

CHAFFEE COUNTY SHERIFF'S OFFICE
NON-CERTIFIED APPLICATION FOR EMPLOYMENT
Chaffee County Courthouse
P.O. Box 699 Salida, Colorado 81201
719-539-2596

Instructions to applicant: Read every question carefully. Answer every question. If a question does not pertain to you, indicate so by marking "D.N.A." for "Does Not Apply" within the appropriate space. Leave no blank spaces. Print in ink. Do not type. If you do not have enough room to complete an answer, make a notation and attach additional sheets to the back of this application.

All information is subject to verification and any misstatement, omission, or misrepresentation by you is cause for disqualification for employment consideration. Any falsification discovered after you are employed is cause for dismissal.

Position Applied For: _____ Date: _____

Name (Last) (First) (Middle) Date of Birth

List any other names or aliases you have used, including married or birth name.

Home Address: Number & Street City State Zip

EMAIL Address: _____

(____) _____ (____) _____ / ____ / ____ _____
Home Phone Cell Phone Social Security Number Mother's Maiden Name

Age Weight Height Eye Color Hair Color Sex

With whom do you live at the above address? List full name(s) & relationship(s):

Name Place of Birth (City, State, and Zip) Date of Birth

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Name Place of Birth (City, State, and Zip) Date of Birth

List any identifying marks (example: Scars, Marks, or Tattoos):

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Are you a U.S. Citizen: Yes: ____ No: ____ Native Born: _____ Naturalized: _____

Have you ever been expelled/suspended from any school? Yes _____ No _____
If yes, explain:

Provide the information about your High Schools education. Use complete addresses.

Name of School	Location	Dates Attended	Did You Graduate?
_____	_____	_____	_____
_____	_____	_____	_____

Provide the information about colleges, trade school, and universities you have attended. Use complete addresses.

School	Specialization	Location	Dates Attended	Did You Graduate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any professional licenses or certificates you hold or have held.

Do you possess a valid operator's license from Colorado? Yes ____ No ____

License # & Class: _____ Expiration Date: _____

Has your privilege to operate a motor vehicle in any state ever been subject to suspension, probation or revocation? Yes ____ No ____ If yes, explain:

List your addresses for the past five years, starting with the present:

Dates: From	To	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If additional room is required, please put information on a separate sheet of paper and attach to the back.

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Have you ever been arrested? YES____ NO____. If yes, what were the charges? ____

Was it a misdemeanor or felony?_____

Do you use marijuana? NO____ Recreational ____ Medical _____

As an employee, were you ever discharged, asked to resign, furloughed or put on inactive status for cause or subjected to disciplinary action? Yes _____ No _____ If yes, indicate which employer(s) (based on the following employment history) and state specific circumstances for each instance:

Indicate by number any of the employers you do not wish us to contact and why:

Employment History -- On the following pages, list your work history beginning with your present employment and continuing backwards to your high school years. Include part-time, temporary, or seasonal employment and any military service. Identify part-time jobs with "PT" and temporary jobs with "TEMP". Complete all requested information, if areas are left blank, this can render your application *incomplete* and disqualify you as a potential candidate.

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1. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.	Job Title	Description of Duties	
Name of Supervisor	Salary	Why did you leave?	

2. _____
Date: From To Name/Present Employer Address and Zip

Telephone No. Job Title Description of Duties

Name of Supervisor Salary Why did you leave?

3. _____
Date: From To Name/Present Employer Address and Zip

Telephone No. Job Title Description of Duties

Name of Supervisor Salary Why did you leave?

4. _____
Date: From To Name/Present Employer Address and Zip

Telephone No. Job Title Description of Duties

Name of Supervisor Salary Why did you leave?

5. _____
Date: From To Name/Present Employer Address and Zip

Telephone No. Job Title Description of Duties

Name of Supervisor Salary Why did you leave?

6. _____
Date: From To Name/Present Employer Address and Zip

Telephone No. Job Title Description of Duties

Name of Supervisor Salary Why did you leave?

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7. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.		Job Title	Description of Duties
Name of Supervisor		Salary	Why did you leave?

8. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.		Job Title	Description of Duties
Name of Supervisor		Salary	Why did you leave?

9. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.		Job Title	Description of Duties
Name of Supervisor		Salary	Why did you leave?

10. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.		Job Title	Description of Duties
Name of Supervisor		Salary	Why did you leave?

11. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.		Job Title	Description of Duties
Name of Supervisor		Salary	Why did you leave?

