



# SHERIFF

KIT CARSON COUNTY

Travis Belden, Sheriff

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

## APPLICATION FOR EMPLOYMENT

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

Complete every section legibly in ink or typed. If a question or section does not apply to you, put N/A; DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a sheet of paper with the written or typed information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for disqualification. The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

POSITION(S) APPLIED FOR:	TODAY'S DATE:
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How Did You Learn About Us?

Advertisement     Relative     Inquiry

Employment Agency     Friend     Other: \_\_\_\_\_

NAME: LAST    FIRST    MIDDLE	ALIASES, MAIDEN NAME, NICKNAMES, OTHER NAME CHANGES
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CURRENT HOME ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____	HOME PHONE:	CELL PHONE:
	Best timeframe to contact you is?	
	EMAIL ADDRESSES:	

DATE OF BIRTH:	PLACE OF BIRTH:	AGE:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
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COUNTRY OF CITIZENSHIP:	SOCIAL SECURITY NUMBER:
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Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?  YES  NO  
*\*\*Proof of citizenship or immigration status will be required upon employment\*\**

If you are under 18 years of age, can you provide required proof of eligibility to work?  YES  NO

Date Available For Work: \_\_\_\_/\_\_\_\_/\_\_\_\_    What is your desired salary range? \_\_\_\_\_

Employment Desired:  FULL-TIME ONLY     PART-TIME ONLY     FULL-OR PART-TIME     TEMPORARY

If temporary employment is desired, what dates are you available: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work?  MORNINGS     AFTERNOONS     EVENINGS     NIGHTS

Can you travel if a job requires it?  YES  NO

### FAMILY

*List in the order given showing relationship (parents, spouse, significant other, children, step-parents, foster parents, brothers, and sisters) even through deceased. Include all former spouses and current roommates. DOB = date of birth. Attach an additional sheet of paper if necessary.*

Father	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
Mother	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
Spouse or Significant Other	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
Children, Roommates, Siblings	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____
	Name: _____ DOB: _____ Phone # _____	Address: _____ City: _____ State: _____ Zip: _____

### RESIDENCES

*List all residences in the last ten (10) years, beginning with your most recent address.*

From: Mo/Yr.	Current Street address:	If Rental, Landlord Name:
<b>PRESENT</b>	City/State/Zip	Landlord's Complete Address: Phone #:
From: Mo/Yr.	Street Address:	If Rental, Landlord Name:
To: Mo/Yr.	City/State/Zip	Landlord's Complete Address: Phone #:
From: Mo/Yr.	Street Address:	If Rental, Landlord Name:
To: Mo/Yr.	City/State/Zip	Landlord's Complete Address: Phone #:

## WORK EXPERIENCE

Are you currently employed?  YES  NO May we contact your present employer?  YES  NO

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 any military service. Identify part-time jobs with "PT" and temporary jobs with "TEMP".

From: Mo/Yr.	Name of Present Employer:	Job Title:	Name of Supervisor:
To: Mo/Yr.	Employer's Address, City, State, Zip	Description of your duties:	
Salary	Employer's Telephone Number(s):	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  YES  NO  
**If yes, please state circumstance:**

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO  
**If yes, please explain:**

From: Mo/Yr.	Name of Employer:	Job Title:	Name of Supervisor:
To: Mo/Yr.	Employer's Address, City, State, Zip	Description of your duties:	
Salary	Employer's Telephone Number(s):	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  YES  NO  
**If yes, please state circumstance:**

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO  
**If yes, please explain:**

From: Mo/Yr.	Name of Employer:	Job Title:	Name Of Supervisor:
To: Mo/Yr.	Employer's Address, City, State, Zip	Description of your duties:	
Salary	Employer's Telephone Number(s):	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  YES  NO  
**If yes, please state circumstance:**

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO  
**If yes, please explain:**

### WORK EXPERIENCE (Continued)

From: Mo/Yr.	Name of Employer:	Job Title:	Name Of Supervisor:
To: Mo/Yr.	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number(s):	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  YES  NO

**If yes, please state circumstance:**

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO

**If yes, please explain:**

From: Mo/Yr.	Name of Employer:	Job Title:	Name Of Supervisor:
To: Mo/Yr.	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number(s):	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  YES  NO

**If yes, please state circumstance:**

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO

**If yes, please explain:**

From: Mo/Yr.	Name of Employer:	Job Title:	Name Of Supervisor:
To: Mo/Yr.	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number(s):	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  YES  NO

**If yes, please state circumstance:**

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO

**If yes, please Explain:**

**KIT CARSON COUNTY SHERIFF'S OFFICE: PRIOR APPLICATION STATUS**

Have you previously applied with the Kit Carson County Sheriff's Office?  YES  NO

