



**Custer County Sheriff's Office**  
 Sheriff Lloyd R. Smith  
 Undersheriff Susan C. Barnes

## 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 |
|------------------|----------------|--------|-------------------|-------------------|
| _____            | _____          | _____  | _____             | _____             |

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<br>Metamphetamines                               | Benzedrine, Dexedrine, Bennies, Speed, Uppers, White<br>Crosses, Crank, Crystal, Ice, etc.          |     |    |
| Barbiturates   | Phenobarbital, Secobarbital, Nembutal, Seconal, Amytal, etc.  |     |    |
| Cocaine, Crack or any<br>Cocaine Derivative                      | Coke, Crack, Corrine, Gold Dust, Flake, Snow, Powder, Blow,<br>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,<br>Meperidine, Oxycodone, Oxycontin, etc. |     |    |
| PCP  | Phencyclidine, Angel Dust, Hog, Peace Pill, Tea, Crystal Tea,<br>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 # |
|------|---------|---------|
|      |         |         |

# 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 party 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

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            |   |