



A DUTY TO PROTECT....

# MORGAN COUNTY SHERIFF'S OFFICE

.... AN HONOR TO SERVE

## Employment Questionnaire

### NOTICE OF POLICY

The Morgan County Sheriff's Office observes the following written policies. Violation of any part of these policies may result in disciplinary action, up to and including dismissal.

#### 1. USE OF TOBACCO

As condition of employment, employees hired on or after 09-01-99, are prohibited from any use of any tobacco products while on duty, including meals and rest breaks. 'Tobacco Products' include, but are not limited to, cigarettes of any kind (lighted or unlighted), cigars (lighted or unlighted), pipes (lighted or unlighted), snuff and chewing tobacco.

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

#### 2. ILLEGAL DRUG USE

"No applicant for employment or appointment as a reserve deputy sheriff or volunteer, will be considered by this agency when the applicant is a current or "recent" user of illicit drugs. THIS INCLUDES THE USE OF MARIJUANA. 'Current' use is any use of illicit drugs that has occurred within the past five (5) years."

If you are a current or "recent" user according to this definition, your application will not be considered at this time. Drug use outside the time-frame shown above may still have an impact on your selection for employment.

#### 3. CRIMES INVOLVING DOMESTIC VIOLENCE

"No applicant for employment or appointment to a sworn position will be considered by this agency when the applicant has been convicted of a crime of violence (either actual physical or threatened violence) against a person in an intimate relationship (aka 'domestic violence'). 'Convicted' includes pleas of guilty or 'nolo contendere' and includes offenses where there is a deferred judgment".

"REASONS FOR DENIAL: Where the applicant, whose criminal record indicates convictions or charges involving felonies, misdemeanors or ordinance violations relative to physical violence..."

**If you have a conviction of a crime involving domestic or other physical violence, your application will not be considered at this time.**

### DISCLOSURE

Per Colorado Revised Statute, **30-10-525. Disclosure of knowing misrepresentation by a peace officer required - disclosure waivers - reports - definitions.** (1) ..... A SHERIFF'S OFFICE THAT EMPLOYS, EMPLOYED, OR DEPUTIZED ON OR AFTER JANUARY 1, 2010, A PEACE OFFICER WHO APPLIES FOR EMPLOYMENT WITH ANOTHER COLORADO LAW ENFORCEMENT AGENCY SHALL DISCLOSE TO THE HIRING AGENCY INFORMATION, IF AVAILABLE, INDICATING WHETHER THE PEACE OFFICER'S EMPLOYMENT HISTORY INCLUDED ANY INSTANCES IN WHICH THE PEACE OFFICER HAD A SUSTAINED VIOLATION FOR MAKING A KNOWING MISREPRESENTATION: (NEXT PAGE)

**DISCLOSURE (continued)**

- a) *IN ANY TESTIMONY OR AFFIDAVIT RELATING TO THE ARREST OR PROSECUTION OF A PERSON OR TO A CIVIL CASE PERTAINING TO THE PEACE OFFICER OR TO THE PEACE OFFICER'S EMPLOYMENT HISTORY; OR*
- b) *DURING THE COURSE OF ANY INTERNAL INVESTIGATION BY A LAW ENFORCEMENT AGENCY, WHICH INVESTIGATION IS RELATED TO THE PEACE OFFICER'S ALLEGED CRIMINAL CONDUCT; OFFICIAL MISCONDUCT, AS DESCRIBED IN SECTION 18-8-404 OR 18-8-405, C.R.S.; OR USE OF EXCESSIVE FORCE, REGARDLESS OF WHETHER THE ALLEGED CRIMINAL CONDUCT, OFFICIAL MISCONDUCT, OR USE OF EXCESSIVE FORCE OCCURRED WHILE THE PEACE OFFICER WAS ON DUTY, OFF DUTY, OR ACTING PURSUANT TO A SERVICE CONTRACT TO WHICH THE PEACE OFFICER'S EMPLOYING AGENCY IS A PARTY.*

