



**PERSONAL INFORMATION**

8. Your name: \_\_\_\_\_  
Last Name First Name Middle Initial
9. Other names used: \_\_\_\_\_
10. Home Address: \_\_\_\_\_  
Street Name City & State Zip Code
11. Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code)
12. Date of Birth: \_\_\_\_\_ 13. Place of Birth: \_\_\_\_\_
14. Sex:  F  M 15. Race: \_\_\_\_\_ 16. Eye Color: \_\_\_\_\_
17. Height: \_\_\_\_\_ 18. Weight: \_\_\_\_\_ 19. Hair Color: \_\_\_\_\_
20. Social Security No. \_\_\_\_\_
21. Driver's License No.: \_\_\_\_\_ 22. State Issuing Driver's License: \_\_\_\_\_
23. Has your driver's license ever been suspended or revoked?  Y  N
24. If yes, please explain (include date and location): \_\_\_\_\_  
\_\_\_\_\_
25. Are you a U.S. Citizen?  Y  N 26. Permanent Residence No.: \_\_\_\_\_
27. Alien Registration No.: \_\_\_\_\_ 28. Naturalization No.: \_\_\_\_\_
29. List all states of residence (including military): \_\_\_\_\_  
\_\_\_\_\_
30. List addresses for the past five years (attach separate page if necessary)
- | Street Address | City, State & Zip Code |
|----------------|------------------------|
|                |                        |
|                |                        |
|                |                        |
|                |                        |
31. Is your current residence owned or rented? \_\_\_\_\_

32. If rented, give name, and **complete** address of landlord: \_\_\_\_\_  
\_\_\_\_\_

33. If owned, give name, and **complete** address of mortgagor: \_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

34. Mother's full name: \_\_\_\_\_

35. Father's full name: \_\_\_\_\_

36. Spouse's full name (including maiden): \_\_\_\_\_

37. Spouse's Date of Birth: \_\_\_\_\_ 38. Spouse's Place of Birth: \_\_\_\_\_

39. Spouse's **complete** residence address, if different than yours: \_\_\_\_\_  
\_\_\_\_\_

40. Spouse's Present Employer: \_\_\_\_\_

41. 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

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

43. If yes, what branch? \_\_\_\_\_

44. Years of Service: \_\_\_\_\_ 45. Date of Discharge: \_\_\_\_\_

46. Type of Discharge: \_\_\_\_\_ 47. Military Service No.: \_\_\_\_\_

**EDUCATIONAL HISTORY**

48. List all high schools and colleges attended

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

**EMPLOYMENT HISTORY**

49. Name of present employer: \_\_\_\_\_

50. Type of Business: \_\_\_\_\_ 51. Current Position: \_\_\_\_\_

52. Business address: \_\_\_\_\_  
Street name City, State Zip Code

53. Business phone no.: \_\_\_\_\_ 54. Length of Employment: \_\_\_\_\_  
(Area Code)

55. Employment for the last 10 years:

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

56. Have you ever been discharged from a position?  Y  N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL HISTORY**

57. List all bank accounts of applicant and spouse

<b>Bank</b>	<b>Address (street name, city, state &amp; zip)</b>	<b>Type of Account</b>	<b>Account Number</b>

58. List all outstanding loans and credit cards (attach a separate page if necessary).

<b>Lender</b>	<b>Address (street name, city, state &amp; zip)</b>	<b>Type of Loan</b>	<b>Account Number</b>

**REFERENCES**

59. List three professional references

<b>Name</b>	<b>Complete Address Include street name, city, state and zip</b>	<b>Occupation</b>	<b>Telephone Number</b>

60. List three personal references

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

**ADDITIONAL BACKGROUND INFORMATION**

61. 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 dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

62. Have you, 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, dates, jurisdiction, and action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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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 \_\_\_\_\_

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**Criminalistics:**

( ) Photographs By: \_\_\_\_\_

( ) Fingerprints Date: \_\_\_\_\_

LPD Identification No. \_\_\_\_\_

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**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

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**Recommendation:**

- ( ) Approval ( ) No Recommendation ( ) Disapproval

\_\_\_\_\_ Date: \_\_\_\_\_  
Investigation Division