



**JOE PELLE**  
Sheriff

# Boulder County Sheriff's Office

PERSONNEL DIVISION, 5600 Flatiron Parkway, Boulder, Co., 80301  
PHONE: 303-441-3638/3635/3994 FAX: 303-441-4739

Complete every section *in your own handwriting*. 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 sheet of paper with the written 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.**

**PRINT IN INK IN YOUR OWN HANDWRITING - DO NOT TYPE**

POSITION(S) APPLIED FOR:

DATE:

NAME: LAST FIRST MIDDLE

ALIASES, MAIDEN NAME, NICKNAMES, OTHER NAME CHANGES

CURRENT HOME ADDRESS:

HOME PHONE:

WORK PHONE:

STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY

EMAIL ADDRESS:

DATE OF BIRTH

AGE

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

United States Citizen?

SOCIAL SECURITY NUMBER:

PLACE OF BIRTH

**FAMILY**

List in the order given showing relationship (parents, spouse, significant other, children, guardians, step-parents, foster parents, parents-in-law, brothers, and sisters) even though deceased. Include all former spouses and current roommates. DOB = Date of birth. Attach a sheet if necessary.

Father

NAME

STREET

DOB \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Mother

NAME

STREET

DOB \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Spouse or Significant Other

NAME

STREET

DOB \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Children, Roommates, Siblings

NAME

STREET

DOB \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME

STREET

DOB \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME

STREET

DOB \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## RESIDENCES

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

From: Mo/Yr	<b>Current</b> Street address:	If rental, Landlord Name:
<b>PRESENT</b>	City/State/Zip	County
		Landlord Complete Address: Phone#
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #
From: Mo/Yr	Street Address:	If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County
		Landlord Address: Phone #

### 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".

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

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:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

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:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

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:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

**WORK EXPERIENCE CONTINUED**

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

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:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

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:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

**ARE YOU A PREVIOUS EMPLOYEE OF THE BOULDER COUNTY SHERIFF'S OFFICE? IF SO, PLEASE COMPLETE THE FOLLOWING**

From Mo/Yr	Division(s) assigned	Job Title	Name of Supervisor
To Mo/Yr	Description of your duties	Why did you leave?	
Salary			

Were you ever suspended, subjected to disciplinary action, or asked to resign, or resigned to avoid being fired? If so, please explain:

## EDUCATION/SKILLS

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

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 at time of interview.

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

Have you ever been expelled or suspended from school? If yes, please explain:

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


Typing Speed _____ wpm		Word Processing		Yes	No		
Dictaphone		Yes	No	CCIC/NCIC Computer Operator		Yes	No
Microfilming/Microfiche		Yes	No	Accounting		Yes	No
Computer Programming		Yes	No	Other			

Foreign Language: List foreign languages and your level of ability for each by placing an "X" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair

**FOR DEPUTY APPLICANTS:**

Are you a State Certified Peace Officer in Colorado?  Yes  No      Certificate Number \_\_\_\_\_ Date issued \_\_\_\_\_  
 Name of Academy \_\_\_\_\_ Date completed \_\_\_\_\_ (Attach copy of Colorado State Certification)

Are you currently enrolled in an Academy in Colorado?  Yes  No

If so, name of Academy \_\_\_\_\_ Date of graduation \_\_\_\_\_

Are you, or have you ever been a State Certified Peace Officer in any other state?  No  Yes      IF SO, COMPLETE THE FOLLOWING:

State \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

**MILITARY STATUS**

A copy of DD214 will be requested for background investigation.

Have you served in the U.S. Armed Forces? No Yes Grade upon discharge

Branch of Service	Years served: from: _____ to: _____ —	Last Duty Station and Name of Commanding Officer
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While in the military service, were you ever disciplined, arrested, or court marshaled? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you a member of U.S. Reserve or National Guard organization? No Yes If yes, complete the following:

Grade and Service Number	Branch of Service
Organization and Station, or Unit, and Location	Active Inactive Standby

Indicate Reserve obligation, if any:

\_\_\_\_\_

**VOLUNTEER SERVICE**

List all volunteer or reserve service.

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address/State/Zip	Employer Telephone Number	

Briefly describe your duties:

\_\_\_\_\_

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No Yes If yes, please state circumstances:

\_\_\_\_\_

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address/State/Zip	Employer Telephone Number	

Briefly describe your duties:

\_\_\_\_\_

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No Yes If yes, please state circumstances:

\_\_\_\_\_

**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.

Have you ever filed for bankruptcy? No Yes If yes, please explain details of bankruptcy:

**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, please explain in detail:

**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

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.**

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

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

3. 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?    Yes    No  
If yes, state for which position(s) applied and date(s).


Do you have an active application on file with any other police agency?    Yes    No    If yes, please list.

Date of Application	Agency/Address	Position applied for	Status, if known

Have you ever been denied employment by any other police agency?    Yes    No    If yes, list agency and reason.

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

CONCERNING THE APPLICATION OF: \_\_\_\_\_ (Applicant - print name)

I hereby authorize the release of all information and records concerning myself to any agent of the Boulder County Sheriff's Office.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Boulder County Sheriff's Office, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Boulder County Sheriff's Office in conducting a background investigation to determine my suitability for employment, and will be kept confidential. I understand that all materials obtained become the property of the Boulder County Sheriff's Office and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Boulder County Sheriff's Office in conjunction with employment procedures.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold the Boulder County Sheriff's Office, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Boulder County Sheriff's Office.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

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

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone

**AUTHORIZATION MUST BE NOTARIZED**

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

\_\_\_\_\_  
SEAL  
Date Commission Expires

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

# 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.