

*Lou Vallario*  
Sheriff of Garfield County



107 8<sup>th</sup> Street  
Glenwood Springs, CO 81601  
Telephone 970-945-0453  
Fax: 970-384-3640

## GARFIELD COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

### REQUIREMENTS:

- Must be able to perform all physical demands as required.
- A citizen either by birth or naturalization of the United States.
- An individual alien who is expressly authorized by ICE to be employed.
- Must be able to communicate effectively in English; able to read and write in English also.
- All volunteer applicants should be aware of certain requirements that are inherent within the profession. These may be identified with character traits that include honesty, maturity, and self-discipline.

### TESTING AND INTERVIEW PROCESS:

- CVSA (Computer Voice Stress Analysis)
- Drug Screening
- Extensive Background Investigation

### REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS VOLUNTEER APPLICATION:

- Social Security Card
- Driver's License
- Birth Certificate
- Proof of Vehicle Insurance coverage
- Any pertinent Certifications that you possess

This process provides us with a thorough evaluation of potential volunteers, and eliminates those who do not meet our criteria. If the applicant is going to be further investigated, that individual will be called and be made aware of the concerns. That individual will then have the opportunity to proceed with the process or stop the process at that time.

### VOLUNTEER APPLICANT DISQUALIFICATION FACTORS:

Volunteer applicants are advised that areas for disqualification from further consideration include, but are not limited to, the following: (Reasons for disqualification will not be disclosed or discussed.)

- ✓ Current use of non-prescribed or illegal drugs, or abuse of prescription drugs
- ✓ Any felony conviction, some misdemeanor convictions, to include domestic violence charges
- ✓ Driving record unsatisfactory
- ✓ Outside activities which may be classified as a conflict of interest
- ✓ Revelation of assaultive behavior via background investigation or by admission of applicant
- ✓ Unsuccessful completion of any basic requirement

I certify that I have read the requirements set forth for the volunteer position applied for, and attest that all statements made by me on this volunteer application are true, and that any false statements will result in disqualification.

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

**PLEASE PRINT**

DATE \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

VOLUNTEER POSITION APPLIED FOR \_\_\_\_\_

**INSTRUCTIONS**

1. Correctness, validity and content of your answers herein are subject to investigation.
2. Answer all questions completely. If a question is not applicable, write N/A. Write "unknown" if you do not know the answer and cannot obtain the answer from your records.
3. Print or write legibly in blue or black ink. It is imperative that all information is accurate and up-to-date. Information on names, address, and references must be correct in order to process this volunteer application.

YOUR STREET ADDRESS \_\_\_\_\_

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

YOUR MAILING ADDRESS \_\_\_\_\_

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

PHONE NUMBERS: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_

EYES \_\_\_\_\_ HAIR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_      LAWFUL PERMANENT RESIDENT – ALIEN # \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**PERSONAL HISTORY**

**LAST TWO ADDRESSES:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent    Own      Landlord's Name \_\_\_\_\_

Landlord's Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent    Own      Landlord's Name \_\_\_\_\_

Landlord's Phone \_\_\_\_\_

Marital Status:  Single  Married (if applicable, Maiden name \_\_\_\_\_)

Any previous names, also known as (AKA) \_\_\_\_\_

Spouse's Name (Maiden name included)

\_\_\_\_\_  
Last (Maiden) First Middle

Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

*Note: If responses are lengthier than space provided in the following, please attach a separate sheet.*

**FINANCIAL HISTORY** (be truthful as you are subject to a credit check)

- Yes  No Do you have any source of income other than your salary?  
\_\_\_\_\_
- Yes  No Have you had any checks returned due to insufficient funds? If yes, explain.  
\_\_\_\_\_
- Yes  No Do you have any other loans/debts besides home mortgage? If yes, give details.  
\_\_\_\_\_
- Yes  No Have you had any garnishment of wages or judgments pending against you. If yes, explain.  
\_\_\_\_\_
- Yes  No Have you defaulted on any loans? If yes, explain.  
\_\_\_\_\_
- Yes  No Have you ever filed bankruptcy? If yes, explain.  
\_\_\_\_\_

How would you categorize your credit rating?

