



CITY OF LAKEWOOD

BACKGROUND INVESTIGATION REPORT FOR OUT-OF-STATE RESIDENTS

Lakewood Civic Center

Fingerprints and photographs required from individuals who reside out of state can be obtained from their local place of residence.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Background Investigation Report
- Pawnbroker Attachment
- Authority for Release of Information
- Lawful Presence Affidavit (attach copy of I.D.)
- Fingerprinting Notification Form
- FBI CJIS Division – Summary Request
- Current Personal Financial Statement or a Balance Sheet and Income Account Statement for the preceding twelve months prior to the date of application
- **Three** letters of character reference

FINGERPRINTS

THREE CARDS ARE PROVIDED FOR EACH INDIVIDUAL

Fingerprints **MUST** be made on City of Lakewood Police Department applicant cards **ONLY**. To ensure the highest quality, we recommend fingerprinting be done only by a qualified law enforcement agency.

PHOTOGRAPHS

Submit two (2) front facing standard passport photos, not to exceed 2" x 2" in overall dimensions.

FEE REQUIRED

- \$16.50 processing fee
- \$18.00 Money order or certified check **ONLY**, payable to:
(Treasury of the United States)

If you have any questions regarding fingerprint and photograph requirements for out-of-state residents, please call the City Clerk's office at 303-987-7080.

CITY OF LAKEWOOD

**City Clerk's Office
Lakewood Civic Center
480 S. Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057**

**CITY OF LAKEWOOD, COLORADO
BACKGROUND INVESTIGATION REPORT**

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

GENERAL INFORMATION

- 1. Business Name: _____
- 2. Business Address: _____
- 3. Name: _____
- 4. Home Address: _____
- 5. Home Phone: _____ 6. Other Names Used: _____
- 7. Date of Birth: _____ 8. Place of birth: _____
- 9. Sex: _____ 10. Race: _____ 11. Eye Color: _____
- 12. Height: _____ 13. Weight: _____ 14. Hair Color: _____
- 15. Social Security No: _____ 16. Driver's License No: _____
- 17. State Issuing Driver's License: _____
- 18. Has your driver's license ever been revoked or suspended? _____ If yes, please detail: _____

CITIZENSHIP

- 19. U.S. Citizen? () Yes () No 20. Naturalization No: _____
- 21. Alien Registration No: _____ 22. Permanent Residence No: _____

RESIDENCES

- 23. Addresses for past **five** years: _____

- 24. List all states of residence (including military service): _____

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

25. Is your current residence owned or rented? _____
26. If rented, name and address of landlord: _____
27. Name and address of mortgagor, if any: _____
- _____
28. List addresses of all real property owned by you or your spouse, percentage of ownership, current market value, and annual taxation.
- _____
- _____

EMPLOYMENT

29. Name of present employer: _____
30. Type of business: _____
31. Business address: _____
32. Business telephone: _____ 33. Length of employment: _____
34. Employment for last **ten** years:

<u>Business</u>	<u>Address, City, State, Zip</u>	<u>Position</u>	<u>Dates</u>
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35. Have you ever been discharged from a position? _____ If yes, please detail: _____
- _____
- _____

FAMILY HISTORY

36. Mother's full name: _____ Date of birth: _____
37. Father's Full name: _____ Date of birth: _____
38. Maiden name of spouse of applicant: _____
39. Spouse's full name: _____
40. Spouse's employer: _____
41. Names, addresses and places of birth of all children.

<u>Full Name</u>	<u>Address, City, State, Zip</u>	<u>Place and Date of Birth</u>
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ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

EDUCATIONAL HISTORY

42. Schools Attended Address, City, State, Zip Years Attended Degree or Diploma

MILITARY SERVICE

43. Branch of military: _____

44. Years of service: _____

45. Date of discharge: _____ Type of discharge: _____

46. Military service no: _____

REFERENCES

47. List **three** professional references:

Name Address, City, State, Zip Phone Years Known/Occupation

48. List **three** personal references:

Name Address, City, State, Zip Phone Years Known/Occupation

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

I certify the information contained in the Background Investigation Report, and all attachments hereto, is true and complete, and 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 I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand I will need to be fingerprinted and photographed. Should an answer change, or new information becomes 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: _____

