Summit County Sheriff ’s Office

Office of the County Sheriff

Summit County, Colorado

Jaime FitzSimons, 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.

CIVILIAN AND ANIMAL CONTROL EMPLOYMENT APPLICATION

501 North Park Avenue PO Box 210 Breckenridge, Colorado 80424
(970) 453-2232 FAX (970) 453-7329

Summit County Sheriff ’s Office

THANK YOU FOR CONSIDERING THE SUMMIT COUNTY SHERIFF’S OFFICE

This application is for **civilian and Animal Control positions**. Please include the following with your application. **Failure to provide the below documents will disqualify you from the employment process.**

1. Authorization to Release Information signed and notarized.
2. Copy of high school or college diploma or G.E.D.
3. Copy of birth certificate.
4. Any pertinent training certificates.

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.

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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,

Jaime Fitzsimons
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

AN IMPORTANT MESSAGE ABOUT TRUTHFULLNESS…
One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Summit County Sheriff’s Office has an unwavering stand on untruthfulness and dishonesty that can result in the dismissal of an employee who engages in such misconduct.
The same standard applies in the hiring and selection process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct. **If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Summit County Sheriff’s Office.** Information regarding a candidate’s disqualification may also be made available to other law enforcement agencies with an authorized request. **Please circle the correct answer to the following questions. If you answer “yes” to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary. A “Yes” answer may not automatically bar an applicant from employment, however, you must provide detailed information about each “Yes” response.**

Failure to provide the information requested will disqualify you from the process. **The relationship of the conviction to the job, as well as the severity and the passage of time will all be considered.**

Have you ever:

1. **Been convicted by any court of a felony or entered a guilty or nolo contendere plea? Yes or No _____**
2. **Used any illegal drugs in the last 2 years? Yes or No _____**
3. **Used any hallucinogenic drugs? Yes or No _____**
4. **Used Heroin, PCP, steroids or methamphetamine? Yes or No _____**
5. **Used marijuana in the last 2 years? Yes or No _____**
6. **Been arrested for DWI or DUI in the last three years? Yes or No _____**
7. **Sold any illegal drug at any time in your life? Yes or No _____**
8. **Been convicted of, or entered a guilty plea to any assault in a domestic setting? Yes or No _____**

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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: _____

NAME:_____

Last First Middle

Social Security Number:	
Birth Date:	
Mailing Address:	
Home/Physical Address:	
Home Phone Number:	
Cell Phone Number:	
E-mail Address:	

Other names (alias, maiden names and nicknames) by which you have been known. Please include the time period these names were used.

Are you a United States Citizen? Yes No Native Born Naturalized

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RESIDENCE INFORMATION

Beginning with your current address and working back, list each address at which you have resided since age 18 or the past ten years, whichever is less.

	From Mo/Yr	To Mo/Yr	Street Address/Apt. #	City	State	Zip
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

EDUCATION

Please indicate appropriate high school status: ❑ Diploma ❑ GED

List all high schools/universities/colleges you have attended, beginning with high school

From Mo/Yr	To Mo/Yr	School	Address	Major or Area of Study	Degree or Certificate Awarded

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Have you ever been suspended or expelled from any high school, college, university, or any formal educational institution beyond high school? ❑ Yes ❑ No
If “yes”, please explain, including school(s) and date(s):

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

MILITARY SERVICE

List U.S. military service performed as a member in the Reserve/National Guard/Active Duty *(Also submit your original long form DD214)*:

From Mo/Yr	To Mo/Yr	Active/ Reserve	Branch	Rank	MOS	Type of Discharge or Separation

Are you currently participating in any U.S. Military Reserve or National Guard Program? ❑ Yes ❑ No
If “yes”, please indicate branch and organization name.

List all disciplinary actions against you in military service, such as Court-Martial, Captain’s Mast, Office Hours, Company Punishment or other actions covered under Article 15 of the Uniform Code of Military Justice.

Date	Specific Charge	Type of Action	Disposition

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EMPLOYMENT

Beginning with your most recent employer, l**ist all jobs, including part-time, temporary or volunteer positions you have held since age 16 or over the last ten years, whichever is less**. If you had intervening periods of military service, unemployment or school, list those periods in sequence in the place provided at the end of this section. If you were discharged from any employment or requested to resign, state under “reason for leaving”.

May we contact your present employer? ❑ Yes ❑ No (If “no” explain why we cannot)

_____

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

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From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
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Job Title	Job Duties	
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From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name
Phone #		Company Address
Job Title	Job Duties	
Salary	Supervisor’s Name	
Reason for Leaving		

List all periods of military, unemployment or school here:

Reason	From	To

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Have you ever been subjected to verbal, written or documented disciplinary or corrective action because of misconduct or unsatisfactory performance? ❑ Yes ❑ No

If “yes”, please provide dates, company name and explanations for each situation.

Date	Company	Explanation

Were you ever involuntarily terminated, asked to resign or resigned to avoid disciplinary action or investigation from a job? ❑ Yes ❑ No (If yes, please provide dates, company name and explanations for each situation.)

Date	Company	Explanation

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.

_____

_____

_____

DRIVER’S LICENSE HISTORY

Do you possess a valid Colorado driver’s license? ❑ Yes ❑ No If “yes”, list:

License #: _____ Class: _____ Expiration: _____

Please list other states where you have been licensed to operate a motor vehicle:

State	Name under which license was issued

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Have you ever been refused a driver’s license by any state? ❑ Yes ❑ No
If “yes”, please explain when, where, and why:

_____
_____
_____
_____

Has your driver’s license ever been suspended, revoked, cancelled or denied? ❑ Yes ❑ No
If “yes”, provide when, where and explanations for each situation:

_____
_____
_____
_____

List all traffic summonses/tickets you have received in the past 3 years (not including parking violations/tickets):

Nature of Violation	Location (City & State)	Approximate Date	Disposition

List all motor vehicle accidents you have been involved in since age 16 or over the last ten (10) years, whichever is less.

Date	Location (City & State)	Investigating Agency	Injury/Non-Injury

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CRIMINAL HISTORY (Adult, Minor or Juvenile)

Have you ever committed any serious undetected crimes? ❑ Yes ❑ No

If yes, list:

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

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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REFERENCES

Please provide three (3) references (*not relatives, employers, or significant others or their relatives*) who would be able to comment on your character, experience, personality and other qualities related to this job. These references should not be the same as in the employment section. Please provide complete, accurate information.

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
Business Address	Occupation/Profession	
E-mail Address	Acquaintance (*how do you know them*?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
Business Address	Occupation/Profession	
E-mail Address	Acquaintance (*how do you know them*?)	

Name	Phone (home)	Phone (work)
Address	City/State/Zip	
Business Address	Occupation/Profession	
E-mail Address	Acquaintance (*how do you know them*?)	

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In your own handwriting, please indicate why you have chosen a career with the Sheriff’s Office and then list your goals and objectives in your chosen career. (Use the space below and back of paper if needed.)

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