



**CITY OF LAKEWOOD**

# **INDIVIDUAL BACKGROUND INVESTIGATION PACKET**

Lakewood Civic Center

Upon receipt of a properly completed application, together with all information required in connection therewith, fingerprints, photographs, and the payment of the application and license fees, the City Clerk shall transmit the application to the Lakewood Police Department for investigation of the background, character and financial responsibility of each individual applicant, the partner of a partnership, manager of a limited liability company, officer, director and holder of ten percent or more of the corporate stock of the corporate applicant or holder of ten percent or more interest in a limited liability company, and any person with a financial interest in the pawnbroker establishment.

If something does not apply, please indicate with "**N/A**".

## **ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION**

- Background Investigation Report
- Pawnbroker Attachment
- Authority for Release of Information
- Lawful Presence Affidavit (Attach Copy of I.D.)
- Current Personal Financial Statement or a Balance Sheet and Income Account Statement for the preceding twelve months prior to date of application
- Three letters of character reference

## **FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY**

**To schedule an appointment, please call:**

Sandra Dockter @ 303-987-7316

**or**

Mark Scanga @ 303-987-7355

## **FEES REQUIRED**

- \$16.50 Fingerprinting fee

If you have any questions regarding this packet, 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

## 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 Has your driver's license ever been revoked or suspended?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

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>
-----------------	----------------------------------	-----------------	--------------

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>
------------------	----------------------------------	--------------------------------

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

---

---

---

49. Change of Manager:

New Manager's Name, Home Address, and Date of Birth:

---

**Office Use only:**

Former Manager's Name, Home Address, and Date of Birth:

---

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 has 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

\_\_\_\_\_

Initials of verifier \_\_\_\_\_