

Heber City Chief of Police Application Instructions

To submit a complete application all Heber City Chief of Police Applicants should:

1-Download the entire application packet (includes job posting notification with timing, job description, Background Check packet, and Supplemental Questions. Application packet available at:

<https://www.applicantpro.com/openings/heberut/jobs/2881312/UT-Utah/Heber-City/Chief-of-Police>

Or at www.heberut.gov and select 'Employment'

2-Prepare a Cover letter and Resume addressed to Mayor Franco (see address/email below).

3-Answer the 'Supplemental Questions' listed in the application packet. Answers should be no more than one page max per question.

4- Send your Cover letter, Resume and answers to 'Supplemental Questions' by regular mail to:

Mayor Heidi Franco

75 N Main

Heber City, UT 84032

*Or scan and email to Mayor Franco at: hfranco@heberut.gov .

5- Also fill out the Background Check Packet and sign/date.

6- Send your Background Check Packet to:

Deputy Chief Jeremy Nelson

301 South Main Street

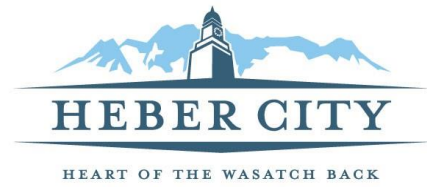
Heber City, UT 84032

*or scan and email to Deputy Chief Nelson at: jnelson@heberut.gov

*Background Check Packet is for a preliminary review in preparation for a full official background check given to top final candidates.

FULL APPLICATION DEADLINE: Extended to June 26, 2023 by 5 pm.

Heber City is an Equal Opportunity Employer. "Heber City does not discriminate on the basis of race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws on the basis of race, sex, orientation, age, gender or the presence of a non-job-related medical condition or disability or any other legally protected status.



Further Questions on application packet can be answered by:

Cherie Ashe, Human Resources

435-657-7902 or cherieashe@heberut.gov



Police Chief

Heber City, Utah



The Community

Located at the heart of the Wasatch Back, Heber City is just 45 miles from Salt Lake City and minutes away from three world-class ski resorts. Heber City is one of the fastest-growing cities in the country. The City is currently home to over 17,000 residents, with 24 full-time sworn Police Officers. Since 1985, Heber City has employed only three Chiefs of Police.

Heber City is a beautiful place to live and work. Wasatch Mountain State Park is located just west of Heber City amid the picturesque Timpanogos mountains. Excellent fishing and kayaking are found minutes from bodies of water, including the Jordanelle state park, Deer Creek, and Strawberry Reservoir. Heber City is located within the Heber Valley.

Heber City's beautiful surroundings provide easy access to hiking, mountain biking, fishing, camping, skiing, snowshoeing, hunting, and many other outdoor activities.

In addition to its incredible outdoor opportunities, Heber City is also home to the Heber Valley railroad a unique destination experience.

A photograph of the Heber City Public Safety building, a two-story brick structure with a gabled roof and multiple windows. An American flag is visible on the left. The building is set against a blue sky with white clouds. The text is overlaid on the right side of the image.

Heber City Utah's Police Chief position offers candidates a vibrant, dynamic, historic, and scenic community located in the heart of one of the fastest growing areas in the U.S.

The Organization

Heber City has a six-member council form of government, with the elected leadership consisting of a mayor and five council members. The City Council is responsible for policymaking and is vested with legislative authority. The City Manager is the Chief Administrative Officer. The Police Chief is an appointed Mayoral position reporting directly to the Mayor and City Council.

The City Manager is responsible for carrying out the policies and procedures of the city staff, overseeing the day-to-day operations of the City, and managing the directors of the City's several departments.

The Position

As Chief law enforcement officer, this position directs and administers police department operations, including crime prevention and traffic safety programs. The Police Chief also serves as a member of the City's executive leadership team. The Police Chief provides leadership for the Police Department and must be able to direct and supervise various levels of professional police officers, evaluate performance without partiality, and make quick and accurate decisions in emergency situations. Acts as Emergency Manager, maintaining and coordinating MOU's with entities throughout the state of Utah.

The Police Chief establishes department policies and procedures, sets goals and objectives to implement directives from the City Council, and supervises and coordinates the preparation and presentation of the annual department budget. The Police Chief directs the implementation of the budget, authorizes purchases and payments, and monitors fiscal activity. The Police Chief plans, develops, and maintains police training programs and schedules, oversees training officers, and monitors employee progress and advancement. The Police Chief develops organizational structures, including lines of authority, responsibility, and communication. The Police Chief participates in the recruitment, selection, promotion, transfer, and discipline of law enforcement officers in order to maintain an effective workforce.

The Police Chief meets with elected officials, other law enforcement agencies, community and business representatives, and the public in all aspects of city law enforcement activities. He or she establishes and maintains liaison with local courts, prosecutors, correctional agencies, and the news media.

