Washington County Sheriff’s Office

26861 Hwy 34, Akron, CO 80720

Phone: 970-345-2244 Fax: 970-345-2419

www.washingtoncountysheriff.colorado.gov

Employee Application

General Instructions:

1. Print all information so that it is legible-DO NOT TYPE.
2. If an item doesn’t apply to write “NA”
3. A completed application is required.
4. Any misstatements, misrepresentation or omissions will be cause for disqualification for employment considerations.
5. All information is subject to verification.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING:

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

Name:

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_

Alias (es), Nick Names, Maiden Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: (If different than above)

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

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

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICIAL USE ONLY

**APPLICATION PROCESS**

The application process may consist of the following steps:

**Employment Application**: Initial employee applications are screened for suitability based on a variety of factors. Approval of the application moves prospective employees on to the **Written Test**.

**Written Test**: The written test may consist of a variety of essay, multiple choice, or true-false questions.

**Physical Ability**: The course will consist of times components: one-minute maximum push-ups, one-minute maximum sit ups, and a timed mile and a half run.

**Oral Boards**: The oral boards consist of a panel of experienced personnel and are designated to give the applicant an opportunity to express himself/herself verbally. Applicants will answer a variety of questions, and discuss various strategies and scenarios relating to the position for which they are applying. The board may or may not recommend that the applicant move on to the next application phase.

**Comprehensive Background Check**: The background check is intended to further illuminate and illustrate the applicant’s behavior, history and personality.

**Staff Review**: All applicants will be subject to approval by the Sheriff’s Office management staff.

**Medical/Psychological Examination**: Upon receiving a conditional job offer, employment may be contingent upon physical and psychological examinations to determine the applicant’s fitness to perform required duties.

**Please read the whole question, and answer all parts.**

Per 5 U.S.C 301; U.S.C. 509 510; 42 U.S.C 15601-15609. The Washington County Sheriff’s Office shall not hire nor promote anyone who may have contact with a resident who has engaged in sexual abuse in a prison or other institution as defined in 42 U.S.C. 1997; or has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent of refuse, or has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph’ The agency shall consider any offenders or residents. By submitting this application for hire and or promotion, I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual abuse, sexual assault or sexual harassment. I acknowledge and understand that hugging, kissing and sending letters to an offender in the custody of the Washington County Sheriff’s Office. All answers and statement are true and complete to the best of my knowledge. I acknowledge and understand that untruthful answers or deliberate omissions may be cause for disciplinary action up to and including termination (for employees) or termination of services (for contractors or volunteers). I acknowledge and understand the information will be used by my supervisor as part of my evaluation to comply with the federal PREA standards.

**I have read and I understand the above statement.**

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

**GENERAL INFORMATION**

YES NO

\_\_\_ \_\_\_ 1. Do you have any relatives/friends that work in Washington County.  
 If yes, who do they work for in the County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ 2. In the past, have you ever applied for any position with the Washington County Sheriff’s Office:

If yes, explain ( Position/Dates, results)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ \_\_\_ 3. If hired, can you furnish proof you are eligible to work in the U.S?

\_\_\_ \_\_\_ 4. Are you a Certified Peace Officer?

If yes, in what state? \_\_\_\_\_\_\_\_\_\_ Certificate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ 5. Are you able to perform the essential functions of the position for which you are applying, with or

without accommodations?

\_\_\_ \_\_\_ 6. Are you willing to work shift work including weekends, holidays and overtime:

\_\_\_ \_\_\_ 7. If required, do you consent to the following: Polygraph, background investigation, drug test, physical

examination and psychological examination?

\_\_\_ \_\_\_ 8. Have you ever taken a polygraph examination? If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ 9. Are there any incidents in your life, which if known might disqualify you as an applicant, whether or

Not you were directly involved, which might be discovered by subsequent investigations?

