Chaffee County Sheriff's Office

Emergency Communications

Application for Employment

Chaffee County is an equal opportunity employer (EOE). Employment decisions are based on business needs, job requirements, and individual qualifications without regard to race, color, national origin, ancestry, creed, age, marital status, religion, the presence of a medical condition or disability, veteran status, political affiliation, sex, sexual orientation, pregnancy status, gender identity, gender expression, genetic information, or any other legally protected status.

Instructions to applicant: Read every question carefully. Answer every question. If a question does not pertain to you, indicate so by marking "N/A" for "Not Applicable" within the appropriate space**. Leave no blank spaces.** If you do not have enough room to complete an answer, make a notation and attach additional sheets to the back of this application.

All information is subject to verification, and any misstatement, omission, or misrepresentation by you is cause for disqualification for employment consideration. Any falsification discovered after you are employed is cause for dismissal.

Scheduling a sit-in: Interested candidates can schedule a 30-minute dispatch sit-in. Email Communications Manager Nick Huffman nhuffman@chaffeesheriff.org for more information.

Position Applied For:_____ Date:_____

Name:_____
Last First Middle

Other Names:_____
List any other names or aliases you have used, including married or birth name.

Mother's Maiden Name:_____

Home Address:_____
Address City State Zip

Mailing Address:_____
Address City State Zip

Email Address:_____

Home Phone:_____ Cell Phone:_____

List any identifying marks (example: scars, birthmarks, or tattoos):

_____

_____

_____

With whom do you currently live?

1. _____
   Name Relation Place of birth: city, state, and zip
2. _____
   Name Relation Place of birth: city, state, and zip
3. _____
   Name Relation Place of birth: city, state, and zip

Provide the information about your High School Education. Use a complete address.

1. _____
   Name of School Location Did you graduate with a diploma?
2. _____
   Name of School Location Did you graduate with a diploma?

Have you received a G.E.D?_____

Provide information about colleges or trade schools that you have attended.

1. _____
   School Location

   _____
   Specialization Did you graduate with a diploma?
2. _____
   School Location

   _____
   Specialization Did you graduate with a diploma?

Have you ever been expelled from any school (yes or no)? _____

If yes, please explain: _____

_____

_____

List any professional licenses or certificates you hold or have held:

_____

_____

_____

Do you possess a valid Driver's License (yes or no)?_____ State:_____

Has your driving privilege ever been subject to probation, suspension, or revocation in any state (yes or no)?_____ If yes, please give an explanation, including which state:

_____

Have you ever had any traffic citations (yes or no)?_____

If yes, what was each citation for, and what state were they in?_____

_____

Have you ever been arrested (yes or no)?_____

If yes, was it a felony or a misdemeanor?_____

Do you use marijuana (yes or no)?_____

How many times have you used marijuana, and when was the last time?

_____

_____

Have you ever used any illegal drugs (yes or no)?_____

If yes, what drugs, how many times, and when was the last time you used each drug?

_____

_____

Please describe why you are interested in a career in emergency communications. In your response, explain what qualities, skills, or experiences you believe make you a good fit for this position.

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Employment History: On the following pages, list your work history beginning with your present employment and continuing backwards. Include part-time, temporary, seasonal employment, and any military service. Please indicate whether the job was full-time or part-time. Complete all the requested information, leaving no blanks.

1.

Dates: from - to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

2.

Dates: from – to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

3.

Dates: from - to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

4.

Dates: from - to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

5.

Dates: from - to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

6.

Dates: from - to	Company name and address
Phone Number	Job title and description of duties)
Name of supervisor	Why did you leave?

7.

Dates: from – to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

8.

Dates: from – to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

9.

Dates: from – to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

10.

Dates: from – to	Company name and address
Phone Number	Job title and description of duties
Name of supervisor	Why did you leave?

Please use additional pages if needed.

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References: Please list the names of four adults, **not** related to you, and **not** former employers. The names listed should be those of persons whom you have seen frequently during the past year. Please include complete addresses and phone numbers. **Email addresses are required.**

1.

Name Address Phone

Occupation Business Address Business Phone

Email Address

In what capacity do you know this person?

2.