12. _____

Date: From	To	Name/Present Employer	Address and Zip
Telephone No.		Job Title	Description of Duties
Name of Supervisor		Salary	Why did you leave?

Please use additional paper if needed.

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REFERENCES

List the names of four adults, **not** related to you, and **not** former employers. Names listed should be those of persons who have seen you frequently during the past year. (Complete addresses required)

1. _____
Name Address Home Phone

Business Address Occupation/Profession Business Phone

Email address: _____

In what capacity do you know this person? How long have you know this person?

2. _____
Name Address Home Phone

Business Address Occupation/Profession Business Phone

Email address: _____

In what capacity do you know this person? How long have you know this person?

3. _____
Name Address Home Phone

Business Address Occupation/Profession Business Phone

Email address: _____

In what capacity do you know this person? How long have you know this person?

4. _____
Name Address Home Phone

Business Address Occupation/Profession Business Phone

Email address: _____

In what capacity do you know this person? How long have you know this person?

PLEASE LET YOUR REFERENCES KNOW THAT THEY MAY BE RECEIVING A PHONE CALL OR EMAIL FROM THIS OFFICE.

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CERTIFICATION

NOTE: APPLICANTS MUST HAVE THIS FORM, THE AUTHORIZATION FOR BACKGROUND CHECK, THE AUTHORIZATION TO RELEASE INFORMATION, AND THE AUTHORIZATION FOR PRE-EMPLOYMENT EXAM NOTARIZED. SHERIFF'S RECORDS PERSONNEL AT 641 W. 3rd STREET, SALIDA CAN NOTARIZE THESE DOCUMENTS FOR YOU AT NO CHARGE. PLEASE BRING A PICTURE I.D. AND **DO NOT** SIGN THE DOCUMENTS UNTIL THE NOTARY CAN WITNESS YOUR SIGNATURE.

I, _____, do hereby certify that I personally completed this application for employment and all the attachments. I certify that all the answers are true and complete to the best of my knowledge.

I am aware that any misstatement of fact or willful withholding of information on this form will disqualify me, or if appointed, will be cause for immediate dismissal from the Chaffee County Sheriff's Office.

I fully understand and agree to the above.

Applicant Printed Name

Applicant Signature

Date

Subscribed and sworn to before me this ____ day of _____ 20____.

My Commission expires: _____.

Notary Public

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AUTHORIZATION FOR BACKGROUND CHECK

As an applicant for the position of _____with the Chaffee County Sheriff's Office, Salida, Colorado, I agree to allow the Chaffee County Sheriff's Office to conduct a full criminal background investigation through all resources available to them. I also agree to have fingerprint cards submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation if I am requested to do so.

Applicant Printed Name

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____20_____.

My Commission expires: _____

Notary Public

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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

The applicant named below has given us your name as a reference. We would appreciate your furnishing us with as much of the information requested as possible. We assure you that any information given will be treated confidentially. Below is a waiver which has been executed by the applicant. Thank you for your assistance.

* * * * *

APPLICANT'S WAIVER

As an applicant for a position with the Chaffee County Sheriff's Office, I, _____, am required to furnish information concerning my moral, physical, educational and mental qualifications, as well as any history of driving violations and/or criminal history. In this regard, I authorize the Chaffee County Sheriff's Office to make any and all appropriate inquiries regarding the aforementioned qualifications. Moreover, I authorize those people or organizations selected by the Sheriff's Office to release any and all information that they may have concerning me, including information of a confidential or privileged nature.

I agree that any information provided by me, by others, or discovered during a background investigation concerning this application is the sole property of the Chaffee County Sheriff's Office. Further, that it will not be released to anyone, including me, except at the discretion of the Chaffee County Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

Applicant Printed Name

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires: _____.

Notary Public

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AUTHORIZATION FOR PRE-EMPLOYMENT PHYSICAL EXAMINATION

As an applicant for a position with the Chaffee County Sheriff's Office, I agree to undergo physical examinations to be performed by a physician and/or an occupational therapist or other medically trained personnel as selected by the Department, if I am requested to do so.

I understand that these examinations may entail routine exam procedures to include screening for drug usage and other screening procedures as required by medical staff.

I hereby release the Chaffee County Sheriff's Office from any liability regarding or resulting from the aforementioned examinations.

Applicant Printed Name

Applicant Signature

Date

Subscribed and sworn to before me this ____ day of _____ 20____.

My Commission expires: _____.

Notary Public

Please attach a photo copy of your driver's license to the back of this application