

# COLORADO SEX OFFENDER REGISTRATION EMPLOYMENT ADDENDUM

## SEX OFFENDER INFORMATION

REGISTRANT LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH		SOCIAL SECURITY NUMBER

## EMPLOYMENT INFORMATION

EMPLOYER NAME		CONTACT PERSON		CONTACT PHONE NUMBER	
EMPLOYER ADDRESS		EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE	
EMPLOYER COUNTY	OCCUPATION	BEGIN DATE OF EMPLOYMENT		END DATE OF EMPLOYMENT	
EMPLOYER NAME		CONTACT PERSON		CONTACT PHONE NUMBER	
EMPLOYER ADDRESS		EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE	
EMPLOYER COUNTY	OCCUPATION	BEGIN DATE OF EMPLOYMENT		END DATE OF EMPLOYMENT	
EMPLOYER NAME		CONTACT PERSON		CONTACT PHONE NUMBER	
EMPLOYER ADDRESS		EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE	
EMPLOYER COUNTY	OCCUPATION	BEGIN DATE OF EMPLOYMENT		END DATE OF EMPLOYMENT	

## ADDITIONAL EMPLOYMENT INFORMATION

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## REGISTRANT SIGNATURE

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act - Title 16, Article 22, Colorado Revised Statutes. I understand that providing false or incomplete information may constitute a misdemeanor or felony criminal offense.

SIGNATURE OF REGISTRANT		CURRENT DATE
<input type="checkbox"/> Quarterly Registration <input type="checkbox"/> Annual Registration	NEXT REGISTRATION DATE	REGISTRANTS INITIALS

## REGISTRATION AGENCY INFORMATION

PRINTED NAME – CRIMINAL JUSTICE AGENCY PERSONNEL	CRIMINAL JUSTICE AGENCY NAME
SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL	CURRENT DATE