

# Summit County Sheriff's Office

Office of the County Sheriff

Summit County, Colorado

John G. Minor, Sheriff



## MISSION STATEMENT

The Summit County Sheriff's Office,  
in partnership with our community, is dedicated  
to providing the highest level of public safety to all.  
Through effective leadership, accountability and  
teamwork, we will strive to improve the quality of life  
always seeking new and better ways to serve.

## APPLICATION FOR EMPLOYMENT

# Summit County Sheriff's Office

THANK YOU FOR CONSIDERING THE SUMMIT COUNTY  
SHERIFF'S OFFICE

If you are applying for either the Jail or Operations Division, please include the following with your application:

1. Authorization to Release Information, signed and notarized.
2. Copy of high school diploma or G.E.D.
3. Current photo.
4. Copy of birth certificate and driver's license.
5. Any pertinent training certificates.
6. Copy of P.O.S.T certification (applies only to the Operations Division)

Your application will be kept on file for six months and should an opening occur, we will contact you for an interview. If you are still seeking employment following the expiration of your application, please call the office and your application will be renewed for another six months.

# Summit County Sheriff's Office

Dear Ms./Sir:

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

Thank you for your assistance.

Sincerely,

John G. Minor  
Sheriff of Summit County

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Summit County Sheriff's Office, I am required to furnish information concerning my moral, physical, educational and mental qualifications. In this regard, I authorize the Summit County Sheriff's Office to make any and all appropriate inquiries regarding the aforementioned qualifications. Moreover, I authorize those people or organizations selected by the Summit County 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 Summit County Sheriff's Office. Further, that it will not be released to anyone, including me, except at the discretion of the Summit 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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Subscribed and sworn to before me, in my present, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_.

{ S E A L }

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

# Summit County Sheriff's Office

APPLICANTS MUST HAVE THIS FORM AND THE AUTHORIZATION TO  
RELEASE INFORMATION FORM NOTARIZED.

I, \_\_\_\_\_, do hereby certify that I personally completed this Personal History questionnaire 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 it appointed, will be cause for immediate dismissal from the Summit County Sheriff's Office.

I fully understand and agree to the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me, in my present, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_.

{S E A L}

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

# Summit County Sheriff's Office

## EMPLOYMENT APPLICATION

### NOTICE OF POLICY

1. The Summit County Sheriff's Office observes a written policy concerning the use of tobacco products. The policy is as follows:

"As a condition of employment hired on or after January 1, 1998, employees are prohibited from any use of any tobacco products while on duty, including meal and rest breaks. "Tobacco Products" include, but are not limited to, cigarettes or any kind (lighted or unlighted), cigars (lighted or unlighted), snuff and chewing tobacco."

**VIOLATION OF ANY PART OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.**

If you use tobacco products, you need to consider this policy prior to completing this history questionnaire.

2. The Summit County Sheriff's Office observes a written policy concerning the use of illicit drugs prior to employment with this agency. The policy is as follows:

"No applicant for employment will be considered by this department when the applicant is a "current" user of illicit drugs. "Current" use is any use of illicit drugs that has occurred within the past three (3) years."

If you are a "current" user according to this definition, your application will not be considered at this time.

**ARE YOU A "CURRENT" USER OF ILLICIT DRUGS? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Thank you for your interest in the Summit County Sheriff's Office.**

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## PERSONAL HISTORY QUESTIONNAIRE

### INSTRUCTIONS: READ CAREFULLY

Read every question carefully. **Answer every question.** If a question does not pertain to you, indicate so by marking "D.N.A" within the appropriate space. Leave no blank spaces.

### PRINT IN INK

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

POSITION APPLYING FOR: \_\_\_\_\_

1. \_\_\_\_\_  
Name (last) (first) (middle)

2. \_\_\_\_\_  
List any other names or aliases you have used or been known by, including married and/or birth name.

3. \_\_\_\_\_  
Mailing address: P.O. Box # or Street Address, City, State and Zip Code

4. \_\_\_\_\_  
Home address: Number and Street, City, State and Zip Code

5. ( ) \_\_\_\_\_ - \_\_\_\_\_ 6. \_\_\_\_\_  
Home Phone w/Area Code Social Security #

7. Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Native Born \_\_\_\_\_ Naturalized \_\_\_\_\_

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## EDUCATION

8. Provide the information requested below concerning grammar schools you attended. Use complete addresses.

Name of School	Address	Did you graduate?