Qualifications

Qualified candidates must have graduated from an accredited college or university with a bachelor's degree in Police Science, Criminology, Public Administration, or a related field. A master's degree in a related field is preferred. Qualified candidates must have ten (10) years of progressively responsible experience in law enforcement, three (3) of which must have been in a supervisory capacity in the position of Detective or Administrative Sergeant or higher at a department of comparable size and complexity. Additionally, qualified candidates must have thorough knowledge in the following areas:

- Modern law enforcement principles and procedures;
- Federal, state, county, and City ordinances,
- Investigative procedures and practices;
- Law enforcement administration principles;
- Legal liabilities associated with arrest and law enforcement;
- Courtroom procedures and laws of evidence;
- Municipal budget development and preparation;
- Principles of effective training, management, and motivation;
- Standard first aid administration



Required knowledge, skills, and abilities include:

- Proper use of firearms and familiarity with the operation of other special police equipment;
- Knowledge of psychology and sociology principles;
- Management of sensitive law enforcement issues;
- Supervision of a complex law enforcement organization;
- Planning, training, and making decisions in emergency situations; effectively operate within an Emergency Operating Center.
- Assuring compliance and following safety practices and procedures common to law enforcement work, determining training, and enforcing Police procedures, following safety practices.
- Coordinate, plan, and oversee a variety of special events within our community.
- Effective English verbal and technical writing skills.
- Must have knowledge of Heber City geography, roads, boundaries, or jurisdictions.
- Operate a computer with proficiency in Microsoft suite
- Recruitment, training, and management of VIPS and community partners.
- Spanish-speaking proficiency a plus

Special qualifications include:

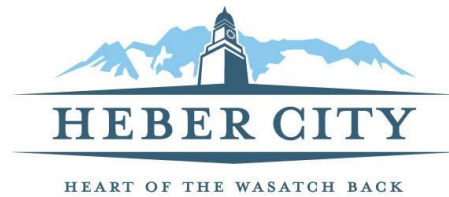
- Certified/be certifiable in Utah as a Peace Officer (POST) certifiable by August 9, 2023
DPS – Peace Officer Standards and Training | Peace Officer Standards and Training (utah.gov)
Main Line: 801-256-2300
- Reside within Heber Valley residential boundary per Police Department policies; within 3 months of hire or as soon as possible;
- Must have a valid Utah Driver's License and Utah residency within three (3) months of hire;
- Must be credible witness in a court of law
- Must pass a detailed law enforcement background and psychological test
- Leadership in Police Organization or Leadership in Public Safety Organization (LPO/LPSO) and professional registrations such as International Association of Chiefs of Police, and/or graduation from the FBI National Academy are preferred qualifications.
- Tasks require a variety of physical activities not generally involving muscular strain such as walking, standing, standing, stooping, sitting, and reaching. Mental application utilizes memory for details, emotional stability, discriminating thinking, and creative problem solving. Frequent travel required in the course of performing portions of job functions.

Compensation

The current annual salary for this position is between \$131,411 to \$168,211, depending on the qualifications of the selected candidate. There is an annual COLA and Merit increase. Heber City also provides competitive employee benefits, including:

- Payment into the Utah Retirement System or 401K.
- Health insurance coverage for employees and dependents, including medical, dental, and vision (Heber City currently pays 95% of health premiums).
- Employee group life insurance;
- Long term disability
- 13 paid holidays (one floating holiday);
- Vacation and sick leave accrual
- A compressed schedule of four days of ten hours work week.





Supplemental questions for Chief of Police applicants. Please limit your answers to one page or less per question.

1. How would you describe your leadership of management style?
2. In your administrative experience, what is the size of budget and number of positions you've supervised?
3. In a time when laws are being passed that truly resemble dislike and mistrust towards law enforcement, how do you enforce these laws and regulations and remain true to your profession?
4. In your administrative experience, please describe how you have cultivated an environment where integrity and ethical values are of the utmost importance.
5. Has there been a time in your career when you have received negative consequences for doing the right thing? Looking back on that do you wish you had done something differently?
6. What initiatives or programs have you done; or any ideas do you have on how to keep community support & community engagement as a priority?
7. How can you as the police chief assist the members of the department to complete their goals, as well as the goals of the department?



POLICE OFFICER CANDIDATE BACKGROUND CHECK PACKET

HEBER CITY POLICE DEPARTMENT

301 South Main Street Heber City, Utah 84032 (435) 654-3040

PERSONAL HISTORY STATEMENT - INSTRUCTIONS TO CANDIDATE ****IMPORTANT - READ CAREFULLY****

This background check packet along with any attachments must be submitted in a separate sealed envelope. The background check packet will be provided to the assigned background investigator. If you have any questions regarding this background check packet or the background check process, you may contact Deputy Chief Jeremy Nelson at 435-657-7915.

HEBER CITY CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

Keep in mind that:

- All statements are subject to verification.
- Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
- **All time periods** in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will then be made about the relevance of these facts to the requirements of the position for which you have applied.

If a question does not apply to you write "N/A" in the space provided for your answer. Remember, it is important to address all boxes and blank spaces so as to not imply that you ignored any of the spaces provided.

If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number to which it refers. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Heber Police Department or another law enforcement agency in possession of a notarized permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

REQUIRED DOCUMENTS

Attach photocopies of the documents listed below to this questionnaire packet. Original documents are to be kept and shown to the Background Investigator during your interview. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark or your initials in the space provided below.

- _____ 1. Signed release waivers
- _____ 2. High School Diploma or GED certificate
("Transcripts" **MUST be received by us in an **officially sealed envelope from the school.**)
- _____ 3. Transcripts from Colleges or Universities if required by the position you are applying for.
("Transcripts" **MUST be received by us in an **officially sealed envelope from the school.**)
- _____ 4. Military Discharge Papers. (Must include "Discharge Status" - 'Long Form')
- _____ 5. Citizenship or Naturalization papers
- _____ 6. Birth Certificate
- _____ 7. All Name Change Documents including any 'variations' of your name including nicknames or married names you have used or been known by.
- _____ 8. Peace Officer Standards and Training Certificate of Graduation from a Police Academy or proof that you are currently enrolled in the Utah POST Academy.
- _____ 9. Tax Information Authorization – IRS Form 8821 indicating a willingness to share information.

OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like to be considered:

- 2. Attach a full-face photograph of yourself, no smaller the 2.5" X 2.5."
****This photo must have been taken within the last three months.* Your photo is not required, but it is of assistance to us in identifying whom you are (visually) to past employers, references, previous neighbors etc. during interviews conducted for the background investigation.

Attach Your
Photo Here

3. Answer all questions completely. If additional space is needed use the reverse side and indicate the number of the question being answered.

a. Name: _____
Last First Middle Social Security Number

Date of Birth: _____ Email Address: _____

Position for which you are applying: _____

b. If you have ever used a name different from 1a, list all other names you have ever used.

1. Name: _____
Last First Middle

2. Name: _____
Last First Middle

3. Name: _____
Last First Middle

c. Were any of the above names legally changed? () No () Yes. If yes, attach copy of legal document, and explain on the reverse side of this page. If other names have been used and you answered no to this question explain on the reverse side of this page.

4. Residence Address: _____
Street Address City State Zip Code

5. Mailing Address: _____
Post Office Box Number City State Zip Code

6. Residence Phone Number: (____) _____ Hrs. you can be contacted: _____

Work Phone Number: (____) _____ Hrs. you can be contacted: _____

7. Alternate contact telephone numbers - Please list the name and phone of someone (a relative or close friend) who usually knows how to contact you if you cannot be reached at home or work. DO NOT LIST YOUR OWN TELEPHONE NUMBER.

a. (____) _____

b. (____) _____

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.**

CURRENT AND FORMER SPOUSES

1. Name of present spouse: _____
Last First Middle

Date of Birth: _____

Maiden Name & other Name(s) used: _____

Date of Marriage () Work Phone Number Work Hours

Name of Employer and Street Address City State Zip Code

List name(s) and birth date(s) of all children including stepchildren or adopted

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

2. If divorced or annulled, list prior marriage(s) in order of occurrence. If additional space is needed, use the reverse side of this sheet.

a. Name of former spouse: _____
Last First Middle Date of Birth

Residence Address: _____
Street Number City State Zip Code Phone Number

Date of Marriage Date of Divorce/ Annulment Court/State issuing decree

b. Name of former spouse: _____
Last First Middle

Residence Address: _____
Street Number City State Zip Code Phone Number

Date of Marriage Date of Divorce/ Annulment Court/State issuing decree

RELATIVES

ALL APPLICANTS MUST GIVE COMPLETE INFORMATION CONCERNING THEIR RELATIVES. List in sequence your immediate family starting with parents and proceeding to brothers and sisters. Include step-brothers and sisters, half-brothers and sisters, step-parents, legal guardians, or others such as guardian (s). If more space is needed, continue on the reverse side of the sheet. ***Please carefully confirm ALL contact information before printing it below. (Do not guess or list 'approximate' information.)***

APPLICANT'S FAMILY

SPOUSE'S FAMILY

Father: Email Address: Address: Phone No:	Father: Email Address: Address: Phone No:
Mother: Email Address: Address: Phone No:	Mother: Email Address: Address: Phone No:
Sibling: Email Address: Address: Phone No:	Sibling: Email Address: Address: Phone No:
Sibling: Email Address: Address: Phone No:	Sibling: Email Address: Address: Phone No:
Sibling: Email Address: Address: Phone No:	Sibling: Email Address: Address: Phone No:

RESIDENCES

Applicant must provide residence information for the last ten (10) years. Starting with your current address, list in sequence **all** previous residences. List addresses while serving in the military, attending school or if away from home for volunteer service or work. (List no information prior to your 15th birthday and exclude relatives that you listed in the previous section).

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No,	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Have you ever been evicted from a residence? () No () Yes. If yes explain. _____

ADDITIONAL SPACE

This should be used only if you need additional space to complete your residence.

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

Address			<i>Property Owner</i>		
City	State	Zip Code	<i>Address</i>		
Apt. No.	From	To	<i>City</i>	<i>State</i>	<i>Zip Code</i>
With Whom did you reside?			<i>Length of time at this residence</i>		

EMPLOYMENT HISTORY

1. Would contacting your current employer during the background investigation present a problem for you?

() No () Yes

If yes, explain what problems you anticipate from an inquiry of this nature.

2. Beginning with the current date, list your work history in chronological order back to your eighteenth (18th) birthday. List, in sequence, **all** periods of employment (full-time, part-time), unemployment, self-employment, periods when attending school, military service, and volunteer work (i.e. hospital, church-related work, etc.). Please give complete address with city, state, and zip code. Include the area code with phone number if work was out-of-state. Do not leave any time periods unaccounted for. Also do not simply indicate that you “resigned, were laid-off or terminated but state the **REASON** why you were laid-off, resigned or terminated.

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Employment From: _____ To _____	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()	

*UNEMPLOYED FROM _____ TO _____

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Employment From: _____ To _____	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()	

ADDITIONAL SPACE

This side should be used only if you need additional space to complete your work history.

