



Employment Application

WASHINGTON COUNTY SHERIFF'S OFFICE

26861 Highway 34, Akron, CO 80720
Phone: (970)345-2244 Fax: (970)345-2419
www.washcountysheriff.com



General Instructions:

1. Print all information so that it is legible- DO NOT TYPE.
2. If an item doesn't apply to write "NA".
3. A completed application is required.
4. Any misstatements, misrepresentations or omissions will be cause for disqualification from employment considerations.
5. All information is subject to verification.

Date _____

POSITION FOR WHICH YOU ARE APPLYING:

Name:

Last _____ First _____ Middle _____

Alias (es), Nick Names, Maiden Names: _____

Social Security #: _____ Driver's license #: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (If different than above)

Home Phone: _____ Cell Phone: _____

Email address: _____

FOR OFFICIAL USE ONLY

APPLICATION PROCESS

The application process may consist of the following steps:

Employment Application: Initial employee applications are screened for suitability based on a variety of factors. Approval of the application moves prospective employees on to the **Written Test**.

Written Test: The written test may consist of a variety of essay, multiple choice, or true-false questions.

Physical Ability: The course will consist of timed components: one –minute maximum push-ups, one-minute maximum sit-ups, and a timed mile and a half run.

Oral Boards: The oral boards consist of a panel of experienced personnel and are designated to give the applicant an opportunity to express himself/herself verbally. Applicants will answer a variety of questions, and discuss various strategies and scenarios relating to the position for which they are applying. The board may or may not recommend that the applicant move on to the next application phase.

Polygraphs: You may be asked questions about your background based on the following areas of inquiry: Theft of merchandise, of money from employers: commission of undetected crimes: falsification of application: job terminations, suspensions, disciplinary actions: use of excessive force, assault behavior: illicit drug use: bribes: job related alcohol use: falsification of official documents: financial history: fraud or deceit during the application process.

Comprehensive Background Check: The background check is intended to further illuminate and illustrate the applicant's behavior, history, and personality.

Staff Review: All applicants will be subject to approval by the Sheriff's Office management staff.

Medical/ Psychological Examination: Upon receiving a conditional job offer, employment may be contingent upon physical and psychological examinations to determine the applicant's fitness to perform required duties.

Please read the whole question, and answer all parts.

Per 5 U.S.C. 301; U.S.C. 509, 510; 42 U.S.C. 15601-15609. The Washington County Sheriff's Office shall not hire nor promote anyone who may have contact with a resident who has engaged in sexual abuse in a prison or other institution as defined in 42 U.S.C. 1997; or has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph; The agency shall consider any incidents of sexual harassment in determining whether to promote anyone who may have contact with offenders or residents. By submitting this application for hire and or promotion, I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual abuse, sexual assault or sexual harassment. I acknowledge and understand that I have not knowingly engaged in sexual abuse, sexual assault, sexual harassment, or romantic relationship including hugging, kissing or sending letters to an offender in the custody of the Washington County Sheriff's Office. All answers and statements are true and complete to the best of my knowledge. I acknowledge and understand that untruthful answers or deliberate omissions may be cause for disciplinary action up to and including termination (for employees) or termination of services (for contractors or volunteers). I acknowledge and understand the information will be used by my supervisor as part of my evaluation to comply with the federal PREA standards.

I have read and I understand the above statement.

Signature: _____ Date: _____

GENERAL INFORMATION

YES NO

- ___ ___ 1. Do you have any relatives/ friends that work in Washington County?
If yes, who do they work for in the County? _____ Relationship to you? _____
- ___ ___ 2. In the past, have you ever applied for any position with the Washington County Sheriff's Office?
If yes, explain (Position/Dates, results) _____
- ___ ___ 3. If hired, can you furnish proof you are eligible to work in the U.S.?
- ___ ___ 4. Are you a Certified Peace Officer?
If yes, in what state? _____ Certificate # _____ Date of issue _____
- ___ ___ 5. Are you able to perform the essential functions of the position for which you are applied, with or without accommodations?
- ___ ___ 6. Are you willing to work shift work including weekends, holidays and overtime?
- ___ ___ 7. If required, do you consent to the following: Polygraph, background investigation, drug test, physical examination and psychological examination?
- ___ ___ 8. Have you ever taken a polygraph examination? If yes, why? _____
- ___ ___ 9. Are there any incidents in your life, which if known might disqualify you as an applicant, whether or not you were directly involved, which might be discovered by subsequent investigations?