**EDUCATION**

CIRCLE Highest Grade Completed GED 7 8 9 10 11 12 13 14 15 16 17 18  
 High School Undergraduate Graduation

LIST ALL HIGH SCHOOLS ATTENDED, (If GED give number, location and date)

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates Attended: From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates Attended: From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

LIST THE COLLEGE, UNIVERSITY OR BUSINESS/VOCATIONAL SCHOOLS ATTENDED:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree received: BA \_\_\_\_\_ BS \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree received: BA \_\_\_\_\_ BS \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with an organization? No \_\_\_\_ Yes \_\_\_\_\_. If Yes, when did this occur and what were the circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No \_\_\_\_ Yes \_\_\_\_\_ If yes, when did this occur and what were the circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Begin with your most recent job and list your work history for at least ten years, including part time, temporary and seasonal employment. Identify part time jobs with “PT” and temporary jobs with “TEMP”. Explain any gaps in employment lasting more than two months.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. Resumes can be included, but may not be used in place of completing this application.

Can we contact your current employer: \_\_\_\_\_\_\_\_\_\_\_\_

\*Use mo/yr for Dates of Employment

|  |
| --- |
| Present or last employer Dates of employment from: To: |
| Address: Hours worked weekly: |
| Name of Supervisor: Phone: |
| Duties: |
| Co-Worker: (list one) (H) Phone (W) |
| Reason for leaving: |

|  |  |
| --- | --- |
| Present or last employer Dates of employment from: To: |  |
| Address: Hours worked weekly: |  |
| Name of Supervisor: Phone: |  |
| Duties: |  |
| Co-Worker: (list one) (H) Phone (W) |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Present or last employer Dates of employment from: To: |  |
| Address: Hours worked weekly: |  |
| Name of Supervisor: Phone: |  |
| Duties: |  |
| Co-Worker: (list one) (H) Phone (W) |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Present or last employer Dates of employment from: To: |  |
| Address: Hours worked weekly: |  |
| Name of Supervisor: Phone: |  |
| Duties: |  |
| Co-Worker: (list one) (H) Phone (W) |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Present or last employer Dates of employment from: To: |  |
| Address: Hours worked weekly: |  |
| Name of Supervisor: Phone: |  |
| Duties: |  |
| Co-Worker: (list one) (H) Phone (W) |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Present or last employer Dates of employment from: To: |  |
| Address: Hours worked weekly: |  |
| Name of Supervisor: Phone: |  |
| Duties: |  |
| Co-Worker: (list one) (H) Phone (W) |  |
| Reason for leaving: |  |

**PERSONAL REFERENCES**

Instructions: List three persons who know you well enough to provide current and past information about you. Do not include relatives or former employers.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known:\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known:\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known:\_\_\_\_

**CRIMINAL AND TRAFFIC OFFENSE INFORMATION**

Complete the following for each criminal conviction. Include all traffic citations, regardless of disposition. Use supplemental pages if necessary.

Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Misdemeanor: \_\_\_\_\_\_\_\_\_\_\_\_ Felony: \_\_\_\_\_\_\_\_\_\_\_\_\_

Agency of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Misdemeanor: \_\_\_\_\_\_\_\_\_\_\_\_ Felony: \_\_\_\_\_\_\_\_\_\_\_\_\_

Agency of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Misdemeanor: \_\_\_\_\_\_\_\_\_\_\_\_ Felony: \_\_\_\_\_\_\_\_\_\_\_\_\_

Agency of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Misdemeanor: \_\_\_\_\_\_\_\_\_\_\_\_ Felony: \_\_\_\_\_\_\_\_\_\_\_\_\_

Agency of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition (paid fine, guilty, dismissed, not guilty, plead to charges, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been placed on court probation as an adult? \_\_\_ Yes \_\_\_ No If yes please give details (include when, where, why)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation at this time? \_\_\_ Yes \_\_\_ No If yes please give details (include where and why)

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

Do you have a valid Colorado Driver’s License? \_\_\_ Yes \_\_\_ No Provide the following information for the past ten years.

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE of Driver’s License | State of Issue | Expiration Date | License Number |
|  |  |  |  |
|  |  |  |  |

Have you been denied issuance of a driver’s license or have you ever had a driver’s license suspended or revoked?