*UNEMPLOYED FROM _____ TO _____

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Employment From: _____ To	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()	

*UNEMPLOYED FROM _____ TO _____

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Employment From: _____ To	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()	

*UNEMPLOYED FROM _____ TO _____

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:

Employment From:_____ To	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()
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*UNEMPLOYED FROM _____ TO _____

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Employment From:_____ To	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()	

*UNEMPLOYED FROM _____ TO _____

Business Name:	Corporate Address (for employee records):	Phone Number: ()
Job Title:	Duties:	Reason for leaving:
Supervisor's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Co-Worker's Name:	Phone Number: ()	Work Hours:
Employment From:_____ To	Full-time () Part-time () Unemployment () Self-employed () School () Military () Volunteer ()	

EMPLOYMENT HISTORY (CONTINUED)

1. Have you ever been fired or ask to resign? Yes () No ()
If yes, please explain below for each incident and list the name of the employer.
-
-
2. Have you ever been terminated during the probationary period from any employment? Yes () No ()
If yes, please explain below for each incident and list the name of the employer.
-
-
3. Have you ever been disciplined in any way by an employer (verbal warning, reprimand, suspension, etc)? Yes ()
No ()
If yes, please explain below for each incident and list the name of the employer.
-
-
4. Have you had any arguments concerning job duties or working conditions with any supervisor or co-worker?
If yes, please explain below for each incident and list the name of the employer. Yes () No ()
-
-
5. Have you ever resigned from any employer in lieu of termination? Yes () No ()
If yes, give name of the employer, date, circumstances.
-
-
6. Have you stated the true and complete reasons for leaving each of your previous jobs? Yes () No ()
If no, please explain below.
-
-
7. Have you been completely truthful in listing prior positions and their duties on all application forms and documents during this hiring process? Yes () No ()
If no, please explain below.
-
-
8. Have you ever left a job without giving proper notice? Yes () No ()
If yes please explain below.

□

USE THIS SIDE FOR ANY QUESTION THAT IS NOT FROM THE FRONT OF THIS SHEET.

[illegible]

REFERENCES

Provide the names and addresses of five (5) adult individuals who have known you for the past five (5) years. These individuals may be friends, fellow students, family physician or neighbors. (Exclude relatives and former employers). **The references you select should know you are listing them and know you well enough to give information about your character, ability, experience, personality and other pertinent information. You must list the individual's complete name, and addresses.** The addresses must be accurate and current or the completion of your background investigation may be delayed.

Name _____	Years Known _____	Occupation _____
Address _____	Place of Employment _____	
City _____	State _____	Zip Code _____
Home Phone _____		Business Phone _____

Name _____	Years Known _____	Occupation _____
Address _____	Place of Employment _____	
City _____	State _____	Zip Code _____
Home Phone _____		Business Phone _____

Name _____	Years Known _____	Occupation _____
Address _____	Place of Employment _____	
City _____	State _____	Zip Code _____
Home Phone _____		Business Phone _____

Name _____	Years Known _____	Occupation _____
Address _____	Place of Employment _____	
City _____	State _____	Zip Code _____
Home Phone _____		Business Phone _____

Name _____	Years Known _____	Occupation _____
Address _____	Place of Employment _____	
City _____	State _____	Zip Code _____
Home Phone _____		Business Phone _____

EDUCATION

Starting with high school list names, addresses of all schools you have attended or are now attending. This would include schools of higher education including colleges and universities, business and trade schools.

SCHOOL	ADDRESS	DATE	GRADUATE?	TYPE OF DEGREE	MAJOR
		FROM TO	() YES () NO		
		FROM TO	() YES () NO		
		FROM TO	() YES () NO		
		FROM TO	() YES () NO		

TRAFFIC VIOLATIONS

The position of peace officer requires that an individual has good driving skills. Consequently, the Heber City Police Department requires information about your driving record. Please list all information required about your traffic behaviors during the past ten (10) years.

Please list **all** traffic citations, arrests, detentions, tickets, questionings, or driver's license revocation you might have received for any traffic violation of any type you might have committed during the past ten (10) years. List the violation, the date (month and year only), the place and the disposition (guilty, not guilty, no contest, fined, jailed, etc.).

VIOLATION	DATE	CITY, STATE	DISPOSITION / FINAL RESULT

--	--	--	--

List all States in which you have been issued a driver's license.

STATE	DRIVER'S LICENSE NUMBERS

1. For any reason whatsoever, have you ever in your lifetime failed to pay or otherwise dispose of any traffic, parking or misdemeanor citation? If yes, please explain below. Yes () No ()

2. Have you ever been arrested on a traffic warrant? Yes () No ()
If yes, please explain below.

3. Have you ever been refused an operator's license by any state? If yes give the state, date, and the circumstances. Yes () No ()

4. Have you ever obtained a license or personal identification under an assumed name? Yes () No ()
If yes, explain and list the name(s)

5. Has your driver's license ever been suspended, revoked, or have you ever received a warning notice from the state who issued your license? If yes, give the name of state, date, circumstance. Yes () No ()

6. Have you ever been involved in a traffic accident as a driver? If yes, list the dates, location, who was at fault, name of agency who investigated the accident. Yes () No ()

7. Have you ever been involved in a traffic accident as a driver that was not reported which really should have been reported.
Yes () No ()

☐ Check this box if you have NEVER received any traffic violation at all.

APPLICATION INFORMATION

If you have ever applied with any security related agency or company, please complete the following (dates can be approximate):

AGENCY & PHONE	DATE	DISPOSITION
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

If you have ever applied with the Heber City Police Department or any other law enforcement agency, please list them **all** (important) in consecutive order: (dates can be approximate such as month/year)

AGENCY NAME	DATE TESTED	DISPOSITION/STATUS <i>(How far did you get?)</i>
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)
<hr/>	<hr/>	<ul style="list-style-type: none">• Background Invest. (Y) (N)

		• Background Invest. (Y) (N)
		• Background Invest. (Y) (N)
		• Background Invest. (Y) (N)

☐ Check this box if you have NEVER applied with a law enforcement or security agency other than your current application for this position.

PRIOR LAW ENFORCEMENT RELATED SERVICE

☐ Check this box if you have NEVER served in a law enforcement related position.