- Excellent  Good  Average  Poor

**DRIVING HISTORY**

- Yes  No Have you ever been issued a driver's license by any other state than the state of Colorado: If yes, list.  
(Other State License issued)  
Driver's license # \_\_\_\_\_ State of Issue \_\_\_\_\_ Dates of License \_\_\_\_\_  
Name under which license was issued \_\_\_\_\_
- Driver's license # \_\_\_\_\_ State of Issue \_\_\_\_\_ Dates of License \_\_\_\_\_  
Name under which license was issued \_\_\_\_\_
- Driver's license # \_\_\_\_\_ State of Issue \_\_\_\_\_ Dates of License \_\_\_\_\_  
Name under which license was issued \_\_\_\_\_
- Yes  No Have you ever been refused a driver's license? If yes, list state, when, and why.  
State \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_
- Yes  No Has your license ever been suspended, revoked, or placed on negligent operators probation? If yes, list state, when, why, restored.  
State \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_ Restored \_\_\_\_\_
- Yes  No Have you ever been involved, as a driver, in a motor vehicle accident within the last 7 years? If yes, explain.  
Date \_\_\_\_\_ Location \_\_\_\_\_ Agency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Yes    No   Have you had any moving traffic citations within the last 7 years? If yes, list.  
 Violation \_\_\_\_\_ City/State \_\_\_\_\_  
 Date \_\_\_\_\_ Fines/Points \_\_\_\_\_
- Yes    No   Has your auto insurance ever been revoked or refused. If yes, give details.  
 \_\_\_\_\_

**MILITARY HISTORY**

- Yes    No   Have you been an active member of the military service. If yes, what branch of service? \_\_\_\_\_  
 Service Date: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Highest Rank Attained \_\_\_\_\_ Date of Discharge \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Can you provide a copy of your DD214? \_\_\_yes \_\_\_no  
 Describe your duties \_\_\_\_\_  
 \_\_\_\_\_
- Yes    No   Were you released prematurely from Military duty? If yes, explain why.  
 \_\_\_\_\_
- Yes    No   Are you currently participating in any U.S. Military Reserve or National Guard program? If yes, please explain.  
 \_\_\_\_\_  
 Branch \_\_\_\_\_ Training hours required per year \_\_\_\_\_
- Yes    No   Were you subject to any demotion or disciplinary action while in the military service? If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

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*Sheriff of Garfield County*



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**IN THE PRESENCE OF A NOTARY PUBLIC,  
PLEASE READ AND SIGN THE FOLLOWING. SUBMIT IT WITH YOUR COMPLETED VOLUNTEER APPLICATION.**

**VOLUNTEER APPLICANT STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_, being duly sworn upon oath, state as follows:

I am presently an applicant for volunteer employment with the Garfield County Sheriff's Office, Glenwood Springs, Colorado. I fully understand that the Garfield County Sheriff's Office conducts a background investigation of all volunteer applicants who are being considered for a volunteer position with the Garfield County Sheriff's Office. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, financial stability, military history, driving record and character traits.

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

I also understand that this volunteer application (any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals in support and attached hereto) become upon submission to the Garfield County Sheriff's Office (in petition for volunteer employment), the property of the Garfield County Sheriff's Office, and cannot and will not be returned to me under any circumstance whatsoever.

I authorize the Garfield 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. Prior to releasing the information, the applicant will be notified of the request so that they may exercise their privacy interests.

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

I further agree to release and hold harmless Garfield County, its elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Garfield County Sheriff's office for use by the Garfield County Sheriff's Office in consideration of my volunteer application for employment and for such other purposes as may be related to any subsequent employment with the Garfield County Sheriff's Office.

This authorization for the release of information shall be valid for a one-year period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify that all statements made by me in the completion of this volunteer application are, to the best of my knowledge and recollection, accurate and true, and understand that any false answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of the volunteer application with no further consideration, or if I am chosen as a volunteer and fraud and/or deceit is subsequently discovered, such fraud and deceit will become grounds for my immediate dismissal as a volunteer from the Garfield County Sheriff's Office.

I further acknowledge that I understand all volunteer employment with the Sheriff's Office is at the will and discretion of the Sheriff, per Colorado State Statute 30-10-506.

This release, or photocopy of same, when presented by an authorized representative of the Garfield County Sheriff's Office, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding:

- Fingerprints.
- Criminal history.
- Driving record.
- Selective service field, military records, and military medical records.
- Credit report.
- Employment and personal references.

This shall be done with full knowledge and understanding that the Garfield County Sheriff's Office may use, consider or disclose such information, statements, records, within the scope of their official duties and responsibilities.