EDUCATION

CIRCLE Highest Grade Completed GED 7 8 9 10 11 12 13 14 15 16 17 18
High school Undergraduate Graduation

LIST ALL HIGH SCHOOLS ATTENDED, (If GED give number, location and date)

High School Attended: _____ **Dates Attended: From:** _____ **To:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

High School Attended: _____ **Dates Attended: From:** _____ **To:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

LIST THE COLLEGE, UNIVERSITY OR BUSINESS/VOCATIONAL SCHOOLS ATTENDED:

Name: _____ **Dates attended:** _____ **Credit Hrs:** _____

Degree received: BA ___ **BS** ___ **Other** _____ **Major** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____ **Dates attended:** _____ **Credit Hrs:** _____

Degree received: BA ___ **BS** ___ **Other** _____ **Major** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

EMPLOYMENT HISTORY

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with an organization? No ___ Yes ___. If Yes, when did this occur and what were the circumstances? _____

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ___ Yes ___ If yes, When did this occur and what were the circumstances? _____

Begin with your most recent job and list your work history for at least ten years, including part time, temporary and seasonal employment. Identify part time jobs with "PT" and temporary jobs with "TEMP". Explain any gaps in employment lasting more than two months.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. Resumes can be included, but may not be used in place of completing this application.

Can we contact your current employer? _____

Use mo/yr for Dates of Employment

Present or last employer:	Dates of employment from:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone: ()	
Duties:		
Co-worker (list one)	(H) Phone	(W) Phone
Reason for leaving:		

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PERSONAL REFERENCES

Instructions: List three persons who know you well enough to provide current and past information about you. Do not include relatives or former employers.

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

CRIMINAL AND TRAFFIC OFFENSE INFORMATION

Complete the following for each criminal conviction. Include all traffic citations, regardless of disposition. Use supplemental pages if necessary.

Offense: _____ Misdemeanor: _____ Felony: _____
 Agency of occurrence: _____ Date: _____
 Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): _____

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 Agency of occurrence: _____ Date: _____
 Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): _____

Have you ever been placed on court probation as an adult? ___ Yes ___ No If Yes please give details (include when, where, why).

Are you currently on probation at this time? ___ Yes ___ No If yes please give details (include where and why)

Do you have a valid Colorado Driver's license? ___ Yes ___ No Provide the following information for the past ten years.

TYPE of Driver's license	State of Issue	Expiration Date	License Number

Have you been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?

___ Yes ___ No If Yes, what year did this occur and why? _____

Have you ever been involved as a driver in a motor vehicle accident? ___ Yes ___ No ___ If yes, was a summons issued? _____

To Whom? _____ Violation? _____

Location? _____ Date: _____ Injury: _____ Non-injury: _____

RESIDENCE

Please list all of your residences during the last 10 years. Begin with the most current residence.

Address of residence	City, State, Zip code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

USE CONTINUATION SHEET AS NEEDED

NARCOTICS

Have you ever used any illegal drugs, including, but not limited to, marijuana, hashish, cocaine or taken any depressants, amphetamines, tranquilizers, etc., that have not been prescribed for you by a physician? ___ Yes ___ No If yes, complete the following for each type of drug(s) used:

Type if illegal drug	How many times	Date of last time used

Have you ever sold or given any illegal drugs, narcotics, marijuana, hashish etc., to anyone? ___ Yes ___ No If yes, what drug(s)? _____ How many times? _____

When was the last time? _____

Do you associate with any person who uses illegal drugs, narcotics, or marijuana? ___ Yes ___ No If Yes, please explain:

FINANCIAL

The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Are you willing to submit to a credit check? ___ Yes ___ No

Have you ever been the subject of a civil suit? ___ Yes ___ No

If yes, please give details (Include when, where, why): _____

MILITARY

Have you served in a regular component of the Armed Forces? ___ Yes ___ No

If yes, what branch of service? _____ Dates Served: From: _____ To: _____

Type of Discharge: _____ Duties and skills while in the Military: _____

Were you ever subjected to any demotion or other disciplinary action while in the Military Service? ___ Yes ___ No If yes, please explain: _____

Promotions, awards, medals, schools, etc.: _____

Are you a member of the Military Reserves? ___ Yes ___ No

National Guard? ___ Yes ___ No

Washington County Sheriff's Office provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

MUST BE SIGNED BY APPLICANT

I certify that I have made no misstatements, misrepresentations, omissions, or falsifications in this application, and that the entries are true, complete and correct to the best of my knowledge. Any misstatements, misrepresentations, omissions, or falsifications on this application may be grounds for immediate termination. All application materials, without exception, become the property of the Washington County Sheriff's Office.