If yes, please state what position(s) applied for and date(s):

Have you ever been employed with us before?  YES  NO

If yes, please complete the next section: (*Kit Carson County Sheriff's Office: Prior Employment History*)

**KIT CARSON COUNTY SHERIFF'S OFFICE: PRIOR EMPLOYMENT HISTORY**

From: Mo/Yr.	Division(s) assigned:	Job Title:	Name of Supervisor
To: Mo/Yr.	Description of your duties:	Why did you leave?	
Salary:			

Were you ever suspended, subjected to disciplinary action, or asked to resign, or resigned to avoid being fired?  YES  NO

If yes, please explain:

**EDUCATION/SKILLS**

List all high schools attended. (If GED, give number location, and date.) Copy of diploma or GED will be requested at interview.

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

Higher Education: List information below. Transcripts for all colleges or universities attended will be requested at time of interview.

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

Have you ever been expelled or suspended from school?  YES  NO

If yes, please explain:

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


## EDUCATION/SKILLS (Continued)

Typing _____ wpm	Word Processing <input type="checkbox"/> YES <input type="checkbox"/> NO
Excel <input type="checkbox"/> YES <input type="checkbox"/> NO	CCIC/NCIC Computer Operation <input type="checkbox"/> YES <input type="checkbox"/> NO
Communications Training <input type="checkbox"/> YES <input type="checkbox"/> NO	Accounting <input type="checkbox"/> YES <input type="checkbox"/> NO
Computer Programming <input type="checkbox"/> YES <input type="checkbox"/> NO	Other: _____

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

**FOR DEPUTY APPLICANTS:**

Are you a State Certified Peace Officer in Colorado?  YES  NO Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Name of Academy \_\_\_\_\_ Date Completed: \_\_\_\_\_ (Attach copy of Colorado State Certification)

Are you currently enrolled in an Academy in Colorado?  YES  NO  
**If yes,** what is the name of the Academy? \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Are you, or have you ever been a State Certified Peace Officer in any other state?  YES  NO  
**If yes,** please complete the following:  
 State: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_

## MILITARY STATUS

*A copy of DD214 will be requested for background investigation.*

Have you served in the U.S. Armed Forces?  YES  NO Type of discharge: \_\_\_\_\_

Branch of Service:	Years Served: From: _____ to _____	Last Duty Station and Name of Commanding Officer:
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While in the military service, were you ever disciplined, arrested, or court marshaled?  YES  NO  
**If yes,** please explain:

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Are you a member of U.S. Reserve or National Guard organization?  YES  NO  
**If yes,** please complete the following:

Service #:	Branch of Service:
Organization and Station, or Unit, and Location	Active    Inactive    Standby

Indicate Reserve obligation, if any:

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### AFFILIATIONS

Are you now or have you ever been a member of any 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 commission of acts of force or violation 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:


### LITIGATION INFORMATION

Have you ever been the plaintiff of or named in a civil litigation, or received notice of claim or intent to be sued?  YES  NO

If you answered YES, please explain:


### DRUG USE

Have you ever used marijuana or hashish?  YES  NO

If you answered 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 you answered YES, please explain in detail:


### VEHICLE OPERATOR'S LICENSE INFORMATION

Give the following information concerning your vehicle operator's license(s) (Driver's, Chauffeur's, Etc.) List all states where you have been licensed to operate a motor vehicle and name(s) under which license was granted.

Name	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 you answered YES, please explain fully:


Describe in brief any traffic accidents in which you were involved, giving approximate dates and locations:

Date of Accident (approx.)	Location (City/State, etc.)	Briefly describe accident

### 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:
Complete Address:	Home Phone:
City, State, Zip	Cell Phone:
Business Name & Address:	Business Phone:

2. Name:	Years Known:
Complete Address:	Home Phone:
City, State, Zip	Cell Phone:
Business Name & Address:	Business Phone:

3. Name:	Years Known:
Complete Address:	Home Phone:
City, State, Zip	Cell Phone:
Business Name & Address:	Business Phone:

List any friends, relatives, or acquaintances employed by the Kit Carson 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	Position Applied For	Status, if known

Have you ever been denied employment by any other police agency?  YES  NO **If yes, please list agency and reason.**








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## 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 Kit Carson 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 records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of 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 Kit Carson 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 Kit Carson 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 Kit Carson 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 willingly waive those rights with the understanding that information furnished will be used by the Kit Carson 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 Kit Carson 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 Kit Carson 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 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: \_\_\_\_\_

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### AUTHORIZATION MUST BE NOTARIZED

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

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

My Commission Expires: \_\_\_\_\_