I hereby release to those concerned, their officers, agents, employees, and individuals from any and all liability for damages of whatever kind or nature may at any time result to me on account of compliance or any attempt to comply with this authorization. I also hereby release from any and all liability resulting from the release of any information any school, college or university and/or institution of training and learning, personal or developed references, and custodians of any medical and/or employment records.

This authorization is given in connection with a full background investigation being conducted relative to my volunteer application with the Garfield County Sheriff's Office.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

(to be signed in the presence of a Notary Public)

Subscribed and sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_

this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

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

My commission expires \_\_\_\_\_

**Garfield County Sheriff's Office**  
**APPLICANT PRELIMINARY QUESTIONNAIRE**

	<i>YES</i>	<i>NO</i>
1. Are you legally entitled to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a high school diploma or GED?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you take a polygraph examination?	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken a polygraph exam within the past two years? If YES, give date and name of polygraph firm: Date: _____ Firm: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you submit to psychological tests and interviews?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently possess or can you obtain a valid Colorado driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you successfully completed a certified police-training academy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently certified as a Peace Officer as defined by Colorado Revised Statute, 16-2.5-102 as amended?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you allow the Garfield County Sheriff's Office personnel full and unrestricted access to all personnel, internal affairs, and disciplinary files from your previous and/or current employer?	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the last five (5) years, have you been convicted of driving with your license suspended, revoked, or denied?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been convicted of four or more moving traffic violations in the past three years, or three moving violations in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been convicted, pled guilty or no contest to driving under the influence of alcohol, drugs, or both, or with ability impaired within the last ten (10) years?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been convicted, pled guilty or no contest to a felony?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been convicted, pled guilty or no contest to a crime involving a sex offense?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been convicted, pled guilty or no contest to a crime involving domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever engaged in habitual or excessive use of drugs, narcotics or intoxicating beverages, or illegal use of any controlled substance within the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>

**Garfield County Sheriff's Office**

**APPLICANT PRELIMINARY QUESTIONNAIRE (Continued)**

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- |     |  |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|
| 16. | Have you engaged in the illegal sale or distribution of any controlled or dangerous drugs, including steroids?   | <i>YES</i>               | <i>NO</i>                |                          |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 17. | Do you have a record or any significant disciplinary actions for sustained violation(s) of law or employment policies [excluding minor work-related traffic violation(s)] for the most recent three-year employment? | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 18. | Have you or will you receive a discharge from military duty under honorable conditions (Honorable, General, etc.)?   | <i>NA</i>                | <i>YES</i>               | <i>NO</i>                |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**PRINTED NAME**

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**DATE**

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**SIGNATURE**



**GARFIELD COUNTY SHERIFF'S OFFICE**  
**Volunteer Agreement**

**Volunteers are not employees of Garfield County or the Garfield County Sheriff's Office. Volunteers participate, at their discretion, in County programs, special events, or projects that are scheduled throughout the year. They are persons providing time and services without any present or future expectation of payment of any kind. Volunteers are under no obligation to provide time, duties, services, or resources other than what they choose to freely provide. Departments using volunteers on a regular basis should clarify the volunteer status with each volunteer and have a documented acknowledgement of such on file.**

**I have read and understand the above Volunteer agreement.**

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**Print Name**

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**Signature (Sign in the presence of staff.)**

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**Date**

---

**Sheriff's Office Witness**

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**Date**



## ***Pre-Employment Truth Verification Examinations***

The **Sheriff of Garfield County** requires all applicants utilized by his Office, in any capacity, to be screened according to the guidelines he has established.

This pertains to, but, is not limited to, all individuals applying for paid employment with this Office, for volunteer and reserve positions, for positions utilized by vendors in fulfilling their contracts with this Office, and for employees of other County Departments having job duties that require them to access Sheriff's Office facilities, documents, databases, equipment, etc.

The following guideline areas will be covered during the pre-employment interview and truth verification examination, utilizing either a ***Polygraph Instrument*** or a ***Computer Voice Stress Analyzer***:

- Application Information:** These questions address each applicant's truthfulness, in regard to the information he or she has supplied during the application process, including the background information.
- Narcotics Usage:** These questions delve into the applicant's pattern of usage of illegal drugs or narcotics, including a detailed inventory of the types of illegal drugs used, the frequency of usage, method of use and last contact with illegal drugs.
- Criminal Activity and Associations:** Past criminal acts, associations with criminal elements, prior arrests or detentions by law enforcement agencies and the applicant's driving record are discussed. (A computer records inquiry, to local and nationwide law enforcement databases, shall be conducted)
- Employment:** The applicant's work history is discussed. Theft from employer issues are also discussed.
- Security Matters:** The applicant is questioned as to whether he or she has ever associated with any subversive groups. There will be questions as to whether the applicant has been directed to apply for this position by any foreign government or any special interest group.
- Military Service:** The applicant's history of military service, if any, is discussed.
- Marital Status:** The applicant's marital status, prior marriages, number of dependants, related to how the applicant handles those responsibilities, will be discussed.
- Domestic Violence:** The applicant is questioned as to his or her involvement, if any, in physical violence (or the threat or fear of physical violence) towards any past or present significant other.

- **Gambling:** The applicant's gambling activities, if any, are discussed.
- **Indebtedness:** The applicant's handling of financial responsibilities and potentially compromising financial situations are discussed.
- 
- **Sexual Activities:** Applicants are questioned about whether they have a history of participation in sexual behaviors which would directly conflict with criminal statutes and/or conflict with the duties of an employee or contractor of the Sheriff's Office.
- 
- **The Job:** Questions regarding essential job functions and the willingness to comply with rules and regulations.
- 

All Polygraph and/or Computerized Voice Stress examiners are Deputies, trained by certified instructors, in accordance with the requirements of the professional associations. Tests are conducted professionally and within a confidential environment. The requesting parties shall be given only an indication of pass or fail without revealing any of the details outlined above.

Children under the age of eighteen (18) must have parental or legal guardian consent prior to testing. The consent must be in writing and in the possession of the examiner prior to the beginning of the examination.

Any further questions can be directed to Commander Bill Middleton:

Work Phone: 970-945-0453

Fax: 970-384-3603

E-mail: [bmiddleton@garcosheriff.com](mailto:bmiddleton@garcosheriff.com)

References: Polygraph Protection Act of 1998 (EPPA) Final Rules

# Volunteer Personal History Statement

The following Personal History Statement will be used to screen volunteer applications and for the background investigation should you be selected to continue in the selection process. Before a background investigation begins, candidates must successfully complete an oral board interview, polygraph or CVSA (Computerized Voice Stress Analyzer) examination, and drug screening. Upon the successful completion of the above-stated events, the Sheriff's Office will begin an extensive background investigation. All information provided is subject to verification as part of the background investigation. The Personal History Statement will need to be completed as part of the application process, and copies of the following documents must be included.

A copy of any College Diploma (If applicable)

A recent photo or photo of yourself

Citizenship or Naturalization Papers

A copy of your DD-214 (If applicable)

## ADDITIONAL DOCUMENTS

1. Copies of certificates, awards or commendations you would like considered:

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2. A full-face photograph of yourself, no smaller than 2.5"x 2.5". This photo must have been taken **within the last three months**. This is of assistance in identifying you during interviews conducted during the background investigation.

ATTACH  
PHOTO  
HERE

## PERSONAL INFORMATION

The following information is required of you for verification and contact purposes:

3. Your Name (please Print in Ink)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 LAST FIRST MIDDLE

4. Date of birth: \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Month Day Year M D Y

5. List telephone numbers(s) at which you can be contacted and the hours when you will be available at these numbers:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell, Pager) \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

## RESIDENCE

7. Please list all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. **DO NOT** list information prior to your 15<sup>th</sup> birthday.

ADDRESS OF RESIDENCE	DATES (FROM / TO)	REASON FOR LEAVING	LANDLORD INFORMATION

## RELATIVES, REFERENCES, ACQUAINTANCES

8. List 5 individual references, personal or professional, which have knowledge of you and your qualifications.

NAME/RELATIONSHIP	ADDRESS	TELEPHONE

**RELATIVES, REFERENCES, ACQUAINTANCES (Continued)**

During the course of the background investigation, persons who know you will be asking to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job-relevant matters.

9. Please supply the appropriate information in the spaces below. If a category is not applicable, write in "N/A."

Name of your:	Address to contact individual (include City, State & Zip)	Phone # where person can be contacted
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former Spouses(s)		

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---

Brothers and Sisters

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---

---

Step-Father

---

Step-Mother

---

Step-brothers and sisters

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List all offspring: (Please indicate "son" or "daughter" and whether natural, adopted, from another marriage, etc. List current address and phone number as well.)

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## EDUCATION

10. Please indicate your current status of education by checking the appropriate spaces.

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I passed a G.E.D. (General Educational Development) test.

