



Grand County Sheriff's Office
 P.O. Box 48, 670 Spring Street
 Hot Sulphur Springs, CO 80451
 (970) 725-3343



Complete every section. If a question does not apply to you, put N/A. If you need additional space to respond to any section go to page 8 or, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses.
All information is subject to verification. Any deliberate misstatements, misrepresentation or omissions by you are cause for permanent disqualification for employment consideration.
Applicants may be disqualified from employment consideration if application is not fully completed according to instructions. This includes the completion and notarized signature portion of the "Authorization For Release of Information" section on Page 11.

POSITION(S) APPLIED FOR:		DATE:	
NAME:		HOME PHONE:	WORK/CELL/MESSAGE #
PRESENT MAILING /PHYSICAL ADDRESS:		SOCIAL SECURITY NUMBER:	U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Colorado Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE FOR WORK:	ALIAS(ES), NICKNAMES, MAIDEN NAMES, OTHER	
Are you able to perform the essential functions of the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer concerning your work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for Grand County before? If so, list positions held and dates of employment in space below. Minimum Salary Acceptable: \$ _____ per _____.	
One or more of the conditions in the column to your right may be required to work at the Grand County Sheriff's Office. Your inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform the following:	a. Shift Work (Other than 8a.m. – 5p.m.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-MAIL ADDRESS:	b. Overtime work or Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Rotating Shifts/Days Offs? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Work Schedules that include Saturday and/or Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FAMILY

List in the order given showing relationship (parents, spouses, siblings, significant others, etc. Include all former spouses and current roommates. **(Attach additional sheets as necessary)**)

Father	Name:	Address:
	DOB: Phone #	City, State, Zip:
Mother	Name:	Address:
	DOB: Phone #	City, State, Zip:
Spouse or significant other	Name:	Address:
	DOB: Phone #	City, State, Zip:
Others	Name:	Address:
	DOB: Phone #	City, State, Zip:
Others	Name:	Address:
	DOB: Phone #	City, State, Zip:

FOR OFFICE USE ONLY	DO NOT WRITE BELOW THIS LINE
Applicant over 21: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received: _____ Scheduled for Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No Testing Date: _____

RESIDENCES

List all residences in the last (10) years, beginning with your present address. (Attach more sheets if necessary).

From: Month/Year	Street Address		If Rental, Landlord name:
To: PRESENT	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number
From: Month/Year	Street Address		If Rental, Landlord name:
To:	City/State/Zip	County	Landlord Address/Phone Number

WORK EXPERIENCE

Begin with your most recent job and list your work history through the last ten (10) years; including part-time, temporary, or seasonal employment, and military service. Identify part time jobs with "PT", temporary jobs with "TEMP", and describe any gaps in employment due to school, unemployment, travel, etc.

If your work history does not extend through ten years, clearly identify first employer as "FIRST JOB" in applicable Employer Name field.

From: Mo/Year	Name of Present Employer	Job Title	Name of Supervisor
To: Mo/Year PRESENT	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why would/did you leave?	
<hr style="border-top: 1px dashed black;"/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
<hr/> Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
From: Mo/Year	Employer Name	Job Title	Name of Supervisor
To: Mo/Year	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why did you leave?	
<hr style="border-top: 1px dashed black;"/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
<hr/> Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
From: Mo/Year	Employer Name	Job Title	Name of Supervisor
To: Mo/Year	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why did you leave?	
<hr style="border-top: 1px dashed black;"/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
<hr/> Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			

WORK EXPERIENCE - CONTINUED

From: Mo/Year	Employer Name	Job Title	Name of Supervisor
To: Mo/Year	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why did you leave?	
<hr/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
From: Mo/Year	Employer Name	Job Title	Name of Supervisor
To: Mo/Year	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why did you leave?	
<hr/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
From: Mo/Year	Employer Name	Job Title	Name of Supervisor
To: Mo/Year	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why did you leave?	
<hr/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
From: Mo/Year	Employer Name	Job Title	Name of Supervisor
To: Mo/Year	Employer Address, City, State, Zip	Description of Job Duties:	
	Employer Telephone Number:	Why did you leave?	
<hr/> Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances: _____			
Did you resign (quit) after being informed your employer intended to discharge (fire) your for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

EDUCATION/SKILLS

Circle highest school grade completed: 9 10 11 12 13 14 15 16 17 18 19 20

List all high schools attended. (If you have a GED, give number, location, and date.) **Attach copy of diploma or GED.**

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	No	Yes

Higher Education: List information below and attach transcript for all colleges or universities attended.

Name and Location of College	Dates Attended		Credit Hours	Major	Type of Degree	Year Received
	From	To				

Special Qualifications: List relevant skills, training, college courses, and special schools, (trade, vocational, business, or military).

Yes	No		Yes	No	
		Personal Computer			CCIC/NCIC Operator
		Word Processing			Computer Programming
		Typing/Keyboarding _____ wpm			Accounting/Bookkeeping
		10 Key Calculator			Other _____

Are you a State Certified Peace Officer in Colorado? Yes No Certificate #: _____ Date Issued : _____

Name and location of Academy attended: _____ Date: _____

Are you a certified Peace Officer in any other state? Yes No State _____ Number _____ Date _____

Foreign Language: List foreign languages and your level of ability for each by placing an "X" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

MILITARY SERVICE

Although not required, please attach a copy of your DD Form 214.

Have you served in the U.S. Armed Forces? Yes No

Are you a member of U.S. Reserve or National Guard? Yes No If yes to either, please complete the following.

