

CITY OF LONGMONT
POLICE 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 desired

- Return completed applications to the City Clerk's Office, 350 Kimbark St., Longmont 80501 by **Friday, February 27, 2026** at **5:00 p.m.**,

Special requirements:

- ✓ Applicants must be qualified electors of the City of Longmont
- ✓ Applicants shall not have any misdemeanor convictions within the past five years of the date of appointment
- ✓ Applicants shall not have any felony convictions ever
- ✓ Applicants shall not have current restraining orders or protection orders
- ✓ Applicants shall not be current employees of any law enforcement agency
- ✓ Applicants shall not have any immediate family member who is a Longmont Public Safety employee

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

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? For what offense? And what was the outcome? _____

Are you a current employee of a law enforcement agency? Y N

Do you agree to a criminal history and background check and/or CJIS security clearance as required by the

City for service on this Panel? Y N

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

If yes, which one: _____ Term Expires: _____

Are you willing and able to serve on this Panel for four 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: _____

I, _____, affirm that the above information is truthful and accurate, that I meet the criteria to serve on this Panel, and, by affixing my signature below, I authorize the City to conduct the required background and history investigation to determine my eligibility to serve on this Panel.

Signature

Date

.....

CITY CLERK'S OFFICE USE ONLY:

Application Received in the CCO on: _____
Applicant's Voter Registration Date: _____
Applicant Background Check Completed Date: _____
Applicant

Initials: _____

Initials: _____

Initials: _____