



HINSDALE COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

- Post Certified Deputy Applicant
- Reserve Officer Applicant
- Civilian Applicant

Office Use Only			
Date Received		References Received	
Interview Date		Background Completed	

Please Print (Do Not Type)

Applicant Personal Information:

Last Name		First Name		M.I.	Date of Birth
Address			City		State
Mailing Address (if different)			City		State
Home Phone	Work Phone	Cell Phone	Email		
Alias / Nicknames					
<input type="checkbox"/> Married	Married Date	Spouse Last Name	Spouse First Name		Spouse DOB
<input type="checkbox"/> Single					
<input type="checkbox"/> Separated	Divorced Date	Earliest date available for work			U.S. Citizen
<input type="checkbox"/> Divorced					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Widowed					

Career Goals:

How did you hear about this position:

Why do you want to work for the Hinsdale County Sheriff's Office?

Why do you think you are qualified for this position?

What are three of your long term goals?

Education / Skills:

Please List All High Schools You Have Attended:

Name of School	Address of School	Dates Attended		Graduated
		From	To	
				<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

Please List Higher Education Schools You Have Attended (College, University, Trade School, Academy):

Name of School	Address of School	Dates Attended	Major / Course	Type of Degree	Year Received

Have you ever been expelled or suspended from school? Yes No (f "Yes" please explain)

Special Qualifications (List any relevant skills, training, courses or schools including business or military):

Employment History:

Current Employer		Title			Date Hired	
Date Left	Reason for Leaving				May we Contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name	Phone	Address	City	State	Zip	

Description of work: _____

Were you ever discharged, asked to resign, or subjected to disciplinary action while working here?

Yes No (If yes, please explain)

Previous Employer		Title			Date Hired	
Date Left	Reason for Leaving				May we Contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name	Phone	Address	City	State	Zip	
Description of work: _____						

Were you ever discharged, asked to resign, or subjected to disciplinary action while working here? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____						

Previous Employer		Title			Date Hired	
Date Left	Reason for Leaving				May we Contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name	Phone	Address	City	State	Zip	
Description of work: _____						

Were you ever discharged, asked to resign, or subjected to disciplinary action while working here? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____						

Previous Employer		Title			Date Hired	
Date Left	Reason for Leaving				May we Contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name	Phone	Address	City	State	Zip	
Description of work: _____						

Were you ever discharged, asked to resign, or subjected to disciplinary action while working here? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____						

Previous Employer		Title			Date Hired	
Date Left	Reason for Leaving				May we Contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name	Phone	Address	City	State	Zip	
Description of work: _____						

Were you ever discharged, asked to resign, or subjected to disciplinary action while working here? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____						

Law Enforcement Experience:						
Are you a Colorado POST Certified Peace Officer?		<input type="checkbox"/> Yes <input type="checkbox"/> No		PID#		
Are you a Certified Peace Officer in another state?		State:		Cert. #		
Agency	Address	Rank	Supervisor	Start Date	Ending Date	Reason for leaving
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been accused of theft from a prisoner?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever taken items from evidence or found property for personal use?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever solicited sex while you were on duty?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever slept while on duty, or been disciplined for sleeping on duty?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever falsified, or been accused of falsifying any document?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever consumed alcohol or illegal drugs while on duty?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been accused of committing perjury?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever committed, been accused of or witnessed an excessive use of force?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever committed, witnessed, or been accused of accepting a bribe or pay off?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been the subject of an internal affairs investigation?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever accidentally discharged any duty weapon?					
If you checked "Yes" to any question above, write the circumstances and date of the occurrence: _____						

Military Status: (although not required, please attach a DD214)

Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Highest Rank Earned	Rank at Discharge	Last Duty Station
Start Date:	End Date:	Type of Discharge:		
While in the Military were you ever disciplined, arrested, or court martialed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" please explain)				
<hr/> <hr/>				
Are you a member of the U.S. Reserve or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Assignment:		Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby	

Illegal Drug and alcohol Questionnaire:

Type of Drug	Sold, Produced, Transported for sale?	Have you ever tried or used?	If "Yes" number of times?	Number of times after 21?	Date First Used mm/yyyy	Date Last Used mm/yyyy
Marijuana (or THC products)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
PCP / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Vaporous Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Illegal Use of Prescription Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If "Yes" was checked for any of the above questions, please write an explanation of the use, frequency, and why you stopped using: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used a prescription that was not prescribed for you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever administered or injected any illegal drug into another person's body?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever operated a motor vehicle while impaired to the slightest degree by drugs or alcohol?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested for driving under the influence of drugs or alcohol?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever lived with someone who was cultivating, manufacturing or selling illegal drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever consumed alcohol at work?

