

26. List all states of residence (including military): _____

27. List addresses for the past five years (attach separate page if necessary)

Street Address	City, State & Zip Code

28. Is your current residence owned or rented? _____

29. If rented, give name, and **complete** address of landlord: _____

30. If owned, give name, and **complete** address of mortgagor: _____

FAMILY HISTORY

31. Mother's full name: _____

32. Father's full name: _____

33. Spouse's full name (including maiden): _____

34. Spouse's Date of Birth: _____ 35. Spouse's Place of Birth: _____

36. Spouse's **complete** residence address, if different than yours: _____

37. Spouse's Present Employer: _____

38. List the name, address, date and place of birth of all children

Name	Complete Home Address Include street name, city, state and zip	Birthplace City and State or Country	DOB

39. Have you ever served in the military? Y N

40. If yes, what branch? _____

41. Years of Service: _____ 42. Date of Discharge: _____

43. Type of Discharge: _____ 44. Military Service No.: _____

EDUCATIONAL HISTORY

45. List all high schools and colleges attended

School Attended (High School and/or College)	Address (include city & state)	Years Attended

EMPLOYMENT HISTORY

46. Name of present employer: _____

47. Type of Business: _____ 48. Current Position: _____

49. Business address: _____
Street name City, State Zip Code

50. Business phone no.: _____ 51. Length of Employment: _____
(Area Code)

52. Employment for the last 10 years:

Company Name	Complete Address Include street name, city, state and zip	Position Held	From/To

53. Have you ever been discharged from a position? Y N If yes, please explain: _____

REFERENCES

54. List three professional references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone number

55. List three personal references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone number

ADDITIONAL BACKGROUND INFORMATION

56. Do you hold, or have you ever held, a direct or indirect interest in a liquor or beer license? Y N
If yes, include name of establishment, complete address, type of license and date: _____

57. Have you, or any member of your family, or any corporation, company, or partnership in which you were involved, ever had a liquor license suspended, revoked, or refused?
 Y N If yes, give name, date, jurisdiction, and action taken: _____

58. List all of your arrests including juvenile arrests (include date, charge, location, conviction, sentence and disposition):

59. List all civil court actions (include divorce, name changes) along with the names of litigants, dates, court of jurisdiction and cause of action: _____

60. List all of your traffic charges (include date, location, charge, conviction, sentence, and disposition):

I certify that the information contained in this Background Investigation Report and all attachments hereto, is true and complete. I understand that any misrepresentation or falsification may result in the rejection of this application or suspension/revocation of the license. I consent to the release of all financial information relative to this application.

I understand that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

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

Notary Public

My Commission Expires: _____

City Clerk's Office – Referral to Police Department – Date _____

Criminalistics:

() Photographs By: _____

() Fingerprints Date: _____

LPD Identification No. _____

Investigation Division: Date Received: _____

Criminal History

- () Yes () No – Criminal Record, NCIC
- () Yes () No – Criminal Record, CCIC
- () Yes () No – Criminal Record, Lakewood Police Department
- () Yes () No – Criminal Record, Jeffco Sheriff's Office
- () Yes () No – Criminal Record, _____
- () Yes () No – Criminal Record, _____

Background Summary: _____

Memorandum Completed: () Yes () No

By: _____ Date: _____
Investigator

_____ Date: _____
Reviewing Supervisor

Recommendation:

- () Approval () No Recommendation () Disapproval

_____ Date: _____
Investigation Division