BELOW FOR POLICE USE ONLY

CRIMINALISTICS

() Photographs

By: _____

() Fingerprints

Date: _____

LPD Identification No. _____

INVESTIGATION DIVISION

Date Received: _____

Criminal History

() Yes

() No – Criminal Record, NCIC

() Yes

() No – Criminal Record, FBI (Letter mailed)

By: _____

() Yes

() No – Criminal Record, Lakewood Police Department

() Yes

() No – Criminal Record, Jeffco Sheriff's Department

() Yes

() No – Criminal Record, CBI (CCIC)

() Yes

() No – Criminal Record, _____

() Yes

() No – Criminal Record, _____

Background Summary: _____

Memorandum Completed () Yes () No

By: _____
Investigator

Date: _____

Reviewing Supervisor _____

Date: _____

RECOMMENDATION:

() Approval

() No Recommendation

() Disapproval

TO BE COMPLETED BY THE CITY OF LAKEWOOD POLICE DEPARTMENT

CITY OF LAKEWOOD, COLORADO PAWNBROKER ATTACHMENT

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

GENERAL INFORMATION

1. Name of Individual: _____
 2. Address of Individual: _____
 3. Home telephone number: _____ Business telephone number: _____
 4. Business Name: _____
 5. Business Address: _____
 6. Do you hold, or have you held, a direct or indirect interest in a pawnbroker license? _____
If yes, include name of establishment, address, type of license, and date:

 7. Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever have a pawnbroker license suspended, revoked, or refused? If you, give name, date, jurisdiction, and action taken:

 8. List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, and sentences:

 9. List all civil court actions, including divorce and name changes, along with the names of litigants, dates, court of jurisdiction, and causes of action.

- Signature of Applicant _____



City of Lakewood

Police Department
445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-205-0910
TDD: 303-987-7111
Fax: 303-205-0920

AUTHORITY FOR RELEASE OF INFORMATION

Name _____
(Last) (First) (Middle)

_____ Date of Birth _____
Sex _____ *Month/Day/Year*

I, _____, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lakewood Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located.

I understand that all information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

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

Notary Public

Expiration Date

(Notary Seal)

**CITY OF LAKEWOOD
LAWFUL PRESENCE AFFIDAVIT**

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States citizen, or

_____ I am a Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the City of Lakewood, in the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the City of Lakewood. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Print Full Legal Name

Date

Signature

For office use only:

Type of identification presented (**attach copy of I.D.**)

Initials of verifier _____



City of Lakewood

Police Department

445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303/987-7310
TDD: 303/987-7111
FAX: 303/987-7206

FINGERPRINT NOTIFICATION FORM

I, _____, applicant for
(please PRINT your name)

_____, under LPD file

_____, have been advised, pursuant to Title 28, Code of Federal
(C file #)

Regulations, Section, 50.12, that my fingerprints will be used to check the criminal history records of local, state and Federal Bureau of Investigation files, for any information pertaining to me. I have been further advised that any information revealed may be used to determine my suitability for licensing or employment.

I understand that should I choose to challenge the accuracy of any of the information contained in the FBI criminal history record pertaining to me that the procedures for obtaining a change, correcting or updating a criminal history record are set forth in 28 CFR 16.34.

(your signature)

(date)

(witness signature)

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name _____ *First Name _____
Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

***Hair (please check appropriate box):**

Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
 Purple Red/Auburn Sandy Unknown White

***Eyes (please check appropriate box):**

Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address _____

*City _____ *State _____
*Postal (Zip) Code _____ *Country _____
Phone Number _____ E-Mail _____

Mail Results to Address

C/O _____ ATTN _____
Address _____

City _____ State _____
Postal (Zip) Code _____ Country _____
Phone Number (if different from above) _____

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

Personal review Challenge information on your record Adoption of a child in the U.S.
 International adoption Live, work, or travel in a foreign country Other

* APPLICANT SIGNATURE _____ DATE _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306**

You may request a copy of your own Criminal History Summary to review it or obtain a change, correction, or an update to the summary.