date	Result

Have you ever been arrested for driving under the influence of alcohol and/or drugs or reckless driving? YES () NO ()

Date: _____ Arresting Agency: _____

Agency Case #: _____ Court Docket #: _____

Details and Disposition: _____

Have you ever been involved, as a driver, in a motor vehicle accident within the last five years? YES () NO () If yes, please give details for each accident.

Date: _____ Police Agency: _____

Location: _____ Injury: _____ Non-Injury: _____ Police Investigation: YES () NO ()

Details and Disposition: _____

Date: _____ Police Agency: _____

Location: _____ Injury: _____ Non-Injury: _____ Police Investigation: YES () NO ()

Details and Disposition: _____

ALCOHOL/DRUG USE

Do you drink alcoholic beverages? YES () NO () If yes, how often do you drink? _____

Have you participated in a “supervised rehabilitation program” for drugs or alcohol? YES () NO ()
If yes, give the name and address of the program and dates of attendance/participation.

Program: _____ Phone: _____

Beginning: _____ Ending: _____

Have you used alcohol since your last rehabilitation program? YES () NO ()

Have you used illicit drugs since your last rehabilitation program? YES () NO ()

What, if any, drugs were you addicted to?

Have you used any of the following drugs within the last five years? YES () NO () If yes, mark which drug was used, state the approximate date you last used the drug, and how many times you used the drug.

X	TYPE	APPROXIMATE LAST DATE OF USE	HOW MANY TIMES
	Heroin		
	Cocaine		
	PCP		
	Peridan		
	Tai Sticks		
	Quaaludes		
	Crank		
	Morphine		
	LSD		
	Crack		
	Mescaline		
	Peyote		
	Opium		
	Demoral		
	Methadone		
	Psilocybin/Mushrooms		

	Amphetamine injected		
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Have you used any of the following drugs within the last two years? YES () NO () If yes, mark which drug was used, state the approximate date you last used the drug, and how many times you used the drug.

X	TYPE	APPROXIMATE LAST DATE OF USE	HOW MANY TIMES
	Marijuana		
	Hashish		
	Amyl Nitrates		
	Anabolic Steroids		
	Amphetamines Not Injected		
	Other (Please Identify)		

Under what circumstances were any of the above substances used?

PEACE OFFICER CERTIFICATION AND TRAINING

Are you currently or have you in the past been Peace Officer Standards and Training (POST) certified in Utah or elsewhere? YES () NO () If yes, please give details (include when, where, category or kind of status).

If certified, please attach a detailed copy of your in-service training received since POST training, as well as any other information you wish to include with this application. For Dispatch applicants, please note: POST certification is not required prior to employment. Park City Municipal Corporation may require POST training and certification for successful applicants.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, have made application for a position with the Park City Police Department, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. It is further my understanding that any history adversely reflecting on my qualifications for employment by such investigation may be cause for disqualification for appointment, or my dismissal upon due consideration of the facts by the Police Department.

I hereby give to the Police Department, or duly authorized representative of the Police Department, the authority to conduct any comprehensive investigation of my background the Police Department deems necessary, including but not necessarily limited to, oral discussions with any person concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part, thereof, concerning myself by/to any authorized representative of the Police Department, whether said records are public or private, including those which may be deemed to be a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to background, including but not necessarily limited to, the records of educational institutions, finance or credit institutions, commercial or retail mercantile establishments and public utility companies; records of medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the US Department of Veterans Affairs and generally all military service medical records and other records of all military facilities: employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, disciplinary records, complaints or grievances filed by or against me; records and recollections of attorneys at law who have represented me in any case in which I have had an interest.

I hereby appoint any authorized representative designated by the Police Department as an authorized agent for me for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of the records discussed herein, I hereby direct you to release such information to the bearer of the Authorization for Release of Information or a copy thereof. A copy of this release form will be valid as an original hereof, even though that copy does not contain an original writing of any signature.

I hereby release the custodian or custodians of such records and the Police Department or the city of Park City, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature which any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with this Authorization of Release of Information and my request contained herein for this release or because of any use of these records by the Police Department or the city of Park City. This release is binding, now and in the future, on me, my heirs, assigns, associates, personal representative or representatives of any nature.

Utah Code Annotated 34-42-1 states in part that "an employer who in good faith provides information about the job performance, professional conduct, or evaluation of a former or current employee to a prospective employer of that employee, at the request of the prospective employer of that employee, may not be held civilly liable for the disclosure or the consequences of providing that information. There is a reputable presumption that an employer is acting in good faith when the employer provides information about the job performance, professional conduct, or evaluation of a former or current employee to a prospective employer of that employee, at the request of the prospective employer of that employee."

Applicant's Signature

Date

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Disclosure

When considering your application for employment, when making a decision whether to offer you an employment, when deciding whether to continue your employment (if you are employed), and when making other employment related decisions directly affecting you, the Park City Police Department may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”) which applies to you. As an applicant for employment or employee of the Park City Police Department, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluated consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as the Park City Police Department.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

If the Park City Police Department obtains a “consumer report” about you, and if the Park City Police Department considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

Authorization

By signing below, I, _____, hereby voluntarily authorize the Park City Police Department to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment at the Park City Police Department. I understand that I have rights under the FCRA, including the rights discussed above.

Signature

Date

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public