



CHEYENNE COUNTY

SHERIFF



91 E 1st St N, Cheyenne Wells, CO 80810
 719-767-5633 Fax 719-767-5023
 www.cheyennesheriff.com

Character, Competence and Commitment

Application for Employment

After filling out the application you may drop it off at our office, fax, or scan and email to jelliott@co.cheyenne.co.us and miller@co.cheyenne.co.us. We ask that you give us at least a week to review your application.

APPLICANT INFORMATION					
Last Name	First	M.I.	DOB		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Date Available	Social Security No.	Desired Salary			
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
FAMILY					
List in the order given showing relationships: parents, spouse, significant others, children guardians, step-parents, foster parents, parents-in-law, brothers, and sisters) even though deceased. Include all former spouses and current roommates. Please state how the individual is related to you under "relationship". Attach a separate sheet of paper if you need more space.					
Father:	Name:	Street:			
	DOB:	Phone:	City:	State:	Zip:
Mother:	Name:	Street:			
	DOB:	Phone:	City:	State:	Zip:
Relationship:	Name:	Street:			
	DOB:	Phone:	City:	State:	Zip:
Relationship:	Name:	Street:			
	DOB:	Phone:	City:	State:	Zip:
Relationship:	Name:	Street:			
	DOB:	Phone:	City:	State:	Zip:
Relationship:	Name:	Street:			
	DOB:	Phone:	City:	State:	Zip:

PREVIOUS EMPLOYMENT – FOR THE PAST 10 YEARS

Company				Phone	
Address				Supervisor	
Job Title				Starting Salary \$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title				Starting Salary \$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title				Starting Salary \$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title				Starting Salary \$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title				Starting Salary \$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone	
Address						Supervisor	
Job Title				Starting Salary \$	Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone	
Address						Supervisor	
Job Title				Starting Salary \$	Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone	
Address						Supervisor	
Job Title				Starting Salary \$	Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone	
Address						Supervisor	
Job Title				Starting Salary \$	Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone	
Address						Supervisor	
Job Title				Starting Salary \$	Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

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

Have you previously applied with the Cheyenne County Sheriff's Office? Yes No
 If yes, state for which position(s) applied and dates(s)

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, list agency and reason:

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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:	
PRESENT	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #
From: Mo/Yr	Current Street Address	If rental, Landlord Name:	
To: Mo/Yr	City/State/Zip	County	Landlord Complete Address Phone #

MILITARY STATUS

A copy of DO214 will be requested for background investigation

Have you served in the U.S. Armed Forces? No Yes Grade upon 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 marshalled? If so, please explain:

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

Grade and Service Number	Branch of Service
Organization and Station, or Unit and Location	Active Inactive Standby

Indicate Reserve obligation, if any:

VOLUNTEER SERVICE

List all volunteer or reserve services

From: Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To: Mo/Yr	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? No Yes If yes, please explain

From: Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To: Mo/Yr	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? No Yes 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 and Location of College or University	Dates Attended From To	Credit Hours	Major	Type of Degree	Year Received

Have you ever been expelled or suspended from school? No Yes If yes, please explain

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

Typing Speed: WPM	Word Processing: Yes No
Dictaphone: Yes No	CCIC/NCIC Computer Operator: Yes No
Microfilming: Yes No	Accounting: Yes No
Computer Programming: Yes 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 Certification Number _____ Date Issued _____

Name of Academy _____ Date Completed _____ (Attach copy of Colorado Certification)

Are you Currently enrolled in an Academy in Colorado? Yes No

If so, name of Academy _____ Date of Graduation _____

Are you, or have you ever been a State Certified Peace Officer in any other state? No Yes If so, complete the following:

State _____ Number _____ Date _____

AFFILIATIONS

Are you now or have 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 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? No Yes 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? No Yes If yes, please explain

DRUG USE

Have you ever used marijuana or hashish? No Yes 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)? No Yes If 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? No Yes If yes, explain fully:

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

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

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons or ticket, that you were arrested, and/or that you were detained by the police. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of formality and punishment. List occurrences as an adult and as a juvenile.

Date	Police/Military Agency	Location(City,State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location(City,State)
Offense/Charge		Disposition

Date	Police/Military Agency	Location(City,State)
Offense/Charge		Disposition

AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: _____ (Applicant printed name)

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

The intent of this authorization is to give my consent for a 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, complaints, arrests, trial and/or convictions for alleged or actual violations of law, results of polygraph examination, 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 request to the Sheriff and/or Undersheriff of the Cheyenne 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 Cheyenne County Sheriff's Office in conducting a background investigation to determine my suitability for employment and will be kept confidential. I further understand that all materials obtained become the property of the Cheyenne 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 Cheyenne County Sheriff's Office in conjunction with the employment procedure.

For and in consideration of the acceptance and processing of my application for employment, I agree not to hold the Cheyenne County Sheriff's Office, its agents and employees liable for any and all liability associated with my application for employment or in any way connect them to decision to or not to employ me with Cheyenne County Sheriff's Office.

I agree to indemnify and hold harmless any person or organization and their agents or employees to whom this request is presented from and against claims, damages, losses and expenses, including reasonable attorney 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

Date of Birth (MM/DD/YY)

Complete address (Street no., PO Box, Street, City, State, Zip code)

AUTHORIZATION MUST BE NOTARIZED

Subscribed and sworn before me this ____ day of _____ 20 ____.

Date Commission Expires

Notary Public