

**LONGMONT POLICE DEPARTMENT
PROFESSIONAL STANDARDS REVIEW PANEL
APPLICATION**

- **This application is subject to the Colorado Open Records Act and should not be considered confidential.**
- Applicants may attach a resume or additional pages if this application does not provide ample space
- Return completed application to the City Clerk's Office, 350 Kimbark Street, Longmont 80501

• Deadline for submitting this application is: 5:00 p.m., Friday, September 5, 2025
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Special requirements: Applicants must be qualified electors of the City of Longmont. Applicants with misdemeanor convictions in the past five years or any felony convictions ever, will not be considered for the panel. Additionally, current employees of any law enforcement agency, as well as immediate family members of Longmont Police Department employees are not eligible for appointment.

Date: _____

Full Name: _____ Birth Date: _____

Home Address: _____

City and Zip Code: _____ Home Phone: _____

Mailing Address: _____

E-mail address: _____

Occupation/Business Name: _____

Business Address and Phone: _____

Other Employment and Volunteer Experience: _____

Education: High School Graduate? Y N Years of College: _____

Diplomas/Degrees Earned: _____

Professional/Community Group Memberships: _____

Other Qualifications: _____

Are you a registered voter? Y N

Do you reside within the city limits of Longmont? Y N

Are you willing and able to serve on this Panel for five years? Y N

Are you willing to serve as an Alternate on this panel? Y N

Please explain why you would like to serve on this Panel:

Have you ever been convicted of a felony? Y N

Have you been convicted of a misdemeanor in the past five years? Y N

Have you ever been arrested? Y N

If yes when, and for what offense? _____

Are you a current employee of a law enforcement agency? _____

Are you willing to have a criminal history and background check conducted by the Longmont Police Department? Y N

Do you serve on any City of Longmont Boards, Committees or Commissions? Y N

If yes, which one: _____ Term Expires: _____

I affirm that the above information is truthful and accurate:

Signature

Date

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CITY CLERK'S OFFICE USE ONLY:

Application Received in the CCO on:
Applicant's Voter Registration Date:
