



Curtis Johnson
Sheriff

Boulder County Sheriff's Office

PERSONNEL DIVISION

5600 Flatiron Parkway, Boulder, Co., 80301

Email: SheriffPersonnel@BoulderCounty.org

Complete every section, if a question or section does not apply to you, put N/A; DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a separate document with the additional information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misrepresentations, or omissions by you are cause for disqualification. The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

POSITION(S) APPLIED FOR:				DATE:	
NAME: LAST FIRST MIDDLE			ALIASES, MAIDEN NAME, NICKNAMES, OTHER NAME CHANGES		
HOME PHONE:			ALTERNATE PHONE:		
EMAIL ADDRESS:					
DATE OF BIRTH:		LEGAL RIGHT TO WORK IN THE U.S.:			
		YES NO			

RESIDENCES

List all residences in the last ten (10) years, beginning with your most recent address.

From: Mo/Yr	Current Street address:	
To: PRESENT	City/State/Zip	County
From: Mo/Yr	Street Address:	
To: Mo/Yr	City/State/Zip	County
From: Mo/Yr	Street Address:	
To: Mo/Yr	City/State/Zip	County
From: Mo/Yr	Street Address:	
To: Mo/Yr	City/State/Zip	County

WORK EXPERIENCE

Begin with your most recent job and list your work history through the **last ten (10) years**; including part-time, temporary, or seasonal employment and any military service. Identify part time jobs with "PT" and temporary jobs with "TEMP" in the "Hours/week" box.

From Mo/Yr	Name of Present or Most Recent Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number:	
Hours/week	Description of your duties:	Why would you leave?	
<p>Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?</p> <p style="text-align: center;">No Yes (If yes, please state circumstances)</p>			
From Mo/Yr	Name of Previous Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number:	
Hours/week	Description of your duties:	Why did you leave?	
<p>Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?</p> <p style="text-align: center;">No Yes (If yes, please state circumstances)</p>			
From Mo/Yr	Name of Previous Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number:	
Hours/week	Description of your duties:	Why did you leave?	
<p>Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?</p> <p style="text-align: center;">No Yes (If yes, please state circumstances)</p>			

WORK EXPERIENCE CONTINUED

From Mo/Yr	Name of Previous Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number:	
Hours/week	Description of your duties:	Why did you leave?	
<p>Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? No Yes (If yes, please state circumstances)</p>			

From Mo/Yr	Name of Previous Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Employer Telephone Number:	
Hours/week	Description of your duties:	Why did you leave?	
<p>Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? No Yes (If yes, please state circumstances)</p>			

ARE YOU A PREVIOUS EMPLOYEE OF BOULDER COUNTY? IF SO, PLEASE COMPLETE THE FOLLOWING

From Mo/Yr	Department	Job Title	Name of Supervisor if a Sheriff's Office employee:
To Mo/Yr	Description of your duties	Why did you leave?	

EDUCATION/SKILLS

List all high schools attended. (If GED, give number, location, and date.) Copy of diploma or GED will be requested.

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	No	Yes

Higher Education: List information below. Transcripts for all colleges or universities attended will be requested.

Name and Location of College or University	Dates Attended		Credit Hours	Major	Type of Degree	Year Received
	From	To				

Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business, or military), certificates, licenses (type, issuing agency).

Typing Speed wpm

Languages (list any additional languages you are proficient in)

FOR DEPUTY APPLICANTS:

Are you a State Certified Peace Officer in Colorado? Yes No

Certificate Number Date issued

MILITARY STATUS

A copy of DD214 will be requested for background investigation.

Have you served in the U.S. Armed Forces?

Yes

No

While in the military service, were you ever disciplined, arrested, or court marshaled? If so, please explain:

VOLUNTEER SERVICE

List all volunteer or reserve service.

From Mo/Yr

Name of Employer

To Mo/Yr

Job Title

Briefly describe your duties:

From Mo/Yr

Name of Employer

To Mo/Yr

Job Title

Briefly describe your duties:

From Mo/Yr

Name of Employer

To Mo/Yr

Job Title

Briefly describe your duties:

AFFILIATIONS

Are you now or have you ever been a member of any organization, association, movement, or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence or which seeks to alter the form of government of the United States by unconstitutional means?

YES

NO

If you answered **YES**, explain fully your affiliations.

LITIGATION INFORMATION

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent to be sued?

No

Yes

If yes, please explain:

DRUG USE

Have you **ever** used marijuana or hashish?

No

Yes

If yes, how many times, and when was the last time?

Have you **ever** used any form of illegal drugs or narcotics (drugs not prescribed by your physician)?

No

Yes

If yes how many times, and when was the last time?

Notwithstanding the provisions of Colorado Constitutional Amendment 20, Medical Marijuana, and Amendment 64 legalizing the limited use of marijuana, the use or non-duty related possession of marijuana by a Sheriff's Office employee is a violation of federal law and is prohibited. Do you agree that while employed for the Boulder County Sheriff's Office, you will not partake of any marijuana related products containing THC?

YES

NO

VEHICLE OPERATOR'S LICENSE INFORMATION

Give the following information concerning your vehicle operator's license(s)(Driver's, Chauffeur's, Etc.) List all states where you have been licensed to operate a motor vehicle and name(s) under which license was granted.

Name	Type	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a license, or have you ever had a license suspended or revoked? No Yes
If yes, explain fully:

Describe in brief any traffic accidents in which you were involved, giving approximate dates and locations:

Date of Accident (approx)	Location (City/State, etc)	Briefly describe accident

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons or ticket, that you were arrested, and/or that you were detained by the police. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of formality and punishment. List occurrences as an adult and as a juvenile.

Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition

REFERENCES

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

Name:	Years Known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

Name:	Years Known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

Name:	Years Known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

List any friends, relatives, or acquaintances employed by Boulder County Sheriff's Office and their relationship to you.

Have you previously applied with the boulder county sheriff's office? If yes, state for which position(s) applied and date(s).	Yes	No
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Do you have an active application on file with any other police agency? If yes, please list.	Yes	No
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Date of Application	Agency/Address	Position applied for	Status, if known

Have you ever been denied employment by any other police agency? If yes, list agency and reason.	Yes	No
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How did you learn of this position?

Why are you seeking employment with the Boulder County Sheriff's Office and why do you feel qualified for the position for which you have applied?

Before submitting your application, consider the following information about the Boulder County Sheriff's Office's selection process. Application screening and/or testing, extensive background inquiries, and interviews are utilized prior to a conditional offer of employment. After a *conditional offer of probationary employment*, all positions are subject, but not limited to a polygraph and drug screen and are subject to a probationary period of 12 months. In addition, all commissioned positions require psychological, physical fitness, and medical examinations.

APPLICANT'S CERTIFICATION

I affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the Sheriff's Office to make an appointment, but a part of the selection process only. I will, if accepted for probable appointment, submit my fingerprints.

Signed

Date

Boulder County Sheriff Office

Our Mission

We provide efficient, effective, public safety services to the residents and visitors of Boulder County. We deliver these services with character, competence, and open communication.

Our Values

- We value human life.
- We value the Constitutions of the United States, and the State of Colorado. We value the system of laws that govern us.
- We value the communities we serve. We believe the purpose of our organization is to serve our communities, keep the peace, keep them safe, and work with them to solve problems.
- We value the person. We value the diversity among all individuals. We will treat everyone with courtesy, respect and dignity.
- We value organizational excellence. We value an environment in which individuals strive as a team for superior professional performance focused on achieving our organizational mission and goals.
- We value the strength of personal character in our employees. We value open, honest communicators who display high moral and ethical conduct, integrity, adaptability and sound judgement.