A “*Law Enforcement Related Position*” includes positions as a sworn or commissioned law enforcement officer, peace officer, sheriff’s deputy, state or federal agent, commissioned reserve officer or any other position charged and sworn to uphold the law; cadet, recruit or other position as an entry level student in a law enforcement agency’s training academy; a custodial officer, jailer, community service officer (CSO) or other position dealing with prisoners in a prison or jail facility; police dispatcher, police communications operator or other position dealing with intaking and dispatching of emergency calls or the supervision of emergency call centers; crime laboratory, crime scene or forensic specialists or other position dealing with evidence collection or analysis or non-sworn support staff for law enforcement.

If you check this box, go to the next section. (Military Information)

☐ Check this box if you have had prior law enforcement related service and please complete the following questions. These questions deal only with your employment as a law enforcement or custodial officer.

List all law enforcement related positions you have held, whether paid or voluntary:

POSITION	AGENCY	DATES	CITY, STATE

1. While employed in a law enforcement related position, did you ever commit a felony or misdemeanor which would have been punishable by incarceration? If yes, please explain below. Yes () No ()

2. While employed in a law enforcement related position, have you ever abused a prisoner or violated a prisoner's civil rights? If yes, please explain below. Yes () No ()

3. Have you ever been terminated, asked to resign or voluntarily resigned from a law enforcement related position as a result of an internal investigation or allegation of misconduct? If yes, please explain below. Yes () No ()

4. While employed in a law enforcement related position, have you ever stolen or made personal use of confiscated prisoner's property or other entrusted property? If yes, please explain below. Yes () No ()

5. While employed in a law enforcement related position, have you ever received any disciplinary action, been formally investigated for misconduct, been part of an internal investigation or received any suspensions or any written reprimands? If yes, please explain below. Yes () No ()

6. While employed in a law enforcement related position, have you ever accepted a bribe or pay off? If yes, please explain below. Yes () No ()

7. While employed in a law enforcement related position, have you ever filed a false report/official record? If yes, please explain below. Yes () No ()

8. While employed in a law enforcement related position, have you ever warned a person ("*off the record*") that they were the subject of a criminal investigation when you should not have? If yes, please explain below. Yes () No ()

9. While employed in a law enforcement related position, have you ever used more force than necessary in making an arrest or handling a prisoner? If yes, please explain below. Yes () No ()

10. While employed in a law enforcement related position, have you ever run and/or used computerized criminal history information for personal reasons? If yes, please explain below. Yes () No ()

☐ Check this box if you have NEVER been involved in any of the above listed acts while employed in a law enforcement related position.

ADDITIONAL SPACE

Use this side for any additional information you may need in answering questions from the previous page that require detailed information. Number each answer with the corresponding number from the question(s) from the previous page. Should more space be necessary than is provided here attach a white sheet of 8.5" X 11" paper to this sheet. **DO NOT USE THIS SIDE FOR ANY QUESTION THAT IS NOT FROM THE FRONT OF THIS SHEET.**

ITEM #	EXPLANATION

MILITARY INFORMATION

Have you ever been denied entry into any branch of the armed forces? () Yes () No, If yes please provide detailed information on the reverse side of this sheet.

☐ Check this box if you have NEVER been a member of the armed forces in either an active or inactive capacity. You may now skip the remainder of this "Military Information" section and move to the next section.

- a. Are you currently or have you participated in the United States Armed Forces, National Guard, or military reserve program. Yes () No ().
- b. Have you changed your military discharge status at any time? Yes () No (). If yes, what was your discharge status prior to having it changed. Explain why the change of your status was necessary on the reverse side of this sheet.
- () General
() Less than Honorable
() Undesirable
() Early separation?
() Other
- c. What was the highest rank held:
- d. Give date and location of discharge:
- e. Were you ever court-martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or Article 15, or any other disciplinary action of any kind while a member of the armed forces? Yes () No ().
- If yes, explain on the reverse side of this sheet. Details should include branch of service, when where, and the circumstances.
- f. Have you ever been separated from military service for disciplinary reason? Yes () No (). If yes, explain on the reverse side of this sheet.
- g. Have you ever been given the option to resign in lieu of forced separation from any military service? Yes () No (). If yes, explain on the reverse side of this sheet.
- h. While in the service, were you ever reduced in grade or rank? Yes () No (). If yes, explain in detail the circumstances on the reverse side of this sheet.
- i. Did you ever commit a criminal act while off duty while in the armed services? Yes () No (). If yes, explain on the reverse side of this sheet.
- j. List your current or past commanding officers or military acquaintances who know you well enough [approx. three to six (3-6) years] to provide additional information.

Name: _____

Rank: _____

Address: _____

Phone Number: () _____

☐ Check this box if you have NEVER taken any item from any employer or another person.

CRIMINAL ACTIVITY

You are applying for a position that is responsible for upholding the law. Consequently, the Heber City Police Department is concerned with your knowledge of , participation in or commission of any crime listed below. We realize that it would be a rarity for any applicant to answer “no” to all of these questions, so we place a high degree of value on a person's honesty and integrity in answering the following questions truthfully. If you have committed or participated in any of the acts listed below, you must check the box indicating participation. Obviously, there are some acts of criminal behavior that may preclude your selection for employment by the Heber City Police Department at this time. **Nonetheless, you must explain any participation.** Following this section, you will be given ample opportunity to explain the circumstances surrounding your participation in any of these acts.

Again, be sure to acknowledge participation, commission, arrests, convictions or questioning for any of the following acts which occurred.

