



Shayne E. Heap, Sheriff
Elbert County Sheriff's Office
751 Ute Avenue, P.O. Box 486
Kiowa, Colorado 80117
Ph: 303-621-2027 Fax: 303-621-2055
www.elbertcountysheriff.com

Employment Application NOTICE OF POLICY

The Elbert County Sheriff's Office observes a written policy concerning the use of illicit drugs prior to employment by this agency. The policy is as follows:

“No applicant for employment will be considered by this agency when the applicant is a “current” user of illicit drugs. “Current” use is any use of marijuana within the last year, any other illicit drug use that has occurred within the PAST THREE (3) YEARS. No applicant will be considered for employment if the applicant has used any form of hallucinogen within the PAST FIVE (5) YEARS.”

I hereby testify that I am not a “current” user according to this definition.

I hereby certify that I personally completed the Personal History Questionnaire 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 or employed, will be cause for immediate dismissal from the Elbert County Sheriff's Office.

I fully understand and agree to the above.

Signature of Applicant

Date

Subscribed and sworn to before me on this _____ day of _____, _____

Notary Public

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: As an applicant for a position with the Elbert County Sheriff's Office, I am required to furnish information concerning my moral, physical, educational, and mental qualifications. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all-relevant information concerning my personal and employment history be disclosed to the Sheriff's Office.

I hereby authorize any representative of the Elbert County Sheriff's Office bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review and fully disclosure of all records, or any part thereof, concerning myself; by and to any duly authorized agent of the Elbert County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Elbert County Sheriff's Office to consider in determining my suitability for employment in that office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you have concerning me, to include the following: work records, background data, details regarding my reputation, military service records, educational records, financial status, criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, your organization and it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Elbert County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Elbert County Sheriff's Office will discontinue processing my application if you refuse to disclose the information requested.

Initials

Date

AUTHORIZATION TO RELEASE INFORMATION

(continued)

For and in consideration of the Elbert County Sheriff's Office's acceptance and processing of my application for appointment or employment, I agree to hold the Elbert County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for appointment or employment in any way connected with the decision whether or not to appoint or employ me with the Elbert County Sheriff's Office. I understand that should information of a criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities.

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

I agree any information provided by me, by others concerning me, or discovered during a background investigation concerning this application, is the sole property of the Elbert County Sheriff's Office. Further, that it will not be released to anyone, including me, except at the discretion of the Elbert County Sheriff's Office. I further understand that it is my responsibility to provide any records requested and failure to do so will result in my application for appointment or employment to be terminated.

A photocopy or FAX copy of this release form will be valid as an original thereof; even though said photocopy or FAX copy does not contain an original writing of my signature.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person, to whom this request is presented, and his agents and employees, 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.

This waiver is valid for a period of one year from the date of my signature.

| | | |
|-------------------|---------------|-------------------|
| Full Name (print) | Date of Birth | Social Security # |
|-------------------|---------------|-------------------|

| | | | | | |
|--------------|--------|------|-------|----------|----------------|
| Address: No. | Street | City | State | Zip Code | Home Phone No. |
|--------------|--------|------|-------|----------|----------------|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

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

Notary Public



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Personal History Questionnaire

ELBERT COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For: _____

Instructions: Read every question carefully. Print in INK. Answer every question. If a question does not apply to you, indicate so by marking "N/A" within the appropriate place. Leave NO questions unanswered. All information is subject to verification. Any misstatement, omission, or misrepresentation by you is cause for disqualification from employment consideration. Any falsification discovered after you are employed is cause for dismissal. Make copies of and use the attached supplemental sheet for any areas that need additional explanation.

| | | |
|-------------|--------------|---------------|
| <i>Last</i> | <i>First</i> | <i>Middle</i> |
|-------------|--------------|---------------|

(NAME)

| | | | | |
|---------------|---------------|-------------|--------------|-----------------|
| <i>Number</i> | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
|---------------|---------------|-------------|--------------|-----------------|

(ADDRESS) *list both mailing and street if different*

| | | | |
|---|---|---|----------------|
| Home () ____ - ____ Hrs. you can be reached: | Work () ____ - ____ Hrs. you can be reached: | Cell () ____ - ____ Hrs. you can be reached: | Email _____ |
|---|---|---|----------------|

(PHONE NUMBERS) *indicate primary number for daytime contact*

| |
|---|
| For <i>DEPUTY POSITION</i> <u>only</u> , are you a United State Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| |
|---|
| For all other positions, are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

List **all** schools you have attended beginning with high school, to include any colleges/trade schools

| <i>Name of School</i> | <i>Location (City and State)</i> | <i>Dates Attended</i> | | <i>Diploma</i> |
|-----------------------|--------------------------------------|--------------------------|------------------------|--|
| | | <i>From (month/year)</i> | <i>To (month/year)</i> | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever been suspended or expelled from any of the above schools? ___ Yes ___ No

If YES, explain:

List any special skills or training you may possess such as: computer knowledge, typing ability, CDL license, professional certifications, instructor certifications, foreign languages, etc.