If "Yes" was checked for any of the above questions, please write an explanation of the circumstances (include number and date of occurrences): _____

Criminal History Questionnaire:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been detained by any law enforcement officer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been accused of a crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has law enforcement ever responded to your residence for any reason?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has law enforcement ever responded to your residence for any reason related to domestic violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever committed an act of domestic violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have, or have you had any gambling debt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been, or are you currently delinquent with child support payments?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you, or have you been associated with any group who participates in criminal activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any of your family members been associated with any group who participates in criminal activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any tattoos, markings or piercings on your body that identify you as being part of a gang?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever witnessed, participated or been questioned for investigative purposes regarding involvement in a crime?

If "Yes" was checked for any of the above questions, please write an explanation of the circumstances (include number and date of occurrences): _____

Driving History:

Do you have a current Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State	DL#
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in a collision while operating a motor vehicle?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver's license ever been suspended, restricted or revoked?		

Please list below all driving violations you have been cited for:

Violation	Date	Location	Issuing Agency	Court Disposition

References: List people who can be a character reference, do not list relatives or employers

Name	Relationship to Applicant	Phone Number	Address

Please give any additional information that may be relevant in connection with an investigation into your eligibility or concerning your character, temperance, habits employment, education, criminal record.

Statement of Truthfulness:

DO NOT WAIT TO DISCLOSE INFORMATION YOU BELIEVE MAY BE DETRIMENTAL TO YOUR CHANCES OF OBTAINING EMPLOYMENT. INFORMATION THAT APPLICANTS HAVE FAILED TO DISCLOSE IN THE PAST MAY NOT HAVE ELIMINATED THEM HAD THEY ONLY BEEN HONEST DURING THE APPLICATION AND INTERVIEW PROCESS. ALL ANSWERS WILL BE VERIFIED THROUGH VARIOUS RECORD CHECKS AND BACKGROUND INVESTIGATION.

I affirm that the answers on this application are true and complete to the best of my knowledge. I understand if an investigation discloses untruthfulness or misleading answers, any lies, deception, misrepresentation or omission, no matter how slight, may result in my immediate disqualification from consideration.

I have read and understand the above statement.

Applicant Name Printed

Applicant Signature

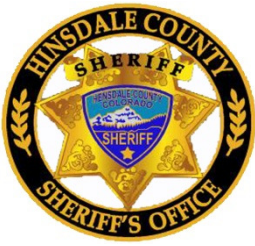
Date

**NOTARY
PUBLIC:**

Sworn to and subscribed before me on this _____ day
of _____, 20_____.

Notary Public

My commission expires on: _____



Hinsdale County Sheriff's Office

RELEASE AND WAIVER OF LIABILITY

In consideration of the Hinsdale County Sheriff's Office (hereinafter referred to as the Agency) processing of my application for employment I _____, hereby agree to the following:

1. I hereby authorize any Officer or other authorized representative of the Agency bearing this release, or a copy of it, within one year of its date, to obtain copies of any information in your files concerning me, or any information or opinions pertaining to my employment, including but not limited to documents concerning my credit history, education, pre-employment, academic achievement, attendance, athletics, personal history, work performance, grievances, background investigations, civil actions, accidents, polygraph and psychological examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient privilege, the clergyman-client privilege, the husband –wife privilege, and the accountant-client privilege for information which is reasonably relate to my potential employment as a peace officer or employee for the Agency. I hereby direct any party who is requested to release such information or records to release to the Agency, upon receipt of this waiver. I understand that such information and records will be used as part of the decision to determine my suitability for employment at the Agency.
2. I hereby release from liability and promise to hold harmless under any and all causes of legal action, and from damages of any kind, all persons or entities who shall in good faith furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation. I voluntarily consent to a background investigation and agree to release the Agency, its officers, employees and agents, for the acts necessary to conduct and finalize the investigations.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that accrue to myself, my heirs, or my personal representative.

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant Name (Printed): _____

Signature X: _____ Date: _____

Witness Name (Printed): _____

Signature X: _____ Date: _____