9. Provide the information requested below concerning high schools you attended. Use complete addresses:

Name of School	Address	Did you graduate?

10. Provide the information requested below concerning colleges, trade schools, and universities you attended. Use complete addresses:

Name of School	Address	Did you graduate? # of semester hours?

11. Have you ever been expelled or suspended from any school? Yes  No

If yes, explain: \_\_\_\_\_

12. List any professional licenses or certifications you hold or have held.

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13. Do you possess a valid operator/s or chauffeur's license from Colorado?

Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DL # and Class \_\_\_\_\_

14. List any and all states in which you have held a valid driver's license:

\_\_\_\_\_

\_\_\_\_\_

15. Has your privilege to operate a motor vehicle in any state ever been subject to suspension, probation or revocation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

## RESIDENCES

16. List your addresses for the last ten years, starting with the present:

Dates: (From)	To	Address	City, State, Zip Code

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## MILITARY SERVICE

17. Have you ever served in any military organization of the U.S. (other than Reserve or National Guard)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy of your DD214.

18. Are you now, or were you ever a member of any branch of the U.S. Reserve Forces or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Active: \_\_\_\_\_ Inactive: \_\_\_\_\_ Branch: \_\_\_\_\_

Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List any disciplinary action taken against you in the National Guard or Reserve Unit:

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## CRIMINAL HISTORY (Adult, Minor or Juvenile)

19. Have you ever committed any serious undetected crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list:

Age (at the time)	Crime(s) committed	Brief explanation

20. Have you ever been convicted of a law violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list:

Date	By what agency:	Crime Charged	Disposition of Case

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21. Have you ever been placed on Probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

22. Have you ever been required to pay a fine in excess of \$50.00? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

23. Have you ever been the victim of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Was the crime reported to the police? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Have you ever been fingerprinted by a policy agency, other than for an arrest?

Yes \_\_\_\_\_ No \_\_\_\_\_

26. List all traffic citations you have received during the past three years:

Location (City)	Approximate Date	Nature of Violation	Penalty or Disposition

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## EMPLOYMENT HISTORY

27. Have you ever taken a civil service examination? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail:

Agency	Approximate Exam Date	Position on List	Status

28. Are you now on any civil service eligibility list? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

29. Have you ever been a law enforcement officer or held a similar position?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state position: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_ Date (From) \_\_\_\_\_ To: \_\_\_\_\_

30. Are you now, or were you ever, engaged in any business as an owner, partner, or corporate member? Yes \_\_\_ No \_\_\_ If yes, explain, giving type of business, location, and dates you have been involved in the business. If out of business, explain the circumstances.

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**31. WORK EXPERIENCE:** Begin with your most recent job and list your work history through high school, including part-time, temporary, or seasonal employment and any military service. Identify part-time jobs with "PT" and temporary jobs with "TEMP".

**1. Present Employer:**

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave?

**2. Past Employment:**

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

**3.**

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

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4.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

5.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

6.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

7.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

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8.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

9.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

10.

Dates: From: To:	Name of Present Employer	Address & Zip Code
Telephone No:	Job Title:	Job Description:
Name of Supervisor:	Salary:	Why did you leave:

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32. Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause or subjected to disciplinary action while with any of the above listed organizations? Yes \_\_\_ No \_\_\_ If yes, indicate which employer(s) and state specific circumstances for each instance: \_\_\_\_\_

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33. Indicate by number, any of the employers listed you do not wish us to contact and why: \_\_\_\_\_

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## REFERENCES

34. List the names of three adults who are not related to you or former employers. Names listed should be those of persons who have seen you frequently during the past year. (Complete addressed required).

1. Name:	Address:	Home Phone:
Business Address:	Occupation/profession:	Business Phone:
In what capacity do you know this person?		
2. Name:	Address:	Home Phone:
Business Address:	Occupation/profession:	Business Phone;
In what capacity do you know this person?		
3. Name:	Address:	Home Phone:
Business Address:	Occupation/profession:	Business Phone:
In what capacity do you know this person?		

35. In your own handwriting, please indicate why you have chosen a career in law enforcement/criminal justice with the Summit County Sheriff's Office, and then list your goals and objectives in your chosen career. (Use the space below and back of paper if needed.)