\_\_\_ Yes \_\_\_ No If yes, what year did this occur and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved as a driver in a motor vehicle accident: \_\_\_ Yes \_\_\_ No If yes, was a summons issued: \_\_\_\_\_\_\_\_\_

To whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Violation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-Injury:\_\_\_\_\_\_\_\_\_\_\_

**RESIDENCE**

Please list all of your residences during the last 10 years. Begin with the most current residence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address of residence | City, State, Zip Code | Dates | | If rented, give name and address of the person responsible for the collection of rent |
|  |  | From  Month/Year | To  Month/Year |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*USE CONTINUATION SHEET AS NEEDED

**NARCOTICS**

Have you ever used any illegal drugs, including, but not limited to, marijuana, hashish, cocaine or taken any depressants, amphetamines, tranquilizers, etc., that have not been prescribed for you by a physician? \_\_\_ Yes \_\_\_ No If yes, complete the following for each type of drug(s) used:

|  |  |  |
| --- | --- | --- |
| Type of illegal drug | How many times | Date of last time used |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Have you ever sold or given any illegal drugs, narcotics, marijuana, hashish etc., to anyone? \_\_\_ Yes \_\_\_ No If yes, what drug(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How many times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you associate with any person who uses illegal drugs, narcotics, or marijuana? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL**

*The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.*

Are you willing to submit to a credit check? \_\_\_ Yes \_\_\_ No

Have you ever been the subject of civil suit? \_\_\_ Yes \_\_\_ No

If yes, please give details (Include when, where, why): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY**

Have you served in a regular component of the Armed Forces? \_\_\_ Yes \_\_\_ No

If yes, what branch of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates Served: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duties and skills while in the Military: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you ever subjected to any demotion or other disciplinary action while in the Military Service? \_\_\_\_ Yes \_\_\_\_ No If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promotions, awards, medals, schools, etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of the Military Reserves? \_\_\_ Yes \_\_\_ No National Guard? \_\_\_ Yes \_\_\_ No

**Washington County Sheriff’s Office provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sec, national origin, age, disability or genetics. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.**

**MUST BE SIGNED BY APPLICANT**

I certify that I have made no misstatement, misrepresentations, omission, or falsifications in this application, and that the entries are true, complete and correct to the best of my knowledge. Any misstatements, misrepresentations, omissions, or falsifications on this application may be ground for immediate termination. All application materials, without exception, become the property of the Washington County Sheriff’s Office.

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

STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

STATE OF COLORADO ) ss

COUNTY OF WASHINGTON )

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth \_\_\_/\_\_\_\_/\_\_\_\_\_ being first sworn upon oath as follows:

I am presently an applicant for employment with the Washington County Sheriff’s Office, Akron, Colorado.

I fully understand that the Washington County Sheriff’s office conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a position with the Washington County Sheriff’s Office. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, military, police, driving records and character. Records should include all investigations of my conduct in any regard (to include internal police, driving records and character. Records should include all investigations.) I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form, or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by Washington County Sheriff’s Office personnel to release any information to the Washington County Sheriff’s Office pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, health, financial stability, schooling, military, police, driving records and character for use by the Washington County Sheriff’s Office in the consideration of my application for employment and for no other purpose.

I also understand that this application and any and all papers and other exhibits submitted by me or any other person, government agency, former employee, private business, or any other individual or group of individuals become, upon submission to the Washington County Sheriff’s Office, the property of the County of Washington, State of Colorado, and cannot and will not be returned to me under any circumstances whatsoever and will not be disclosed to me except as provided by Colorado Law.

I authorize the Washington County Sheriff’s Office to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Washington County Sheriff’s Office from any and all liability or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Washington County, it’s elected officials, agent and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Washington County Sheriff’s Office for use by the Washington County Sheriff’s Office in the consideration of my application for employment and for such other purposes as may be related to any subsequent employment with Washington County Sheriff’s Office, and the disclosure or release of any documents or information by the Washington County Sheriff’s Office or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This authorization for the release of information shall be valid for a six (6) month period hereof. Any release of claim or liability set forth herein shall survive the termination of the termination of the agreement.

I further certify hereby that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer or any fraud whatsoever, constitutes a basis for automatic rejection of this application, of if I am hired and fraud and /or deceit is subsequently discovered, and such fraud and/or deceit will become grounds for my immediate dismissal from the Washington County Sheriff’s Office.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_.