Branch of Service and Component	Grade	Type of Discharge	
Organization and Station, or Unit/Location	Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	Inactive Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No	Standby <input type="checkbox"/> Yes <input type="checkbox"/> No

Were you ever subjected to a court-martial, or any form of non-judicial discipline such as an Article 15 or Captain's Mast?

Yes No If yes, provide an explanation:

VOLUNTEER SERVICE

List all volunteer or community service

From Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/State/Zip	Employer Telephone Number	

Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization?

Yes No If yes, provide an explanation:

From Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/State/Zip	Employer Telephone Number	

Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization?

Yes No If yes, provide an explanation:

From Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/State/Zip	Employer Telephone Number	

Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization?

Yes No If yes, provide an explanation:

VEHICLE OPERATOR'S LICENSE INFORMATION

Provide the following information concerning your vehicle operator's license(s) (Driver, CDL, etc.)

Type	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a license, or have you ever had a license suspended or revoked? Yes No
 If yes, provide details, including dates, reason, length of suspension, etc.

Briefly describe any traffic accidents in which you were involved, giving approximate dates and location:

Date of Accident (Approx.)	Location (City, State)	Description

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons, ticket or infraction notice, that you were arrested, and/or detained by law enforcement. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of punishment. List occurrences as an adult and as a juvenile. Use a separate sheet of paper if necessary

Date	Police/Military/Agency	Location
Offense/Charge		Disposition
Date	Police/Military/Agency	Location
Offense/Charge		Disposition
Date	Police/Military/Agency	Location
Offense/Charge		Disposition
Date	Police/Military/Agency	Location
Offense/Charge		Disposition

Have you **ever** been convicted of any crime that by its nature, could be considered domestic violence? Yes No
 Have you **ever** pled guilty to any offense, of which the basis of the original charge involved domestic violence? Yes No
 Are you now, or have you **ever** been subject to a court issued restraining order against an intimate partner or that partner's family? Yes No
 If yes to any of the above, provide an explanation below.

AFFILIATIONS

Are you now or have you ever been a member of an organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If you answered YES, explain fully your affiliations:

Have you ever filed for bankruptcy Yes No If yes, please explain details of bankruptcy:

LITIGATION INFORMATION

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another police agency. Yes No
If yes, explain fully below.

LIQUOR/DRUG USE

Describe your use of intoxicating liquors

Have you ever used marijuana, hashish, or a derivative of marijuana? Yes No If yes, how many times, and when was the last time?

Have you ever used any form of illegal drugs or narcotics (drugs not prescribed by your physician)? Yes No If yes, how many times, and when was the last time?

Have you ever used any form of marijuana or illegal drugs or narcotics while employed by a law enforcement agency? Yes No If yes, how many times, and when was the last time?

ADDITIONAL INFORMATION (USE THE BELOW SPACE TO PROVIDE OR EXPLAIN ANY INFORMATION THAT YOU DID NOT HAVE ENOUGH ROOM FOR ON OTHER PAGES. REFER TO THE PAGE NUMBER AND QUESTION:

Multiple empty rectangular boxes for providing additional information.

REFERENCES

List three persons who know you well enough to provide current and past information about you. **Do not list relatives or former employers.**

1.Name:	Years Known:
Best time to contact:	
Complete Address, City, State, & Zip	Home Phone:
Business Address	Business or Cell Phone:
2.Name:	Years Known:
Best time to contact:	
Complete Address, City, State, & Zip	Home Phone:
Business Address	Business or Cell Phone:
3.Name:	Years Known:
Best time to contact:	
Complete Address, City, State, & Zip	Home Phone:
Business Address	Business or Cell Phone:

List any friends, relatives, or acquaintances employed by the Grand County Sheriff's Office and their relationship to you.

Do you have an active application on file with any other police agency? Yes No If yes, please list

Date of Application	Agency	Address	Status

Have you ever been denied employment by any other police agency? Yes No If yes, list agency and reason

Why are you seeking employment with the Grand County Sheriff's Office, and why do you feel qualified for the position for which you have applied?

[Empty grid area for providing an answer to the question above]

Please read each statement carefully before signing

I affirm, under penalty of perjury, that all information in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment, and may justify my dismissal if discovered at a later date. _____ (Initials)

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment background investigation, polygraph examination, physical examination, psychological examination (if applicable for the position) and drug screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. _____ (Initials)

I have read, understand, and by my signature, consent to these statements.

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

APPROVAL/DISAPPROVAL:

Div. Supervisor _____ Yes No Division Commander _____ Yes No Other _____: Yes No

Undersheriff _____ Yes No Sheriff _____ Yes No

GRAND COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: _____ (Applicant – print name)

I hereby authorize the release of all information and records concerning myself to any agent of the Grand County Sheriff's Office.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation, and character. This includes, but is not limited to records of educational institutions, military records; employment and pre-employment records; training records; financial or credit reports; complaints or grievances filed by or against me; records of investigation; complaint, arrest, trial and/or convictions for alleged or actual violations of the law; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Grand County Sheriff's Office, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Grand County Sheriff's Office in conducting a background investigation to determine my suitability for employment, and will be kept confidential. I understand that all materials obtained become the property of the Grand County Sheriff's Office and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and I voluntarily, knowingly, and willfully waive those rights with the understanding that information furnished will be used by the Grand County Sheriff's Office in conjunction with employment procedures.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold the Grand County Sheriff's Office, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Grand County Sheriff's Office.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

Applicant Signature _____ Birth Date _____

Complete Address: _____ Phone: _____

AUTHORIZATION MUST BE NOTARIZED:

Subscribed and sworn to before me this _____ day of _____, 200____.

My commission expires: _____
Notary Public (seal)