1. **YES \_\_\_ NO \_\_\_ DO YOU USE TOBACCO PRODUCTS?**
2. **YES \_\_\_ NO \_\_\_ ARE YOU A CURRENT OR "RECENT" USER OF ILLEGAL DRUGS?**
3. **YES \_\_\_ NO \_\_\_ HAVE YOU BEEN CONVICTED OF A CRIME INVOLVING DOMESTIC OR PHYSICAL VIOLENCE?**
4. **YES \_\_\_ NO \_\_\_ AS A PEACE OFFICER, HAVE YOU EVER HAD A SUSTAINED VIOLATION FOR MAKING A KNOWING MISREPRESENTATION IN ANY TESTIMONY OR AFFIDAVIT, OR DURING THE COURSE OF ANY INTERNAL INVESTIGATION AS OUTLINED IN a) OR b) ABOVE?**

**IF, as a peace officer in the State of Colorado, or any other state, you have a sustained violation for making a knowing representation in any testimony or affidavit, or during the course of any internal investigation, you will need to submit any and all information and documentation pertaining to that/those incident(s) with this completed application. Failure to do so may require delay in processing your application or disqualify you as an applicant!**

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Applicant's Signature



A DUTY TO PROTECT....

**MORGAN COUNTY**

**SHERIFF'S OFFICE**

.... AN HONOR TO SERVE

**CERTIFICATE**

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

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, if appointed, will be cause for immediate termination from employment, and/or revocation of deputy sheriff appointment (or any other appointment), from the Morgan County Sheriff's Office.**

I fully understand and agree to the above.

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

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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



**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN: As an applicant for a position with the Morgan County Sheriff's Office, I am required to furnish information concerning my moral, physical, educational, and mental qualifications. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Sheriff's Office.

I hereby authorize any representative of the Morgan County Sheriff's Office bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning me, by and to any duly authorized agent of the Morgan County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Morgan County Sheriff's Office to consider in determining my suitability for employment in that Office. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, psychological examinations, medical examinations, and any internal affairs investigations and discipline, including any fines which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, your organization and its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Morgan county Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Morgan County Sheriff's Office will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Morgan County Sheriff's Office acceptance and processing of my application for appointment or employment, I agree to hold the Morgan County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for appointment or employment in any way connected with the decision whether or not to appoint or employ me with the Morgan County Sheriff's Office. I understand that should information of a criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date



# INSTRUCTIONS

## READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Questionnaire. It is essential that the information be accurate in all respects. It will be used as a basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Questionnaire should be printed legibly in **blue** ink. Answer all questions to best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries in the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Questionnaire. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. **Instructions that contain parameters in bold print are mandatory.** On the other hand, deliberate omissions or falsifications may result in disqualification.
- The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a Conditional Offer of Employment. Therefore, if you are completing this Questionnaire before you have received an Offer, do not divulge information concerning physical or medical conditions, either past or current.



## PERSONAL HISTORY REVIEW QUESTIONNAIRE

### A. EMPLOYEE IDENTIFICATION and CONTACT INFORMATION

1. Name: \_\_\_\_\_  
Last First Middle

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

2. Address: \_\_\_\_\_  
List both physical and mailing addresses

\_\_\_\_\_ City State Zip

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (For Identification and background purposes only)

4. Place of Birth: \_\_\_\_\_  
City County State

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

Are you legally eligible to work in the U.S.? Yes \_\_\_ No \_\_\_

5. Social Security Number: \_\_\_\_\_

List all scars, tattoos, piercings or other distinguishing marks \_\_\_\_\_

6. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class \_\_\_\_\_ CDL? Y \_\_\_ N \_\_\_

#### **CONTACT INFORMATION:**

1. Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Pager/Wireless Device: ( \_\_\_\_\_ ) \_\_\_\_\_

3. Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

4. Other Message Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**CONTACT INFORMATION (continued)**

5. E-Mail Address(es): \_\_\_\_\_

\_\_\_\_\_

B. **RESIDENCES** List all addresses where you have lived during **the last 10 years**, beginning with the present address. List date by month and year, attach an extra page if necessary.

