



**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

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 Employment 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: _____

Position Desired: _____ Date you can start: _____

Are you currently employed? Yes ☐ No ☐

May we contact employer? Yes ☐ No ☐

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 are capable of making 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: _____

Created October 29, 2015

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
------------------	----------------	--------	-------------------	-------------------

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 _____

Created October 29, 2015

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 vehicles registered to you:

License Plate Number	State	Year	Make
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide the following information about your automobile insurance company or companies:

Vehicle	Company Name	Policy Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has an insurance company ever refused to insure you? Yes ☐ No ☐ If YES, give the following details concerning all such occurrences:

Company Name	Approximate Date	Reason
_____	_____	_____
_____	_____	_____

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.

Created October 29, 2015

Date	Violation	Location (City/State)	Disposition	Issuing Agency

Financial

What is your present salary/wage? _____ Annually ☐ Monthly ☐ Bi-Weekly ☐ Hourly ☐

Do you have income from any other source than your principal occupation? Yes ☐ No ☐

If YES, specify amount: _____ Annually ☐ Monthly ☐ Bi-Weekly ☐ Hourly ☐

Specify source: _____

Provide the following information regarding your bank accounts:

Type of Account	Average Balance	Name and Address of Bank
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____

Financial Obligations

List all debts that you currently owe (credit cards, charge accounts, mortgages, installment loans, etc.) including those that are currently in good standing and those in which you are behind or are involved in any collection proceedings.

Creditor or Company	Present Balance	Monthly Payment	Number of Months Behind

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	Diluadid, 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.

Provide Photocopy of Documents That Apply

Social Security Card, Driver's License, High School Diploma or G.E.D., College Diploma(s) and Transcripts, Military Record – DD 214 (long form), Military Discharge certificate, Police or Corrections Officer Certifications, Divorce Decree(s) or Legal Change of Name Order(s)

Emergency Contact:

Name: _____

Address: _____

Phone: _____

CUSTER COUNTY SHERIFF'S OFFICE
APPLICANT SIGNATURE, ACKNOWLEDGEMENTS, RELEASE AND WAIVER

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

To Whom It May Concern:

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, my name removed from eligibility for employment in Custer County Sheriff's Office, Colorado, and I may be subject to discharge from any employment 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 is cause for dismissal. I also understand that any information received after employment which was omitted or not disclosed is grounds for termination of employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without previous notice.

I also hereby authorize any representative of the 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 history records, military records and credit 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 in the course of 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 County 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 any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply 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.

Full Name: _____
LastFirstMiddle

Current Address: _____
StreetCity/State/Zip

Phone: _____ Cell: _____

Email, Facebook, Twitter, etc.: _____

DOB: _____ SSN: _____

Applicant Signature: _____ Date: _____

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

Notary Public: _____ My Commission Expires: _____