Have you ever been under investigation, indicted, arrested, convicted, or placed on probation for includingbut not limited to being placed in handcuffs or detained by police or security personnel for any reason, except a traffic offense punishable by fine only? Yes () No ()

If yes, list below and explain on page 30.

OFFENSE	DATE	OUTCOME OF CASE	INVESTIGATING AGENCY

Have you ever engaged in any of the following?

1. Any sexual act prior to age twenty (20) with another person who was less than fifteen (15) years of age at the time of the act or was more than three years younger than you. (Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, anus of another person or fondling of breasts.) Yes () No ()
2. Any act, after turning twenty (20), of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual or anal sexual penetration with any child. Yes () No ()
3. Any act of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person. Yes () No ()
4. Any act of sexual assault, either by force or threats of injury. Yes () No ()
5. Any incestuous act of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual or anal sexual penetration with any child? Yes () No ()
6. Have you ever intentionally downloaded or viewed child pornography? Yes () No ()
7. Any act that involved the purchasing alcohol for or in behalf of a minor(s) in return for sexual favors? Yes () No ()
8. Any act, involving of possession, downloading or accessing of obscene materials that contain images of a child (less than 18 years of age). Yes () No ()
9. Any act, involving the downloading or accessing of obscene materials on another person's computer, a computer belonging to a business to include your employer's computer or a government owned computer. Yes () No ()
10. Any act, which caused bodily injury to another person. Yes () No ()
11. Any act of unlawfully taking the life of another human being. Yes () No ()
12. Any act of unlawfully abducting another person. Yes () No ()
13. Any act, as an adult, of violence against a member of your family or household. Yes () No ()
14. Any act of cruelty to any creature resulting in harm, injury, or death other than legally licensed sport hunting or fishing. Yes () No ()
15. Any act involving hurting, harming or attempting to hurt or harm another person or animal using a firearm, knife, club or any other deadly weapon. Yes () No ()
16. Any act of unlawfully causing injury to any person fourteen (14) years of age or younger, sixty-five (65) years of age or older, or who is disabled. Yes () No ()
17. Any act, as an adult, involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment or order of a court disposing of the child's custody. Yes () No ()
18. Any act of causing, planning or starting a fire or an explosion to damage or destroy vegetation, fences or structure on open land; a building, habitation or vehicle belonging to another person; or a building, habitation, vehicle or

- property belonging to you which was insured. Yes () No ()
19. Any act, as an adult, involving the intentional damage or destruction of any property belonging to another person. Yes () No ()
20. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats or intimidation in order to steal or take property from another person. Yes () No ()
21. Any act involving breaking into a building, habitation or any portion of a habitation or building in order to take or steal cash, property or merchandise; or with the intent of committing any other criminal act. Yes () No ()
22. Any act, as an adult, involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, box cars, vans or motor homes in order to commit theft or any other felony. Yes () No ()
23. Any act, as an adult, which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, theft by false pretext, theft from a person, shoplifting, swindling, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, or any form of theft – including making a false claim to an insurance company. This does not include previously mentioned thefts from employers. Yes () No ()
24. Any act, involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intention to defraud or harm any person or business. Yes () No ()
25. Any act involving theft of a vehicle. Yes () No ()
26. Any act, involving use of a vehicle without the owner's consent or joy-riding in a stolen vehicle. Yes () No ()
27. Any act, involving bribing or attempting to bribe any governmental officer or employee. Yes () No ()
28. Any act, involving telling any lie, falsehood or misrepresentation of any act while under oath or a sworn or notarized document. Yes () No ()
29. Any act, related to filing a false report to any peace officer. Yes () No ()
30. Any act, involving impersonating a peace officer, official or other governmental official. Yes () No ()
31. Any act involving evading, resisting or interfering with any peace officer in making any arrest or detention of any person, including you. Yes () No ()
32. Any act involving the unlawful possession of any explosive weapon, machine gun, short-barreled firearm, armor piercing ammunition, silencer, switchblade knife, knuckles, chemical dispensing device, zip gun. Yes () No ()
33. Any act involving the unlawful carrying a handgun, illegal knife or club. Yes () No ()
34. Any act, as an adult, involving illegal gambling, including promotion of a gambling house or possessing a gambling device, excluding dice or cards. Yes () No ()
35. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or any other criminal act. Yes () No ()

ADDITIONAL SPACE

Use this side for any additional information you may need in answering questions from the previous page that require detailed information. Number each answer with the corresponding number from the question(s) from the previous page. Should more space be necessary than is provided here attach a white sheet of 8.5" X 11" paper to this sheet. **DO NOT USE THIS SIDE FOR ANY QUESTION THAT IS NOT FROM THE FRONT OF THIS SHEET.**

[illegible]

☐ Check this box if you have NEVER been involved in any of the above-listed categories of criminal activity.

CRIMINAL ACTIVITY - ILLEGAL DRUGS

In all cases, the Heber City Police Department is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; the cultivation of illegal drug plants; or any other way being involved in a transaction involving illegal drugs.

In the space provided below, please list the type of illegal drug sold, manufactured, cultivated or delivered, the amount of the illegal drug, your age at the time, and the number of times you engaged in the illegal sale, manufacture, cultivation or delivery of drugs.

TYPE OF DRUG	AMOUNT	AGE	TYPE OF ACTIVITY	# OF TIMES

☐ Check this box if you have never sold, manufactured, cultivated, delivered any illegal drug for any reason at all.

BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL SALES, MANUFACTURE, CULTIVATION OR DELIVERY OF ILLEGAL DRUGS IN WHICH YOU RECALL BEING INVOLVED.