Witness my hand and official seal. My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**PLEASE DO NOT SIGN UNLESS IN THE PRESENCE OF A NOTARY PUBLIC**

**ADDITIONAL DOCUMENTS**

*Applicants who pass written tests and continue in the hiring process will be required to provide this following documentation upon request.*

CERTIFIED COPY OF BIRTH CERTIFICATE

COPY OF SOCIAL SECURITY CARD

COPY OF VALID COLORADO DRIVERS LICENSE

COPY OF HIGH SCHOOL DIPLOMA OR GED (IF APPLICABLE)

OFFICIAL COLLEGE TRANSCRIPS (IF APPLICABLE)

COPY OF DD-214 (IF APPLICABLE)

COPY OF SPECIAL LICENSE/CERTIFICATE (IF APPLICABLE)

**ADDITIONAL INFORMATION**

How did you find out about this job?

\_\_\_\_\_\_\_\_\_\_\_ Friend

\_\_\_\_\_\_\_\_\_\_\_ Job Line

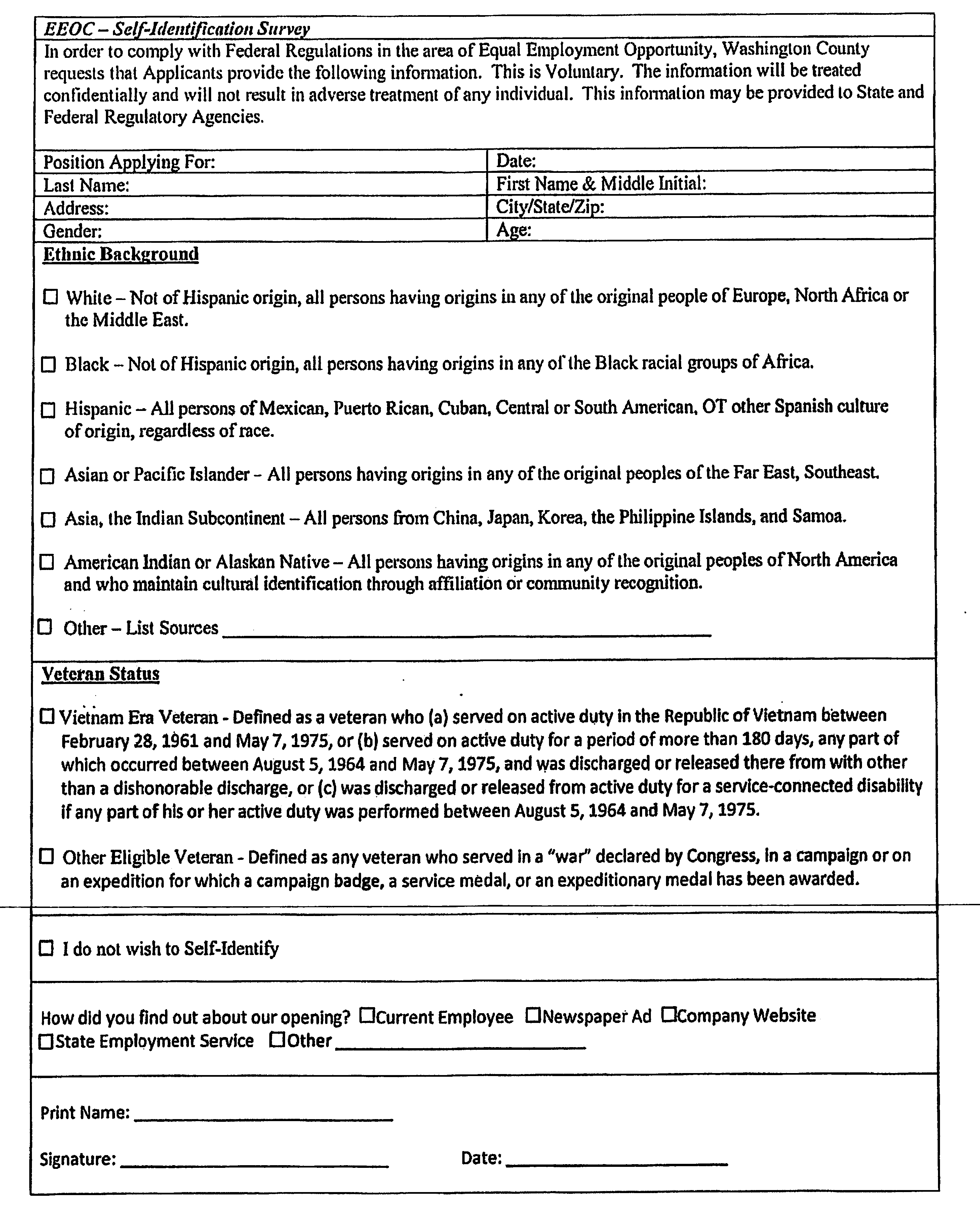
\_\_\_\_\_\_\_\_\_\_\_ Newspaper (Which one be specific) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ Washington County Web Page