Date: _____ Signature of Applicant: _____

STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

STATE OF COLORADO)
) ss
COUNTY OF WASHINGTON)

I _____, Date of Birth ___/___/___ being first sworn upon oath as follows:

I am presently an applicant for employment with the Washington County Sheriff's Office, Akron, Colorado.

I fully understand that the Washington County Sheriff's office conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a position with the Washington County Sheriff's office. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, military, police, driving records and character. Records should include all investigations of my conduct in any regard (to include internal affairs or professional standards investigations.) I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form, or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by Washington County Sheriff's Office personnel to release any information to the Washington County Sheriff's Office pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, health, financial stability, schooling, military, police, driving records and character for use by the Washington County Sheriff's Office in the consideration of my application for employment and for no other purpose.

I also understand that this application and any and all papers and other exhibits submitted by me or any other person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the Washington County Sheriff's Office, the property of the County of Washington, State of Colorado, and can not and will not be returned to me under any circumstances whatsoever and will not be disclosed to me except as provided by Colorado Law.

I authorize the Washington County Sheriff's Office to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Washington County Sheriff's Office from any and all liability or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Washington County, it's elected officials, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Washington County Sheriff's Office for use by the Washington County Sheriff's Office in the consideration of my application for employment and for such other purposes as may be related to any subsequent employment with Washington County Sheriff's Office, and the disclosure or release of any documents or information by the Washington County Sheriff's Office or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This authorization for the release of information shall be valid for a six (6) month period hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify hereby that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer or any fraud whatsoever, constitutes a basis for automatic rejection of this application, of if I am hired and fraud and/or deceit is subsequently discovered, and such fraud and/or deceit will become grounds for my immediate dismissal from the Washington County Sheriff's Office.

Signature _____

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

Witness my hand and official seal. My commission expires _____.

NOTARY PUBLIC _____.

ADDITIONAL DOCUMENTS

Applicants who pass written tests and continue in the hiring process will be required to provide the following documentation upon request

CERTIFIED COPY OF BIRTH CERTIFICATE

COPY OF SOCIAL SECURITY CARD

COPY OF VALID COLORADO DRIVERS LICENSE

COPY OF HIGH SCHOOL DIPLOMA OR GED (IF APPLICABLE)

OFFICIAL COLLEGE TRANSCRIPTS (IF APPLICABLE)

COPY OF DD-214 (IF APPLICABLE)

COPY OF SPECIAL LICENSE/CERTIFICATE (IF APPLICABLE)

ADDITIONAL INFORMATION

How did you find out about this job?

_____ Friend

_____ Job Line

_____ Newspaper (Which one be specific) _____

_____ Washington County Web Page

_____ Other (Be specific about this information) _____

**WASHINGTON COUNTY SHERIFF'S OFFICE
IS AN EQUAL OPPORTUNITY EMPLOYER**

**WASHINGTON COUNTY SHERIFF'S OFFICE
VOLUNTARY STATICAL RECRUITMENT INFORMATION**

The information is requested to let us know if we are succeeding in recruiting all qualified individuals, without regard to race, religion, age, color, national origin, disability, sex or political affiliation or activity. You are not required to complete this form. Providing this information is voluntary. The information requested is utilized for statistical reporting purposes, and will not be used in evaluating your application for employment with the Sheriff's Office.

Name: _____ Phone: Work; _____ Home; _____

Mailing Address: _____ Date of Birth: _____

City, State, & Zip: _____

Social Security #: _____ Sex: Male; _____ Female; _____

Have you served in a regular component of the Armed Forces? Yes _____ No _____

Select and mark one of the racial / ethnic categories in which you wish to be identified:

____ ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original people of the far East, Southeast Asia, The Indian Subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

____ AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

____ Black (not of Hispanic Origin): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

____ White (not of Hispanic Origin) : All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