List **all** of you residents during the last 10 years beginning with your most current residence.

| <i>Street Address</i> | <i>City, State, Zip Code</i> | <i>Dates</i> | | <i>List <u>all</u> individuals who lived in the residence</i> |
|-----------------------|------------------------------|------------------------|----------------------|---|
| | | <i>From (mth/year)</i> | <i>To (mth/year)</i> | |
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Beginning with your most current employer, list all jobs you have held in the past 10 years. Include part-time, temporary, voluntary, self-employment and military positions. Attach additional sheets if necessary.

May your present employer be contacted during this investigation? ___ Yes ___ No

| | | | |
|---|--|-------------------------------------|---------------------------|
| Dates of Employment From To month/yr month/yr | | Name and Address of Employer | Name of Supervisor |
| | | | |
| | | | Telephone |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Seasonal | | Duties: | |
| | | | |
| Salary: \$ _____ | | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | | | |
| Reason for Leaving: | | | |
| | | | |
| Dates of Employment From To month/yr month/yr | | Name and Address of Employer | Name of Supervisor |
| | | | |
| | | | Telephone |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Seasonal | | Duties: | |
| | | | |
| Salary: \$ _____ | | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | | | |
| Reason for Leaving: | | | |
| | | | |
| Dates of Employment From To month/yr month/yr | | Name and Address of Employer | Name of Supervisor |
| | | | |
| | | | Telephone |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Seasonal | | Duties: | |
| | | | |
| Salary: \$ _____ | | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | | | |
| Reason for Leaving: | | | |
| | | | |

| | | |
|---|-------------------------------------|---------------------------|
| Dates of Employment From To month/yr month/yr | Name and Address of Employer | Name of Supervisor |
| | | |
| | | Telephone |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Seasonal | Duties: | |
| | | |
| Salary: \$ _____ | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | | |
| Reason for Leaving: | | |
| | | |
| Dates of Employment From To month/yr month/yr | Name and Address of Employer | Name of Supervisor |
| | | |
| | | Telephone |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Seasonal | Duties: | |
| | | |
| Salary: \$ _____ | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | | |
| Reason for Leaving: | | |
| | | |
| Dates of Employment From To month/yr month/yr | Name and Address of Employer | Name of Supervisor |
| | | |
| | | Telephone |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Seasonal | Duties: | |
| | | |
| Salary: \$ _____ | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | | |
| Reason for Leaving: | | |
| | | |

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held?

Yes No

If YES, explain: (provide dates, employer, and circumstances) _____

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If YES explain: (provide dated, employer, and circumstances) _____

Have you ever been a previous applicant for any position with a law enforcement agency?

Yes No

If YES, explain: (provide dates, agencies, and circumstances) _____

Are you a current applicant for any other position and/or any other employer, including other law enforcement agencies?

Yes No

If YES, explain: (provide name of each agency, date of application, position applied for, and status of application)

Your military discharge status is not necessarily a bar to employment. If other than Honorable we will investigate the nature of the discharge and take into consideration such factors as your age at the time, the age of the offense, the seriousness and nature of the offense, any sentence, and you rehabilitation.

Have you ever served in any capacity with **any** military force, to include any military reserve component? ___ Yes ___ No
 If YES, supply the following information: **(attach copy of DD214)**

| Branch of Service | Dates of Service | Type of Discharge |
|-------------------|------------------------------|-------------------|
| | / to / | |

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? ___ Yes ___ No

If YES, explain: (include branch of service, when, where and circumstances) _____

Your criminal record or past criminal acts are not necessarily a bar to employment. We will take into consideration factors such as the date of the offense, your age at the time, the seriousness and nature of the offense, your sentence, and your rehabilitation.

Have you ever committed (detected or non-detected) any misdemeanor or felony type crimes, including where anything was sealed, expunged or pardoned? ___ Yes ___ No

If YES, give the following information: **(exclude traffic violations)**

| Date | Crime(s) committed | Explanation: Include any sentencing and circumstances |
|------|--------------------|---|
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The management of personal finances is relevant to an individual's qualification for a position with a law enforcement agency. Your past financial activities are not necessarily a bar to employment. We will take into consideration factors such as the age of the activity, the seriousness and nature of the activity, and your actions to resolve the issue.