\_\_\_\_\_\_\_\_\_\_\_ Other (Be specific about this information) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WASHINGTON COUNTY SHERIFF’S OFFICE

IS AN EQUAL OPPURTUNITY EMPLOYER



Washington County Sheriff Office

Applicant Self-Screening Questionnaire

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire is designed to give an applicant a realistic look at what work at the sheriff’s office entails and some of the expectations we have of an employee, BEFORE the applicant selection process begins.

Carefully consider each question before submitting your application. All of the below statements are required aspects of working in law enforcement.

If you have questions about these requirements, please contact sheriff’s office administration before you submit your application. **This form must be submitted with your job application to be considered for employment.**

YES NO

\_\_\_ \_\_\_ Can you read, write and speak the English language so as to be easily understood?

\_\_\_ \_\_\_The sheriff’s office sometimes requires that you work overtime to meet minimum staffing requirements.

are you willing to work mandatory overtime assignments, as needed?

\_\_\_ \_\_\_The sheriff’s office operates 24 hours per day, 7 days per week, 365 days per year. You must be willing

to work any shift within this period. This includes graveyard, weekends, and holidays. Are you willing

to work the required schedule.

\_\_\_ \_\_\_ Law enforcement often requires that staff be “on-call” and be available to respond to work at any time.

are you willing to be on-call during your off-duty time and available to respond to work within a short

period of time?

\_\_\_ \_\_\_ The sheriff’s office sometimes has extra overtime available on your regular days off that you may work on

a voluntary basis. Are you willing to work extra overtime to assist with scheduling?

\_\_\_ \_\_\_ In the event of a local critical event, or larger scale situations such as a disaster or terrorist attack, you may

need to work extra hours on an emergency basis. Are you willing to work lengthy periods in the event of

an emergency.

\_\_\_ \_\_\_Both the Detention Training Programs (Jail) and Field Training Programs (Patrol) are rigorous and may

last several months. During this training programs, your shift may be changed to accommodate training.

are you willing to have your shift moved to accommodate training?

\_\_\_ \_\_\_Sheriff’s office command staff has the right to change your shift at any time to meet staffing needs. This

means that your assigned shift might change at any time. Are you willing to change shifts if needed to

meet staffing needs.

**PAGE 1**

YES NO

\_\_\_ \_\_\_Law enforcement staff are often exposed to many to many unpleasant experiences, including but not

limited to; profanity, vulgarity, nudity, lewd acts, threats to harm to yourself and family, communicable

diseases and acts of physical violence against yourself and others. Are you willing to work in an

environment where you would be exposed to these situations?

**\_\_\_\_ \_\_\_\_**Law enforcement officers often work in hazardous environments, including but not limited to; low light

and darkness, extreme weather and temperature changes, long-term exposure to the elements, exposure to

hazardous materials and body fluids, such as blood, vomit, urine and feces. Are you willing to work in an

environment where you are exposed to such risks?

\_\_\_ \_\_\_Law enforcement officers often face disturbing situations involving traumatic injuries, violence and death

to include; accidents, suicide, child abuse and neglect, rape and sexual assault, dismemberment, human

and animal suffering, murder and other forms of death. Are you willing to work in an environment where

you face those situations?