DRUG USE

Drug usage has become extremely common in our society. The Heber City Police Department recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the Police Department be aware of your past ILLEGAL drug usage because, as a peace officer, you will in the future be called to

testify as a witness in a criminal prosecution of an individual charged with illegal drug use, and the defense attorneys may ask about your own personal drug usage in an effort to attack or impeach your credibility in court.

1. Have you ever illegally used or possessed drugs, including marijuana? Yes () No ()
2. Have you illegally used drugs, including marijuana, while employed as a law enforcement or custodial officer? Yes () No ()

If you answered yes to either of these questions, please complete the following chart, explaining the last time you used each of the drugs mentioned. Please check only drugs not legally prescribed to you that you have used.

	NAME	STREET NAMES	LAST TIME USED
	STIMULANTS		
<input type="checkbox"/>	Benzedrine, Obetrol	Ice, Speed, Crank	
<input type="checkbox"/>	Desoxyn	Upper, Snot, Glue	
<input type="checkbox"/>	Cocaine	Coke, Rock, Crack, Snow	
<input type="checkbox"/>	Other Amphetamines	Dexies, Crystal, Black beauties, Bennies	
<input type="checkbox"/>	Other Methamphetamines	Meth, Glass, Chalk, Crystal Meth	
	ANALGESICS		
<input type="checkbox"/>	Codeine	Schoolboy	
<input type="checkbox"/>	Roxanol	"M," Morph	
<input type="checkbox"/>	Heroin	Horse, Smack, "H," Speedball (w/ cocaine)	
<input type="checkbox"/>	Dilaudid	Juice, Dillies	
<input type="checkbox"/>	Demerol	Demmies, Pain Killer	
<input type="checkbox"/>	Dolophine	Dollies, Meth	
<input type="checkbox"/>	Talwin	T' s	
<input type="checkbox"/>	Darvon	Pain Killer	
<input type="checkbox"/>	Hycodan, Vicodin	"	
<input type="checkbox"/>	Percodan	"	
<input type="checkbox"/>	Percoset	"	
<input type="checkbox"/>	Oxycontin,	Oxy, Hillbilly Heroin	
	HALLUCINOGENS		
<input type="checkbox"/>	Marijuana	MJ, Grass, Pot, Smoke	
<input type="checkbox"/>	LSD	LSD	
<input type="checkbox"/>	PCP	Angel Dust, Hog	
<input type="checkbox"/>	MDA	Love Boat, Hug Drug	
<input type="checkbox"/>	MDMA	Adam, Ecstasy, X, E	
	DEPRESSANTS/SEDATIVE/HYPNOTIC		
<input type="checkbox"/>	GHB	G, Liquid Ecstasy	
	BARBITURATES		
<input type="checkbox"/>	Luminal	Downers, Goofballs	
<input type="checkbox"/>	Seconal	Seconds, Reds	
<input type="checkbox"/>	Nembutal	Nembies	
<input type="checkbox"/>	Fiorinal, Fioricet	Phennies	
<input type="checkbox"/>	Talbutals	Tooies	
<input type="checkbox"/>	Butisol	Bute, Stoppers	
<input type="checkbox"/>	Amytal	Blue Devils, Yellow Jackets	

<input type="checkbox"/>	Alurate	Barbs, Rainbows	
<input type="checkbox"/>	BENZODIAZEPINES		
<input type="checkbox"/>	Rohypnol	"Roofies"	
<input type="checkbox"/>	Librium	Downers, Nerve Pills, Candy	
<input type="checkbox"/>	Clonopin	"	
<input type="checkbox"/>	Valium	"	
<input type="checkbox"/>	Dalmane	"	
<input type="checkbox"/>	Ativan	"	
<input type="checkbox"/>	Serax	"	
<input type="checkbox"/>	Xanax	"	
<input type="checkbox"/>	Tranxene	Tranks	
<input type="checkbox"/>	Quaalude	Ludes	
<input type="checkbox"/>	STEROIDS	Roids, Stack, Juice	

If there are other illegal drugs that you have used that are not listed above, please list those below.

☐ Check this box if you have never used any illegal drugs.

BEFORE CONTINUING, THINK CAREFULLY TO ENSURE THAT YOU HAVE NOT FORGOTTEN TO LIST ANY ILLEGAL DRUG USAGE WHICH YOU CAN RECALL.

ALCOHOL USE

It is against the law to operate any motor vehicle (car, truck, motorcycle, boat and airplane) under the influence of alcohol. You can be intoxicated because you have lost the normal use of your physical/mental facilities through the ingestion of legal drugs or illegal drugs, abusable inhalants or a combination of intoxicating substances.

1. Have you ever, as an adult, operated any motor vehicle while intoxicated? Yes () No ()

If yes:

Number of times? _____ Approximate date of last time? _____

2. Have you ever, as an adult, been **ARRESTED** (whether convicted, plead down or not) for the offense of driving while intoxicated or driving under the influence of drugs? Yes () No ()

If yes: When? Who was the arresting agency? What was the outcome or action of the court?

3. Have you been drunk in public at any time in the last three (3) years? Yes () No ()

If yes, list number of times: _____

PREScription MEDICATIONS

4. Have you ever reported to or remained at work when you were unfit for duty because of illegal drug use?
If yes, explain Yes () No ()

5. Have you ever abused over the counter or prescription drugs or taken drugs not prescribed to you?
Yes () No ()
If yes, what drug, how many times for each drug and when was the last time for each drug?

