

CHAFFEE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT
641 West 3rd Street, 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 "N/A" for "Not Applicable" 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 City State Zip

Mailing Address City State Zip

Email Address

Home Phone Cell Phone Mother's Maiden Name

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

With whom do you currently live? List full name(s), maiden name(s) and relationship(s)

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

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Provide the information about your High School Education. Use complete address.

Name of School	Location	Dates Attended	Did you graduate with a Diploma?
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Name of School	Location	Dates Attended	Did you graduate with a Diploma?
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Have you received a G.E.D? _____ What year? _____

Provide the information about colleges or trade schools that you have attended.

School	Location	Dates Attended
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Specialization	Dates Attended	Did you graduate with a Diploma?
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School	Location	Dates Attended
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Specialization	Dates Attended	Did you graduate with a Diploma?
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Have you ever been expelled from any school? Yes _____ No _____

If yes, please explain: _____

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

Do you possess a valid Driver's License? Yes _____ No _____ State: _____

License # and Class: _____ Expiration Date: _____

Has your driving privilege ever been subject to probation, suspension, or revocation in any state?

Yes _____ No _____ If yes, please give explanation including what state: _____

Have you ever had any traffic citations? Yes _____ No _____

If yes, what was each citation for, and what state were they in? _____

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Please attach a copy of your driver's license to the back of this application
List your past five addresses, including dates lived at address, starting with the present.

Dates	Address	City	State	Zip
Dates	Address	City	State	Zip
Dates	Address	City	State	Zip
Dates	Address	City	State	Zip
Dates	Address	City	State	Zip

List all cities/states that you have ever lived, including the years you lived there.

Have you ever been arrested? Yes _____ No _____

If yes, please what agency and charges? _____

Was it a Felony or Misdemeanor? _____

Do you use marijuana? Yes _____ No _____

How many times have you used marijuana, and when was the last time? _____

Have you ever used any illegal drugs? Yes _____ No _____

If yes, what drugs, how many times, and when was the last time you used each drug? _____

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Have you ever applied for employment with any law enforcement agency? _____

If yes, what agencies did you apply for? _____

How far in the hiring process did you get with each agency? _____

Have you ever served in any military organization of the U.S.? _____

If yes, what military branch and how were you discharged? _____

As an employee, were you ever discharged, asked to resign, put on inactive status for cause, or subjected to disciplinary action? Yes _____ No _____

If yes, please indicate which employers and state the specific circumstances for each instance.

Indicate any employers you do not wish us to contact and why.

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Employment History: On the following pages, list your work history beginning with you present employment and continuing backwards. Include part time, temporary, seasonal employment and any military service. Please indicate whether the job was full time or part time. Complete all requested information, leaving no blanks.

1. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

2. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

3. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

4. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

5. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

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6. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

7. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

8. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

9. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

10. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

11. _____
From To Company Name Address and Zip

Phone # Job Title Description of Duties

Name of Supervisor Why did you leave?

Please use additional pages if needed.

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References: Please list the name of four adults, **not** related to you, and **not** former employers. The names listed should be those of persons who you have seen frequently during the past year. Please include complete addresses and phone numbers. **Email addresses required.**

1. _____
Name Address Phone

Occupation Business Address Business Phone

Email Address

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

2. _____
Name Address Phone

Occupation Business Address Business Phone

Email Address

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

3. _____
Name Address Phone

Occupation Business Address Business Phone

Email Address

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

4. _____
Name Address Phone

Occupation Business Address Business Phone

Email Address

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

Please let your references know that they may be receiving a phone call or email from this office.

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Family References: Please list the names of all of your immediate family members. This should include spouses, ex-spouses, parents, step parents, siblings and adult children. Please include complete addresses and phone numbers. Please use additional pages if needed. **Email addresses required.**

1. _____
Name Address Phone

_____ Date of Birth Relation Email Address

_____ Occupation Business Address Business Phone

2. _____
Name Address Phone

_____ Date of Birth Relation Email Address

_____ Occupation Business Address Business Phone

3. _____
Name Address Phone

_____ Date of Birth Relation Email Address

_____ Occupation Business Address Business Phone

4. _____
Name Address Phone

_____ Date of Birth Relation Email Address

_____ Occupation Business Address Business Phone

5. _____
Name Address Phone

_____ Date of Birth Relation Email Address

_____ Occupation Business Address Business Phone

Please let your references know that they may be receiving a phone call or email from this office.

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Law Enforcement References: FOR APPLICATIONS FOR PATROL DEPUTY ONLY. Please list any names of Law Enforcement Officers (up to four) that you know that could give a reference. **Do not include Chaffee County Sheriff's Office Employees.** If you do not know any officers, put N/A in the first blank. **Email addresses required.**

1. _____
Name Address Phone

Department Email Address

In what capacity do you know this officer? How long have you known this officer?

2. _____
Name Address Phone

Department Email Address

In what capacity do you know this officer? How long have you known this officer?

3. _____
Name Address Phone

Department Email Address

In what capacity do you know this officer? How long have you known this officer?

4. _____
Name Address Phone

Department Email Address

In what capacity do you know this officer? How long have you known this officer?

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. This includes requesting information from other law enforcement agencies.

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.

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 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.

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