\_\_\_ \_\_\_ I am able to record information quickly and accurately.

\_\_\_ \_\_\_I am able to think clearly in emergency situations.

\_\_\_ \_\_\_I am able to deal with difficult people in a courteous and professional manner.

\_\_\_ \_\_\_I am able to handle stressful situations in a calm and rational matter.

\_\_\_ \_\_\_I am able to remember important details.

\_\_\_ \_\_\_I am able to concentrate and work in an often noisy and chaotic environment.

\_\_\_ \_\_\_I am able to be empathetic to people in crisis.

\_\_\_ \_\_\_I am honest and can handle tough situations with integrity.

\_\_\_ \_\_\_I am able to admit my mistakes and correct them, if able.

\_\_\_ \_\_\_I am willing and able to accept constructive criticism on a regular basis from my peers and supervisors

without taking it personally.

\_\_\_ \_\_\_I understand that in emergencies and other active situations that I may not be able to leave my duty

assignment for long periods of time.

\_\_\_ \_\_\_I am able to learn large amounts of information in a short period of time. I understand that if I am unable to

perform all aspects of the job within my probationary period, that I may be released from employment.

\_\_\_ \_\_\_I understand that I must be able to obtain all certifications as required by state law or agency policy during

policy during my training period, or I may be released from employment.

PAGE 2

YES NO

\_\_\_ \_\_\_Salary increases are based on budgets approved by the Board of County Commissioners as well as

performance evaluations. There may be years where there are NO or nominal salary increases depending

on the annual budget. I understand salary increases are not always expected or implied.

\_\_\_ \_\_\_County salary policies for sworn Deputy Sheriffs are dictated by federal rules and regulations. Therefore,

overtime pay is not to be expected until the employee has worked at least 171 hours with a specified pay

period. I understand that not all hours worked above a regular work week or pay period are compensable

for overtime pay.

\_\_\_ \_\_\_ Sheriff’s office staff fall under county pay and benefits. Currently the county offers certain benefits to the

employee. Insurance benefits for your family is at an added cost. I understand that if employee benefit

packages are of concern to me, that I alone have responsibility to determine what those benefits are before

proceeding with the application process.

\_\_\_ \_\_\_ The justifiable taking on human life is always a reality that a law enforcement officer must face. I have no

ethical or moral obstacle that would prevent me from the justifiable taking of another’s life.

\_\_\_ \_\_\_ Per county policy, you accrue approximately 8 hours per month of vacation leave. However, you are not

allowed to take vacation time until after the first 6 months of employment. I understand that I may not take

vacation time my first 6 months of employment.

\_\_\_ \_\_\_ Per county policy, you accrue approximately 8 hours per month of sick leave. However, any abuses of sick

leave (patterns of taking sick leave during a weekend, on the first or last days of your work week, etc.) will

be grounds for termination of employment, I understand abuse of sick leave are grounds for termination.

\_\_\_ \_\_\_Law enforcement is a demanding and stressful occupation. Officers are at increased risk of divorce, alcohol,

and drug abuse, domestic violence and suicide. I understand that a law enforcement career can have a

profound impact on myself, as well as personal and family relationships.

\_\_\_ \_\_\_Law enforcement is a dangerous job. There are risks of injury or death from accident, fall, drowning,

exposure to toxic substances, as well as physical assault and intentional murder. I acknowledge and

accept the risks that come with the job.

PAGE 3

YES NO

\_\_\_\_ \_\_\_\_And finally, law enforcement is a calling that not everyone is meant for. I acknowledge that I understand

the unique challenges of this profession, that I am of sound mind and body, and if selected for a

position with the Washington County Sheriff’s Office, that I will act with the utmost integrity, character

and honor for the people that I serve.

If you answered “No” to any of these questions, a law enforcement career may not be an appropriate career for you. If you answered no, please reconsider applying until you are ready to commit to challenging, but rewarding career.

If you answered yes to all of these questions, then please complete the application and return it with this form as well as other required documentation.

My signature below indicates I have answered all of the above questions truthfully and I am able to participate in further applicant screening and selection processes.

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

SIGNATURE OF APPLICANT DATE

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

PRINTED NAME

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