

**SECURITY INVESTIGATION DATA FORM
FOR SENSITIVE POSITION**

INSTRUCTIONS:

Please fill out each section of this form completely and accurately. The information you provide in the Security Investigation Data Form will be used to complete Background Checks and a Panel Assessment Device - Background Check.

Information that you provide will be subject to verification; therefore *inaccuracies, omissions, or incomplete statements* may result in your disqualification for this position. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the position you are applying for.

On the last page, you will find an Authorization to Release Information. **YOU MUST HAVE THIS AUTHORIZATION SIGNED BY A NOTARY PUBLIC.**

APPLICANT DATA

1. **FULL NAME** (initials and abridgements of full name are not acceptable. If no middle name, show "NMN"; if initials only, show "no given or middle name.")

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES (maiden, pen, etc.)

2. **CURRENT ADDRESS** (include ZIP Code)

STREET ADDRESS	APT. NO.	CITY/STATE	ZIP CODE

3. **CONTACT INFORMATION**

EMAIL ADDRESS	PHONE NUMBER

4. **RESIDENCES** List all residences during the past 10 years beginning with your current residence. Continue under item 19 if necessary.

FROM	TO	STREET ADDRESS	APT. NO.	CITY/STATE	ZIP CODE

5. **PERSONAL INFORMATION**

DATE OF BIRTH	PLACE OF BIRTH (City, State)	SOCIAL SECURITY NUMBER

6. LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	STATE LICENSE ISSUED BY	EXPIRATION DATE

7. REFERENCES List three persons, other than relatives or employers, who are well acquainted with you.

FULL NAME	HOME ADDRESS	ZIP CODE	HOME PHONE	BUSINESS ADDRESS	ZIP CODE	BUS PHONE

8. ORGANIZATIONS List any organizations you are now, or have ever been a member of which are inimical to the best interest of the United States?

ORGANIZATION NAME	ORGANIZATION ADDRESS	FROM	TO	OFFICE HELD

9. EDUCATION Continue under item 19 if necessary.

NAME/ADDRESS OF SCHOOL ATTENDED	FROM	TO	NAME/DESCRIPTION OF COURSE PURSUED	GRAD? (YES/NO)	NUMBER OF SEM/QTR/ CONTACT HOURS COMPLETED	DEGREE/ DIPLOMA/ CERTIFICATE EARNED
Junior High School						
High School						
High School						
GED From						
College/University						
College/University						
College/University						
College/University						

To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number
From	Employer Name	Employer Address	Job Title
To	Supervisor Name	Reason for Leaving	Telephone Number

12. **HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT? ___YES ___NO Explain the reason(s) below.** If answered yes, give details below. Include the name of the employer(s), date(s), and reason(s) in each case. Continue under item 19 if necessary.

13. **HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU? ___YES ___NO** If answered yes, give details below. Include the name of the employer(s), date(s), and reason(s) in each case. Continue under item 19 if necessary.

14. **DESCRIBE YOUR CURRENT AND PREVIOUS CONSUMPTION OF ALCOHOLIC BEVERAGES,** Include type of alcohol (beer, wine, hard liquor, etc.), frequency of usage (2 cans per week, 6 shots per month in one setting, approximately twice per year at special occasions, etc.), and dates used (current, mo/yr to mo/yr, etc.) If you never consumed alcoholic beverages, state that also. Continue under item 19 if necessary.

15. **HAVE YOU EVER USED OR DISTRIBUTED ANY CONTROLLED SUBSTANCES (opiates, amphetamines, barbiturates, hallucinogenic, hashish, marijuana, cocaine, etc.) WITHOUT A DOCTOR'S PRESCRIPTION? ___YES ___NO** If yes, describe below. Include type of each controlled substance, frequency (every weekend, once a month, etc.), and dates involved (current, mo/yr to mo/yr, etc.) Continue under item 19 if necessary.

16. **LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED. (except parking violations)** Continue under item 19 if necessary.

NATURE OF VIOLATION	LOCATION (City)	APPROX. DATE	INDICATE WHETHER FINDER OR ACTION TAKEN ON DRIVER'S LIC.

17. **HAVE YOU EVEN BEEN CONVICTED OF A FELONY?** ___ YES ___ NO If yes, complete the table below. Continue under item 19 if necessary.

DATE	LOCATION	ORIGINAL CHARGE	FINAL CHARGE (if amended or reduced)	DISPOSITION (Amt of Fine, Confinement, Probation, etc.)

18. **HAVE YOU EVEN BEEN CONVICTED OF A MISDEMEANOR?** ___ YES ___ NO If yes, complete the table below. Continue under item 19 if necessary.

DATE	LOCATION	ORIGINAL CHARGE	FINAL CHARGE (if amended or reduced)	DISPOSITION (Amt of Fine, Confinement, Probation, etc.)

19. **CONTINUATION OF ANSWERS TO PREVIOUS QUESTIONS.** Show item number to which the answer applies.
Attach a separate sheet if additional space is needed.

Colorado State University Police Department

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, having made application with the Colorado State University Police Department and desiring it to be informed as to my previous record and character, hereby authorized it to investigate my past record and to ascertain any and all information which my concern my record and character, whether same is of record or not. I release my present and past employers, references, and all persons whomsoever from any charge because of furnishing said information.

Printed Name

Signature

Date

UPON COMPLETION OF THIS DOCUMENT, READ AND
SIGN IN THE PRESENCE OF A NOTARY PUBLIC

Any falsification, withholding or failure to answer all questions completely and accurately may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you provide will be considered in reviewing your application and is subject to investigation.

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answer to questions, and that all statements are true and correct to the best of my knowledge.

Signature of Applicant

Date

Sworn to me this _____ day of _____, 2019 _____ CE.

_____, Notary Public

My commission expires _____