

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: ..... : ..... <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No

.....If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*





**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

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# SHERIFF

KIT CARSON COUNTY

Tom Ridnour • Sheriff | Travis Belden • Undersheriff

Kit Carson County Sheriff's Office • 251 16th Street suite 103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

Form Rev. 03/12/12

## AN EQUAL OPPORTUNITY EMPLOYER

**NOTE:** If you are hired by the Kit Carson County Sheriff's Office (KCCSO), as a Kit Carson County Deputy Sheriff, you will be required to sign a two (2) year training agreement. This agreement states you will remain employed with the KCCSO (barring termination) for at least two (2) years or you will be assessed monetary charges. These charges are associated with training and are based on a sliding scale depending on your length of stay. Further information may be obtained from the Sheriff's Office.

**(To be printed legibly in ink or typed – ANSWER EVERY QUESTION)**

**TODAYS DATE:** \_\_\_\_\_

1. Your Name: \_\_\_\_\_  
Last First Middle (Maiden)

2. Date of Birth: \_\_\_\_\_ 3. Social Security Number (Optional): \_\_\_\_\_

4. Your Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

5. Phone No.: \_\_\_\_\_  
Home Cell Other

6. Are you a citizen of the United States? Yes \_\_\_\_ No \_\_\_\_ If no, please provide citizenship.

### Employment

7. List your present or most recent job.

Company: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Education History**

8. Did you graduate from high school or receive a GED or equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

**Arrest Information**

9. Have you ever been arrested on a felony or misdemeanor case including court martial and military charges?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following (list incidents as a juvenile as well).

Police Agency: \_\_\_\_\_

Crime Charged: \_\_\_\_\_

City & State: \_\_\_\_\_

Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

10. Have you ever been questioned as an *accused party* on a felony or misdemeanor, including Court martial and military charges?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following (list incidents as a juvenile as well).

Police Agency: \_\_\_\_\_

Crime Charged: \_\_\_\_\_

City & State: \_\_\_\_\_

Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

**Drivers License**

11. Do you possess valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Issuing State: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_



**Narcotics**

**12.** Have you ever used any form of drugs or narcotics other than those prescribed by your physician? Yes \_\_\_\_ No \_\_\_\_\_. If yes, explain in detail:

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**13.** Have you ever sold or furnished drugs or narcotics to anyone? Yes \_\_\_\_ No \_\_\_\_\_. If yes, explain in detail:

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I hereby certify, under penalty of perjury and potential criminal charges, that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# Kit Carson County Sheriff's Office

251 16<sup>th</sup> Street, Suite # 103

Burlington, CO 80807

Phone: 719-346-8934

Fax: 719-346-7282

Dear Ms./Sir:

\_\_\_\_\_ has given us your name as a reference. We would appreciate you 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.

Sincerely,

Kit Carson County Sheriff's Office



Tom Ridnour  
Sheriff

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Kit Carson County Sheriff's Office, I am required to furnish information concerning my moral, physical, educational, and mental qualifications. In this regard, I authorize the Kit Carson County Sheriff's Office to make any and all inquiries regarding the aforementioned qualifications. Moreover, I authorize those people or organizations selected by the Kit Carson County Sheriff's Office to release any and all information that they may have concerning me, including information of a confidential or privileged nature. This includes any record, even if protected by prior agreements by me or sealed by the courts at my request.

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 Kit Carson County Sheriff's Office. Further, that it will not be released to anyone, including me, except at the discretion of the Kit Carson 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 not be processed.

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public