Name Address Phone

Occupation Business Address Business Phone

Email Address

In what capacity do you know this person?

3.

Name Address Phone

Occupation Business Address Business Phone

Email Address

In what capacity do you know this person?

4.

Name Address Phone

Occupation Business Address Business Phone

Email Address

In what capacity do you know this person?

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Family References: Please list the names of all your immediate family members. This should include spouses, ex-spouses, parents, stepparents, siblings, and adult children. Please include complete addresses and phone numbers. **Email addresses required.**

1.

Name	Address	Phone
Relation	Email Address	
Occupation	Business Address	Business Phone

2.

Name	Address	Phone
Relation	Email Address	
Occupation	Business Address	Business Phone

3.

Name	Address	Phone
Relation	Email Address	
Occupation	Business Address	Business Phone

4.

Name	Address	Phone
Relation	Email Address	
Occupation	Business Address	Business Phone

5.

Name	Address	Phone
Relation	Email Address	
Occupation	Business Address	Business Phone

Please use additional pages if needed.

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Certification

Note: Applicants must have the certification form, the authorization for background check, the authorization release information, and the authorization for pre-employment exam notarized. Do not sign this page until the notary is present.

I, _____ , do hereby certify that I personally completed this application for employment and all the attachments. I certify that all the answers are true and complete to the best of my knowledge.

I am aware that any misstatement of fact or willful withholding of information on this form will disqualify me, or if appointed, will be cause for immediate dismissal from the Chaffee County Sheriff's Office.

I fully understand and agree to the above.

_____
Applicant Printed Name

_____
Applicant Signature

_____
Date

Subscribed and sworn to before me this_____ day of_____ 20 _____.
My Commission expires:_____

_____
Notary Public

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Authorization for Background Check

As an applicant for the position of _____with the Chaffee County Sheriff's Office, Salida, Colorado, I agree to allow the Chaffee County Sheriff's Office to conduct a full criminal background investigation through all resources available to them. This includes requesting information from other law enforcement agencies.

I also agree to have fingerprint cards submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation if requested.

I fully understand and agree to the above.

_____
Applicant Printed Name

_____
Applicant Signature

_____
Date

Subscribed and sworn to before me this_____ day of_____ 20_____.
My Commission expires:_____

_____
Notary Public

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Authorization to Release Information

To Whom It May Concern:

The applicant named below has given us your name as a reference. We would appreciate your providing as much of the requested information as possible. We assure you that any information given will be treated confidentially. Below is the waiver executed by the applicant. Thank you for your assistance.

Applicant's Waiver

As an applicant for a position with the Chaffee County Sheriff's Office, I, _____, am required to furnish information concerning my moral, physical, educational, and mental qualifications, as well as any history of driving violations and/or criminal history. In this regard, I authorize the Chaffee County Sheriff's Office to make any and all appropriate inquiries regarding the aforementioned qualifications. Moreover, I authorize these people or organizations selected by the Sheriff's Office to release any and all information that they may have concerning me, including information of a confidential or privileged nature.

I agree that any information provided by me, by others, or discovered during a background investigation concerning this application is the sole property of the Chaffee County Sheriff's Office. Further, it will not be released to anyone, including me, except at the discretion of the Chaffee County Sheriff's Office.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

_____
Applicant Printed Name

_____
Applicant Signature

_____
Date

Subscribed and sworn to before me this_____ day of_____ 20_____.

My Commission expires:_____

_____
Notary Public

Authorization for Pre-Employment Physical Examination

As an applicant for the position with the Chaffee County Sheriff's Office, I agree to undergo post-offer, pre-employment physical examinations conducted by a physician and/or an occupational therapist or other medically trained personnel, as selected by the Department, if requested.

I understand that these examinations may entail routine procedures, such as an audiogram, screening for drug use, physical abilities, and other screening as required by medical staff.

I hereby release the Chaffee County Sheriff's Office from any liability regarding or resulting from the aforementioned examinations.

I fully understand and agree to the above.

_____
Applicant Printed Name

_____
Applicant Signature

_____
Date

Subscribed and sworn to before me this_____ day of_____ 20_____.
My Commission expires:_____

_____
Notary Public