From	To	Address/city/state	If rented, landlord's name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. **EXPERIENCE & EMPLOYMENT**

1. Beginning with your present or most recent job, list all employment held for the **past 10 years**, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach an extra page if necessary. Identify part-time with "PT" and temporary jobs with "TEMP".

a. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address/city/state \_\_\_\_\_: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of A Co-Worker: \_\_\_\_\_

Job Title: \_\_\_\_\_ Current/Last Salary (hr/week/mo/yr): \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

b. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address/city/state \_\_\_\_\_: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of A Co-Worker: \_\_\_\_\_

Job Title: \_\_\_\_\_ Current/Last Salary (hr/week/mo/yr): \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

c. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address/city/state \_\_\_\_\_: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of A Co-Worker: \_\_\_\_\_

Job Title: \_\_\_\_\_ Current/Last Salary (hr/week/mo/yr): \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



d. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address/city/state \_\_\_\_\_ : \_\_\_\_\_ Phone Number:( \_\_\_\_\_ ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of A Co-Worker: \_\_\_\_\_

Job Title: \_\_\_\_\_ Current/Last Salary (hr/week/mo/yr): \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

e. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address/city/state \_\_\_\_\_ : \_\_\_\_\_ Phone Number:( \_\_\_\_\_ ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of A Co-Worker: \_\_\_\_\_

Job Title: \_\_\_\_\_ Current/Last Salary (hr/week/mo/yr): \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Have you ever been subjected to disciplinary action while with any of your previous employers? This includes, but is limited to: written counsel/reprimand; suspensions; furlough; reduction in rank, pay or status; denial of promotion; return to probationary status; fined; asked to resign; or discharged. If yes, indicate which employer(s) and specific circumstances (if this involved a LAW ENFORCEMENT AGENCY, see Section L)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever left (resigned or quit) any employment or job after being informed your employer intended to discharge (fire) you for any reason? If yes, when did this occur and what were the circumstances?

\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate any of the employers listed that you do not wish us to contact and why:

\_\_\_\_\_  
\_\_\_\_\_

4. Have you previously submitted an application to any other law enforcement agency? If yes, list the agency and current status of that application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. MILITARY SERVICE**

Have you served in any branch of the United States Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy of your DD214.

1. Branch: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Last Unit Designation: \_\_\_\_\_ MOS: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Branch: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Last Unit Designation: \_\_\_\_\_ MOS: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

2. 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:

Branch: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Last Unit Designation: \_\_\_\_\_ MOS: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Last/Current Duty Station: \_\_\_\_\_

3. Were you ever a Defendant in a General, Special, or Summary Courts Martial or received non judicial punishment under Article 15 of the UCMJ? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain, giving specific information concerning date(s), charge(s), and disposition.

\_\_\_\_\_  
\_\_\_\_\_

**E. EDUCATION**

1. Provide the information requested below concerning High Schools you have attended.

Name of School	City/County/State	From	To	Graduate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Provide the information requested below concerning colleges, trade schools and universities you have attended.

a. School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Semester Hours Completed: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_

b. School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Semester Hours Completed: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_

3. Have you ever been expelled or suspended from any school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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



F. **LEGAL** Per CRS 24-72-308, you are instructed not to report arrest and/or criminal records information that has been sealed or designated as closed to public access by a court of law.

1. Have you ever been arrested, charged with, or convicted, of a crime or summonsed into court for any offense or crime (including traffic offenses where you were physically taken into custody), as an adult or a juvenile/minor? **Yes: \_\_\_\_\_ No: \_\_\_\_\_** If yes, complete the following;

<b>Crime or Offense Charged</b>	<b>Class (Misd/Felony)</b>	<b>Law Enforcement Agency</b>	<b>Date</b>	<b>Disposition of Case</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you ever been convicted or received either a deferred prosecution or deferred judgment or deferred sentence for either misdemeanor or felony domestic violence? **Yes \_\_\_\_\_ No \_\_\_\_\_**

