



**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 are capable of making 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 vehicles registered to you:

License Plate Number	State	Year	Make
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide the following information about your automobile insurance company or companies:

Vehicle	Company Name	Policy Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has an insurance company ever refused to insure you? Yes  No  If YES, give the following details concerning all such occurrences:

Company Name	Approximate Date	Reason
_____	_____	_____
_____	_____	_____

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

**Financial**

What is your present salary/wage? \_\_\_\_\_ Annually  Monthly  Bi-Weekly  Hourly   
 Do you have income from any other source than your principal occupation? Yes  No   
 If YES, specify amount: \_\_\_\_\_ Annually  Monthly  Bi-Weekly  Hourly   
 Specify source: \_\_\_\_\_

Provide the following information regarding your bank accounts:

Type of Account	Average Balance	Name and Address of Bank
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____	_____

**Financial Obligations**

List all debts that you currently owe (credit cards, charge accounts, mortgages, installment loans, etc.) including those that are currently in good standing and those in which you are behind or are involved in any collection proceedings.

Creditor or Company	Present Balance	Monthly Payment	Number of Months Behind

**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 Metamphetamines	Benzedrine, Dexedrine, Bennies, Speed, Uppers, White Crosses, Crank, Crystal, Ice, etc.		
Barbiturates	Phenobarbital, Secobarbital, Nembutal, Seconal, Amytal, etc.		
Cocaine, Crack or any Cocaine Derivative	Coke, Crack, Corrine, Gold Dust, Flake, Snow, Powder, Blow, 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	Diluadid, Percodan, Percoset, Hydrocodone, Hydromorphone, Meperidine, Oxycodone, Oxycontin, etc.		
PCP	Phencyclidine, Angel Dust, Hog, Peace Pill, Tea, Crystal Tea, 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.

---

---

**Provide Photocopy of Documents That Apply**

Social Security Card, Driver's License, High School Diploma or G.E.D., College Diploma(s) and Transcripts, Military Record – DD 214 (long form), Military Discharge certificate, Police or Corrections Officer Certifications, Divorce Decree(s) or Legal Change of Name Order(s)

**Emergency Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CUSTER COUNTY SHERIFF'S OFFICE**  
**APPLICANT SIGNATURE, ACKNOWLEDGEMENTS, RELEASE AND WAIVER**

**\*\*THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION\*\***

To Whom It May Concern:

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, my name removed from eligibility for employment in Custer County Sheriff's Office, Colorado, and I may be subject to discharge from any employment based all or in part on such information statements.

I authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts is cause for dismissal. I also understand that any information received after employment which was omitted or not disclosed is grounds for termination of employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without previous notice.

I also hereby authorize any representative of the 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 history records, military records and credit 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 in the course of 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 County 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 any and all liability for damage 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. (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.

Full Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City/State/Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email, Facebook, Twitter, etc.: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed under oath before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_