



**OFFICE OF
SHERIFF, CUSTER COUNTY**
702 Rosita Avenue, Westcliffe, Co. 81252
Phone (719)783-2270 Fax (719) 783-9085



SHANNON K. BYERLY
SHERIFF

CHRISTOPHER R. BARR
UNDERSHERIFF

TROY L. COUCH
POSSE CAPTAIN

Application for Employment

Dear Applicant,

Attached is the Custer County Sheriff's Office Personal History Statement that will be used to conduct a background investigation. Please completely, accurately, and truthfully provide all the information requested on the form. If you need additional space to provide complete, accurate and truthful information in any section you may attach additional pages.

We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in membership on any basis including race, color, age, sex, religion or national origin.

This packet is due on or before: _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street City/State/Zip

Phone: _____ Cell: _____

Email, Facebook, Twitter, etc.: _____

Date of Birth: _____ Place of Birth: _____ Social Security #: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ State: _____ Expiration: _____

Nicknames or Maiden Names: _____

Scars, Tattoos, or Distinguishing Marks: _____

Are you a United States Citizen? Yes ☐ No ☐

Have you ever had any negative interaction with law enforcement? Yes ☐ No ☐ If yes, please explain: _____

Have you ever been arrested? Yes ☐ No ☐ If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐ If yes, please explain: _____

Education

High School Name and location: _____

Did you graduate? Yes ☐ No ☐ Year of graduation: _____

Years Completed: _____

College Name and Location: _____

Did you graduate? Yes ☐ No ☐ Year of graduation: _____

Degree(s) Obtained: _____

Area of Studies: _____

Trade or Correspondence School Name and Location: _____

Certification: Yes ☐ No ☐

Employment History

List each and every place you have been employed since you began working for the last ten years, including full and part time jobs. Start with your present job and work. Law enforcement employers are particularly interested in hiring people who can make honest, accurate, and complete disclosures. Omissions are grounds for disqualification. Please do not use vague terms such as "Personal Reasons" when giving your reasons for leaving a job. Use more specific terms, such as, "Fired, Asked to Resign, Voluntarily Resigned, Laid Off, Better Pay," etc.

Employer Name: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employed From _____ to _____ Full Time ☐ Part Time ☐

Position, Title or Duties: _____

Reason for Leaving: _____

Did you or a relative own or operate this business? Yes ☐ No ☐

Employer Name: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employed From _____ to _____ Full Time ☐ Part Time ☐

Position, Title or Duties: _____

Reason for Leaving: _____

Did you or a relative own or operate this business? Yes ☐ No ☐

Employer Name: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employed From _____ to _____ Full Time ☐ Part Time ☐

Position, Title or Duties: _____

Reason for Leaving: _____

Did you or a relative own or operate this business? Yes ☐ No ☐

Employer Name: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employed From _____ to _____ Full Time ☐ Part Time ☐

Position, Title or Duties: _____

Reason for Leaving: _____

Did you or a relative own or operate this business? Yes ☐ No ☐

Employer Name: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employed From _____ to _____ Full Time ☐ Part Time ☐

Position, Title or Duties: _____

Reason for Leaving: _____

Did you or a relative own or operate this business? Yes ☐ No ☐

Military Service

Have you ever served in the Armed Forces of the United States or a foreign military service? Yes ☐ No ☐

Dates of Service	Service Number	Branch	Rank at Discharge	Type of Discharge
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Have you ever been discharged or asked to resign from an employer (excluding military)? Yes ☐ No ☐ If YES, give the following details concerning all such occurrences:

Date	Employer	Supervisor	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Residences

List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year, attach extra page if necessary.

From _____ to _____

Address: _____
Street City/State/Zip

From _____ to _____

Address: _____
Street City/State/Zip

From _____ to _____

Address: _____
Street City/State/Zip

From _____ to _____

Address: _____
Street City/State/Zip

From _____ to _____

Address: _____
Street City/State/Zip

Vehicles and Driving

List ALL drivers' licenses you have held in any state for the last ten years. Start with current license and work back:

State	Type	License Number	Date Issued	Still Valid?	Date Expired/Surrendered
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List ALL moving traffic violations in any state, at any age, including any investigated by police. Include any violations where disposition was attendance of a driving school to avoid points.

Date	Violation	Location (City/State)	Disposition	Issuing Agency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Qualifications and Skills

List any special licenses you hold (such as pilot, radio operator, SCUBA, etc.).

License	Licensing Authority	Issue Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Declarations

Have you EVER tried, used, or experimented with Marijuana, Hashish, or THC? Yes ☐ No ☐ If YES, provide the following information:

Substance	Month/Year First Tried	Month/Year Last Tried	Total Number of Times Tried
_____	_____	_____	_____
_____	_____	_____	_____

Have you EVER illegally tried, used, possessed, sold, delivered, or transported or experimented with ANY of the following drugs?