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

- a. Did the offense include use or attempted use of physical force? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- b. Did the offense include threatened use of a deadly weapon? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- c. The relationship to the victim was one of the following: Circle those that apply.  
**Current/former spouse    Parent or guardian    Shares parentage of a child**  
**Lives/formerly lived with victim. Is similarly situated to a spouse, parent or guardian of the victim.**
- d. Were you represented by counsel in the case or knowingly and intelligently waived the right to counsel? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- e. Has the conviction been expunged? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- f. Have you been pardoned? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- g. In jurisdictions that provide for the loss of civil rights for such offenses, were your civil rights restored? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- h. If you were pardoned or the conviction was expunged or set aside or your civil rights were restored, were you still prohibited by state or local law from shipping, transporting, possessing, or receiving firearms? **Yes \_\_\_\_\_ No \_\_\_\_\_**

3. Have you ever been placed under arrest, taken into custody of law enforcement, or detained by law enforcement, in connection with a crime or other offense/violation of the law, and you were released without any charges being filed? **Yes \_\_\_\_\_ No \_\_\_\_\_** If yes, give details, including date(s), circumstances and jurisdiction where incident(s) occurred;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been accused of, or questioned as to your suspected involvement in, a crime or criminal offense/violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details, including date(s) and jurisdiction where incident(s) occurred;

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5. Have you ever committed a crime which has gone undetected? If so, give details, including date(s) and jurisdiction where incident(s) occurred;

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6. Have you ever been denied the purchase or transfer of a firearm due to results of any law enforcement background check, and/or any false statements made on any federal firearms form for the purpose of requesting to purchase or acquire a firearm? *NOTE: a yes answer would be required on this question if you were initially denied a purchase/transfer, however further investigation cleared you for the purchase/transfer.* Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details, including date(s) and jurisdiction where incident(s) occurred;

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7. Have you ever been served with, or a defendant, respondent, or subject of, a court order, restraining order, protection order, peace bond, or any other order of a Court that restricts your contact with, restrains, or prohibits you from contact with another person, and/or restricts, restrains, or prohibits you from being at a particular location? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details, including date(s), Court name and location, Court case/docket number, victim or petitioner name, and circumstances;

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8. Have you ever been served with a trespass order, or other official (non-Court-issued) notification or order, prohibiting you from returning to, or being on the property of any business, company, organization, residence or other real property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details, including date(s), location, victim or company/business/organization name, and circumstances;

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9. Have you ever been involved as a party in civil litigation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details, including date(s), court(s) and docket/case number(s), and disposition of the case.

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10. Have you ever been the victim of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details, including date(s) and jurisdiction where incident(s) occurred;

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Have you ever been a member of, or associated with, any gang, club, group, or organization, who are involved in criminal or illegal activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details;

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**G. MOTOR VEHICLE OPERATION**

1. Has your driver's license ever been suspended, cancelled, denied or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date, state, duration of the restraint and reasons: \_\_\_\_\_

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2. List all driving citations you have received as an adult or juvenile, excluding parking.

Month/Year	Charge	Charging Agency	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been involved as a driver in a motor vehicle accident? If yes, list date of incident, law enforcement agency which investigated/was reported to, the type of accident (rollover, hit another vehicle/object/animal, backing accident, etc), were there injuries and if you, or the other driver(s) were charged as a result. Any tickets/summons should be reflected in #2 above.

Month/Yr	Law Enf Agency	Type of Accident	Injuries?	Who Ticketed
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**H. RELATIVES, REFERENCE, ACQUAINTANCES**

List all current and previous marriages or civil unions, or any domestic relationships lasting more than six (6) months in duration;

1. Are you currently: \_\_\_\_\_ Single \_\_\_\_\_ Married/Civil Union \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
\_\_\_\_\_ Widowed \_\_\_\_\_ Domestic Relationship (living with another in an intimate relationship)

a. If Married, Separated, Divorced, Widowed, or in Domestic Relationship, please list Spouses Name (list maiden and any other married name(s)), Date of Marriage/relationship and City/State/Country of marriage

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b. If Divorced or Separated, where does Spouse/Partner live now?