In the last 3 years have you been delinquent in any monthly financial obligations, had bills turned over to collections agencies, or had items repossessed? ___ Yes ___ No

If YES, explain: (give details including when, and circumstances) _____

As an employee of the Elbert County Sheriff's Office there exists the possibility of you being required to operate a county vehicle. In view of this possibility please provide the following information. Your driving record is not necessarily a bar to employment here. We will take into consideration factors such as your age at the time of the action, the age of the action, the seriousness and nature of the action, any sentence, and your rehabilitation.

| Driver's License Number | State of Issue | Expiration Date |
|-------------------------|----------------|-----------------|
| | | |

List other states where you have been licensed to operate a motor vehicle: _____

List all traffic citations you have received within the last 3 years: (excluding parking citations)

NOTE: Include any DUI citations in the last 5 years

| Date | Citing Agency City and State | Nature of Violation | Action Taken (fine, points, etc.) |
|------|---------------------------------|---------------------|--------------------------------------|
| | | | |
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In the last 3 years have you been charged as having been **AT FAULT** in a traffic accident? ___ Yes ___ No

If YES, give details of each accident:

| Date | Investigating Agency City and State | Circumstances | Injuries to persons other than self |
|------|--|---------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ___ Yes ___ No

If YES, explain: (give details including when, and circumstance) _____

Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?
 ___ Yes ___ No

If YES, explain: (give details including when, and circumstance) _____

Have you ever used **any** form of illegal drugs or narcotics (drugs not prescribed by your physician) including but not limited to marijuana or hashish? ___ Yes ___ No

Have you ever abused **any** prescription drugs (prescribed by a physician)? ___ Yes ___ No

If YES, explain in detail:

| Drug Used | Date Last Used | Number of Times Used | Circumstances |
|-----------|----------------|----------------------|---------------|
| | | | |
| | | | |
| | | | |

Identify **ALL** complaints (however characterized) made against you by any member of the public.

| Agency | Name of Complainant | Approximate Date | Disposition |
|--------|---------------------|------------------|-------------|
| | | | |
| | | | |
| | | | |

Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel.

| Agency | Name of Complainant | Approximate Date | Disposition |
|--------|---------------------|------------------|-------------|
| | | | |
| | | | |
| | | | |

Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

| Agency | Name of Plaintiff(s) | Approximate Date | Court Where Filed |
|--------|----------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |

Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

| Agency | Supervisor/Administrator Taking Action | Approximate Date | Basis and Form of Discipline |
|--------|--|------------------|------------------------------|
| | | | |
| | | | |
| | | | |

Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

| Agency | Basis for Exam | Approximate Date | Outcome |
|--------|----------------|------------------|---------|
| | | | |
| | | | |
| | | | |

Personal References: List the names of three (3) persons **not** related to you by blood or marriage.

| Name | Address | Years Known | Daytime Phone |
|------|---------|-------------|---------------|
| | | | |
| | | | |
| | | | |

Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are **not** related to you by blood or marriage.

| Name | Address | Years Known | Daytime Phone |
|------|---------|-------------|---------------|
| | | | |
| | | | |
| | | | |

The following information is for identification and background investigation purposes only and is used solely for this purpose. Information provided in this section will not be used as a bar to employment.

| | | |
|--|--|--|
| | | |
|--|--|--|

Last Name First Middle

| | | |
|--|--|--|
| | | |
|--|--|--|

Maiden Name Other Married Name Other married Name

| |
|--|
| |
|--|

Any other names you have used or been known by

| | | | | |
|----------------|--------------------|------------------------------|------------|--|
| Height: | Weight: | Hair Color: | Eye Color: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Date of Birth: | Social Security #: | Place of Birth: (city/state) | | Race: |

Complete the following information regarding your marriage or marriages:

| Spouse's Birth Name | Date of Marriage | Date of Separation | Date of Divorce | Telephone |
|---------------------|------------------|--------------------|-----------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Complete the following information regarding family members. If someone is deceased, indicate so next to his or her name.

| Name | Current Address | Telephone |
|--------------|-----------------|-----------|
| Father: | | |
| Mother: | | |
| Step Father: | | |
| Step Mother: | | |
| Name | Current Address | Telephone |
| Siblings: | | |
| | | |
| | | |
| | | |
| Children: | | |
| | | |
| | | |
| | | |

In your best handwriting indicate why you have chosen a career with Elbert County Sheriff's Office, to include your goals and objectives with our agency.

(For Deputy Position Only) Yes No

Are you P.O.S.T. certified?

P.O.S.T. academy attended: _____

P.O.S.T. certificate number: _____

I swear or affirm under penalty of perjury that the information contained in this Employment Application is true and correct.

Signature of Applicant

Date

Subscribed and sworn to before me on this _____ day of _____, _____

Notary Public