DRUG	SOME COMMON NAMES	YES	NO
Amphetamines or Metamphetamines	Benzedrine, Dexedrine, Bennies, Speed, Uppers, White Crosses, Crank, Crystal, Ice, etc.		
Barbiturates	Phenobarbital, Secobarbital, Nembutal, Seconal, Amytal, etc.		
Cocaine, Crack or any Cocaine Derivative	Coke, Crack, Corrine, Gold Dust, Flake, Snow, Powder, Blow, Nose Candy, etc.		
DMT	Dimethyltryptamine, AMT, Businessman's High, etc.		
Heroin or Methadone	Smack, Horse, Black Tar, China White, etc.		
Inhalants	Huffing, Wheezing, Nitrous Oxide, Solvents, Glue, Fumes, etc.		
LSD	D-Lysergic Acid Diethylamide, Acid, Sugar, Sunshine, Dots, etc.		
MDMA	Ecstasy, XTC, X, etc.		
Mescaline	Mesc, Chocolate Mesc, etc.		
Methaqualone	Quaaludes, Ludes, Downers, etc.		
Opium or Derivatives	Codeine, Morphine, etc.		
Pain killers	Diluidid, Percodan, Percoset, Hydrocodone, Hydromorphone, Meperidine, Oxycodone, Oxycontin, etc.		
PCP	Phencyclidine, Angel Dust, Hog, Peace Pill, Tea, Crystal Tea, etc.		
Psilocybin	Mushrooms, Shrooms, etc.		
Rohypnol	Flunitrazepam, Roofies, Date Rape, etc.		
Steroids	Roids, Bahama Blues, Juice, etc.		
Tranquilizers	Diazepam, Valium, etc.		
Have you <u>ever</u> obtained a prescription drug through fraud?			

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS ON AN ATTACHED SHEET

Have you ever applied for any law enforcement position or taken a civil service examination for another government position? Yes ☐ No ☐ If YES, provide the following information:

Date	Place	Position	Results

Subversive Organizations: Are you now, or have you ever been, a member of any foreign or domestic organization, association, group, militia, movement, party, or other combination or persons which has adopted, advocated, or approved the use of force or violence to oppose the government or deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the United States government by unconstitutional means? Yes ☐ No ☐ If YES, please explain: _____

References

Give the names of three persons not related to you, whom have known you at least one year.

Name: _____
 Address: _____
 Phone: _____ Years Known: _____
 Relationship: _____

Name: _____
 Address: _____
 Phone: _____ Years Known: _____
 Relationship: _____

Name: _____
 Address: _____
 Phone: _____ Years Known: _____
 Relationship: _____

Physical Record: Do you have any physical condition, which may limit your ability to perform the job applied for? This question is voluntary and any answers will be kept confidential.

Emergency Contact:

Name	Address	Phone #
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CUSTER COUNTY SHERIFF'S OFFICE

APPLICANT SIGNATURE, ACKNOWLEDGEMENTS, RELEASE AD WAIVER

****THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION ****

I hereby swear or affirm that this Personal History Statement contains no misrepresentations, falsifications, omissions, or concealment of material fact, and that all information and statements contained herein are true and complete to the best of my knowledge and belief. I am aware that all information and statements contained herein are subject to investigation, and should investigation disclose any misrepresentation, falsifications, omission or concealment of material fact, my application may be rejected based all or in part on such information statements.

I authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also understand that any information received after membership is granted which was omitted or not disclosed is grounds for termination of membership.

I also hereby authorize any representative of Custer County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your files, including copies of documents pertaining to my employment, personnel records, criminal records, military records or education records.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Custer County Sheriff's Office. Consent is granted for the Custer County Sheriff's Office to furnish the information described above to third parties during fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Custer Sheriff's Office.

I hereby release you as custodian of such records, and any educational institution, credit bureau, lending institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with it. (Colorado Revised Statute 8-2-114 provides immunity from civil liability for employers disclosing information under the provisions outlined in the statute.)

Should there be any questions as to the validity of this release, you may contact me as indicated below:

(Please Print) Last Name	First Name	Middle
Street Address		
Daytime Phone	Evening Phone	
Date of Birth	Social Security Number	
Signature	Date	

Signed under oath before me this _____ day of _____, 20_____.

Notary Public	My Commission Expires
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General Areas of Interest (Check the areas in which you would like to participate.):

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative Detail | <input type="checkbox"/> Campground Patrol | <input type="checkbox"/> Civil Standby |
| <input type="checkbox"/> County Events | <input type="checkbox"/> Courtroom Security | <input type="checkbox"/> Deputy Ride-Along |
| <input type="checkbox"/> Detention Assist | <input type="checkbox"/> Evacuation of Animals | <input type="checkbox"/> Evacuation of People |
| <input type="checkbox"/> House Watch | <input type="checkbox"/> Lake Patrol | <input type="checkbox"/> Mounted Posse Activities |
| <input type="checkbox"/> Packing Team | <input type="checkbox"/> Parades | <input type="checkbox"/> Road Closures |
| <input type="checkbox"/> Rodeo Patrols | <input type="checkbox"/> School Activities | <input type="checkbox"/> School Patrol |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Surveillance | <input type="checkbox"/> Town Patrol |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Transports | |