DRUG	TIMES USED	LAST TIME USED

ACTIVITIES

1. Have you ever been a member of any group or organization which advocates violent dissent or over throw of the United States Government?
If yes, please explain below. Yes () No ()

2. Have you ever been a member of a group or organization that advocates violence, racism or illegal activities?
If yes, please explain below. Yes () No ()

3. Did you apply with the Heber City Police Department for any reason other than gainful employment?
If yes, please explain below. Yes () No ()

4. Have you done anything in your past that, if known by the Police Department could possibly affect your application for employment?
If yes, please explain below. Yes () 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	\$	Real Estate (mortgage) payment(s)	\$
Spouse's salary	\$	Rent	\$
Other monthly income - describe:	\$	Other monthly payments - describe:	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc) and any other obligations	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENDITURES	

CURRENT ASSETS		CURRENT LIABILITIES	
Saving	\$	Real Estate Indebtedness	\$
Checking	\$	Long-term loans (Auto)	\$
Real Estate	\$	Charge Accounts	\$
Stocks and bonds	\$	Other monthly payments - describe:	\$
Life insurance (cash value of whole life policy)	\$		\$
Autos	\$		\$
Other Assets - describe:			
	\$		
TOTAL ASSETS		TOTAL LIABILITIES	\$

FINANCIAL CONTINUED

If the answer to any of the questions below is yes, explain in detail on the next sheet.
Have you, or your spouse

- a. Ever defaulted on any loan, debt or obligation in the past five (5) years? Yes () No ()
- b. Ever had your wages “Garnished” or “Attached?” Yes () No ()
- c. Ever been a defendant in a small claims or other civil court action? Yes () No ()
- d. Any immediate civil actions pending? Yes () No ()
- e. Ever had a judgment rendered against you for failure to pay any just debts? Yes () No ()
- f. Ever been refused credit? Yes () No ()
- g. Ever had any collection or repossession action taken against you? Yes () No ()
- h. Ever been referred to a collection agency? Yes () No ()
- I. Ever been delinquent on any federal, state, local debt? This would be delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, school loans, required payments into or under government programs, etc. Yes () No ()
- j. Have you or your spouse or any corporation, firm, partnership, or other business enterprise in which you or your spouse have served as an officer, owner, director trustee, or partner ever filed a petition for bankruptcy under the U.S. Bankruptcy code; been adjudicated as bankrupt under the U.S. Bankruptcy Code; been the subject of a formal or informal receivership? Describe the category of bankruptcy which you chose (i.e. liquidation, reorganization, adjustment of debt(s). Give the court appointed trustee name and phone number on the following page.
- k. Ever owned real property which, during the time of such ownership, has been cited as unsafe or unsanitary or for other housing code violations or which has been condemned? Yes () No ()
- l. Ever had a check bounce or returned for insufficient funds (how many times total, how many times in the last 12 months, when was the last time, for how much, intentionally, unintentionally)? Yes () No ()

ADDITIONAL SPACE

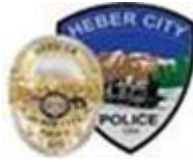
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[illegible]

GENERAL INFORMATION

List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group.)

Thank you for taking the time to carefully fill out this background information for the investigator. As stated previously, all information in the background packet will be kept confidential according to state law.



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 Heber 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 Heber 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 evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as the Heber 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.

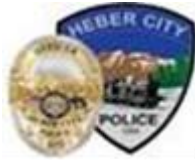
If the Heber City Police Department obtains a “consumer report” about you, and if the Heber City Police Department considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” 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 Heber 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 Heber City Police Department. I understand that I have rights under the FCRA, including the rights discussed above.

Signature

Date



Heber City Police Department

AUTHORIZATION FOR RELEASE OF INFORMATION

Police Officer

To Whom It May Concern:

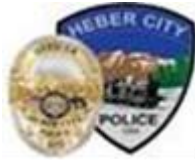
I am currently a candidate for a position with Heber City Police Department. A thorough investigation of my employment background and personal history is necessary to evaluate my qualifications to hold the position for which I have applied. It is in the best interest of the public that all relevant information concerning my personal and employment history be disclosed to the City of Heber.

I hereby authorize any representative of the Heber City Police Department bearing this release, to obtain any information in your files pertaining to my employment records. This request is made in accordance with section 53-14-101 of the Utah State Code and is specifically made in the furtherance of a Law Enforcement Candidate Background Investigation. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Heber City, whether said records are of public, private or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of providing background investigation information that will provide pertinent data for Heber City to consider in determining my suitability for employment with the Heber City Police Department. It is my specific intent to provide access to all personal and confidential information.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal law. I also hereby release you as the custodian of such records of the organization identified as Heber City Police Department including its officers, employees or 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.

Utah Law Ann. 34-42-1(1) affords limited liability protection for an employer's release of employee records and information. An employer who provides false information regarding this candidate, or fails to provide relevant information through fraud or malice may not be entitled to this protection under the law. I direct you to release such information upon request of the duly accredited representative of the Heber City regardless of any previous agreement. **The law enforcement organization requesting the information pursuant to this release will discontinue processing my application of you refuse to disclose the information requested.**

For and in consideration of the Heber City's acceptance and processing of my application for employment, I agree to hold Heber City, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and or the Utah State Government Records Management Act (GRAMA), Title 63, Chapter 2, with regard to "Access and to Disclosure of Records," and I waive those rights with the understanding that information furnished will be used by Heber City in conjunction with employment



testing procedures. **A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX does not contain an original writing of my signature.** Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address or phone number listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from any and all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. This waiver is valid for a period of six (6) months from the date of my signature.

Name: _____ Signature: _____ Date: _____

Date of Birth: ____/____/____, SSN ____/____/____, Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____