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c. If widowed, please give date of death of spouse, location and brief circumstance of death:

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2. List all previous marriages or civil unions, or any domestic relationships lasting more than six (6) months in duration;

a. Disposition: \_\_\_\_\_ Separated from relationship \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

I. If Married, Separated, Divorced, Widowed, or in Domestic Relationship, please list Spouses Name (list maiden and any other married name(s)), Date of Marriage/relationship and City/State/Country of marriage

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II. If Divorced or Separated, where does Spouse/Partner live now?

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III. If widowed, please give date of death of spouse, location and brief circumstance of death:

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b. Disposition: \_\_\_\_\_ Separated from relationship \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

I. If Married, Separated, Divorced, Widowed, or in Domestic Relationship, please list Spouses Name (list maiden and any other married name(s)), Date of Marriage/relationship and City/State/Country of marriage

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II. If Divorced or Separated, where does Spouse/Partner live now?

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III. If widowed, please give date of death of spouse, location and brief circumstance of death:

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3. **List 5 persons** (friends, fellow students, former co-workers) who know you well enough to provide current information about you. Those listed should be persons who have seen you frequently during the past year and are not relatives or former employers.

a. Name: \_\_\_\_\_ Home/Cell Phone(s): \_\_\_\_\_

Address/city/state: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Location/Phone: \_\_\_\_\_

How Do You Know Them: \_\_\_\_\_ Years Known: \_\_\_\_\_

b. Name: \_\_\_\_\_ Home/Cell Phone(s): \_\_\_\_\_

Address/city/state: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Location/Phone: \_\_\_\_\_

How Do You Know Them: \_\_\_\_\_ Years Known: \_\_\_\_\_

c. Name: \_\_\_\_\_ Home/Cell Phone(s): \_\_\_\_\_

Address/city/state: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Location/Phone: \_\_\_\_\_

How Do You Know Them: \_\_\_\_\_ Years Known: \_\_\_\_\_

d. Name: \_\_\_\_\_ Home/Cell Phone(s): \_\_\_\_\_

Address/city/state: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Location/Phone: \_\_\_\_\_

How Do You Know Them: \_\_\_\_\_ Years Known: \_\_\_\_\_

e. Name: \_\_\_\_\_ Home/Cell Phone(s): \_\_\_\_\_

Address/city/state: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Location/Phone: \_\_\_\_\_

How Do You Know Them: \_\_\_\_\_ Years Known: \_\_\_\_\_

4. Do you maintain any personal websites or utilize social media? Yes: \_\_\_\_\_ No: \_\_\_\_\_ NOTE – this includes any personal, business or professional sites to include social networking sites such as, but not limited to, Twitter, Facebook, etc. If yes, please provide website information – specific address, the full user name your site is registered under, etc. DO NOT provide any password information.

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**I. FINANCIAL HISTORY**

1. Sources of income:

a. What is your present salary (monthly) or wages (hourly)? \_\_\_\_\_

b. Do you have income from any source other than you principal occupation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

Source? \_\_\_\_\_

c. Do you own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ Value? \_\_\_\_\_

Location(s) : \_\_\_\_\_

\_\_\_\_\_

2. Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain giving dates, court and location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever had any judgments against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain giving dates, court dates and location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever had any of your possessions repossessed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain giving dates, court and location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



5. Financial Obligations. Give names and addresses of the individuals, companies or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable. Attach another page if necessary.

Type	Creditor Name	Type of Debt	Account No.	Balance	Payment

- J. **DRUG USE:** Indicate how many times, if any, you have used these drugs/substances, or taken prescription medications or other controlled substances WITHOUT being prescribed to you by a physician.

<u>SUBSTANCE</u>	<u>NEVER</u>	<u>1-2 TIMES</u>	<u>3 OR MORE</u>	<u>YEAR LAST USED</u>
Marijuana, Hash Oil Hashish, other forms of THC				
Cocaine				
Amphetamines or other stimulant drugs				
Methamphetamine				
LSD				
Hallucinogenic mushrooms				
Mescaline				
Quaaludes or other depressant drugs				
PCP/Angel dust				
Opium/heroin products				
Inhalants (paint/glue, etc)				
Any type of "designer drug"				
Steroids				
Ecstasy or other "club" drugs				
Other illegal drugs not listed				
Used prescription medication not yours				
Abused/misused legally prescribed medications				

1. Contact with Illegal Drugs: Within the past five years, have you been in the presence of illegal drugs being used by someone you know personally (ie: family member, spouse, romantic partner, friend)?

Yes \_\_\_\_\_ No \_\_\_\_\_ most recent year: \_\_\_\_\_

2. Have you ever sold, traded, delivered, carried, trafficked, supplied or distributed any of the above drugs/substances for yourself, or anyone else, in the United States or any other country, in violation of any laws?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain giving dates, location, and circumstances:

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3. Describe any instances within the past five years you were in the presence of illegal drugs being used. Do not include any incidents that you may have been involved in or responded to while on duty in a public safety capacity.

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#### **K. MISCELLANEOUS**

1. List all special skills you possess that would assist you in performing the essential functions of your job i.e., typing, computer skills, etc.

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2. Rate your ability to operate a Windows-based personal computer system

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

3. Rate your ability to operate Microsoft Office programs (Word, Excel, Access, Power Point, etc)

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

4. List any special licenses or certificates you hold or have held (skills, knowledge, etc).

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5. List other schools, training or seminars attended that would assist you in performing in performing the essential functions your position. Provide the name of the course, date taken and hours attended. Attach a copy of the certificate if not already in your file. (LAW ENFORCEMENT EXPERIENCE? – see section L)

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6. List any specialized machinery or equipment which you can operate. \_\_\_\_\_

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7. If you are fluent in a foreign language, indicate your degree of fluency (Excellent, Good, Fair).

Language (and/or dialect)	Reading	Speaking	Writing	Understanding
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**L. VOLUNTEER BACKGROUND INFORMATION**

1. Have you done any volunteer work, or as an intern, for any organization, company, business, charity or government agency or elected/appointed official?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list below organization, duties, time frame with the organization and circumstances of leaving the organization.

Name of Organization	City/County/State	Duties	Supervisor Name
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2. What is the reason you are applying for a position as a volunteer with the sheriff's office?


3. If you are applying for a volunteer Victim Advocate position, have you had any experience in working with victims of crimes or any other victim advocacy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details, including name of someone in a supervisory role.




**LAW ENFORCEMENT BACKGROUND INFORMATION (continued)**

2. While affiliated with any law enforcement agency, were you ever the subject of any internal agency or criminal investigations alleging violation(s) of agency policy or violation(s), and/or of any local, state or federal law, civil or criminal, to include allegations of Civil Rights violations? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
If so, list agency, date(s), details of complaints and official determinations/outcomes (use a separate sheet of paper if necessary)

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3. While affiliated with any law enforcement agency, were you ever asked to resign, given the opportunity to resign in lieu of termination or other disciplinary proceedings, or resigned because you felt you were pressured to leave, or you felt because of circumstances or potential allegations made against you, your position with the agency was in jeopardy? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
If so, list agency, date(s), details of complaints and official determinations/outcomes (use a separate sheet of paper if necessary)

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4. List any specialized training you have received while affiliated with any law enforcement agency. Please do not list simple ongoing education subjects/titles but include areas of specialty training and experience (ie: investigative subjects, SWAT, defensive tactics/arrest control, firearms, instruction/education/training, DUI/drug investigation, etc.).

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**APPLICATION PACKET ENDS HERE. RE-CHECK YOUR ANSWERS – HAVE YOU ANSWERED EVERY QUESTION? DID YOU LEAVE ANY BLANKS UN-FILLED? ARE YOUR ANSWERS ACCURATE? ARE DATES CORRECT? HAVE YOU LEFT ANYTHING OUT? ARE ALL OF YOUR ANSWERS TRUTHFUL?**

**GOOD LUCK!**