\_\_\_\_\_ I possess the following college degrees (please include name of college and year attained):

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11. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

NAME OF SCHOOL	LOCATION CITY AND STATE	DATES OF ATTENDANCE	TEACHER OR REFERENCE

12. Have you ever been suspended or expelled from any high school or post-secondary school?  
(Post-secondary schools include colleges and universities, graduate schools business and vocational schools...any formal education beyond the high school level.)

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_

If “**YES**”, please explain (including school, date and circumstance):

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## EXPERIENCE AND EMPLOYMENT

13. Beginning with your most current employment, list all jobs you have held in the past 10 years. Include all part-time, temporary, and voluntary work. Please list all periods of employment and unemployment in chronological order. Use the spaces provided for you between employment listings to record periods of unemployment. Should you need to list additional experience/employment information, use an additional sheet of paper and continue in the **EXACT** format as listed below.

**EXPERIENCE AND EMPLOYMENT**

EMPLOYED FROM _____ TO _____
------------------------------

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYED FROM _____ TO _____
------------------------------

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYED FROM _____ TO _____
------------------------------

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT (continued)**

EMPLOYED FROM _____	TO _____
---------------------	----------

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYED FROM _____	TO _____
---------------------	----------

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYED FROM _____	TO _____
---------------------	----------

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT (continued)**

EMPLOYED FROM _____ TO _____
------------------------------

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYED FROM _____ TO _____
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Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYED FROM _____ TO _____
------------------------------

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT (continued)**

EMPLOYED FROM _____ TO _____
------------------------------

Name & Address of Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_  
 Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Names of Co Workers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

14. Would any problem result if your present employer was contacted during the course of the background investigation? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If **YES**", when should such contact be made?  
 \_\_\_\_\_  
 \_\_\_\_\_

15. If you have had no prior employment, please explain here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Have you ever been fired or asked to resign from any place of employment? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If **YES**", please give details to include when, name of employer and why:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Have you ever applied, successful or unsuccessfully, for another position with any law enforcement agency? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If **YES**", please provide the year, agency, and check off the processes, which you completed, and whether you were disqualified or hired.

Yr	Agency	Written	Physical Agility	Oral Interview	Background	Polygraph	Psych	Medical Exam	Disqualified	Hired

## FINANCIAL

18. The management of personal finances is relevant to an individual's qualifications for any position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligation will be reviewed. A credit-reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly salary		Mortgage payment (s)	
Spouse's salary		Rent	
Other monthly income		Other monthly payments	
		Estimate monthly cost of living ( include utilities, food, gasoline, home & car maintenance, etc.) and any other obligations.	
<b>Total Monthly Income</b>		<b>Total Monthly Expenditures</b>	

19. Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? **YES** \_\_\_ **NO** \_\_\_ If "YES", please give details to include when, firms involved and circumstances.

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20. Within the last seven (7) years, have you ever had a purchased item repossessed? **YES** \_\_\_ **NO** \_\_\_  
If "YES", please give details to include when, firms involved, and circumstances.

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21. Have you ever been delinquent on child support, income tax, or other tax payments? **YES** \_\_\_ **NO** \_\_\_  
If "YES", please give details to include when, where, and why.

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**MOTOR VEHICLE OPERATION**

22. Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License Number

23. Colorado Law (CRS 42-7-410 & 42-7-301) requires that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. Therefore, please list the current liability insurance coverage that you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

24. If there is anything you wish to discuss about your driving record, which has not already been covered in the preceding sections, please explain here. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

25. Have you registered with the Selective Service? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If "YES" when? \_\_\_\_\_ Where? \_\_\_\_\_

26. Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME	ADDRESS	TELEPHONE	MILITARY UNIT	DATES

**LEGAL**

27. If you have ever been arrested, taken into physical custody, issued a misdemeanor citation (exclude traffic citations), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungment, a release, or a pardon has specific legal implications as to how you answer this question).

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

28. Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how and why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Are you now or have you ever been involved as a defendant in any civil court action? **YES**\_\_\_\_ **NO**\_\_\_\_  
If “**YES**”, please give details to include when, where, name of court and circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

30. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

**YES**\_\_\_\_ **NO**\_\_\_\_ If “**YES**”, identify the organization and explain fully.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Have you ever applied for a permit to carry a concealed firearm or other weapon?

**YES**\_\_\_\_ **NO**\_\_\_\_ Was a permit granted? \_\_\_\_\_ Date Issued\_\_\_\_\_

Name of Law Enforcement Agency \_\_\_\_\_

Purpose for permit \_\_\_\_\_

32. Are you available to volunteer all hours of day, all days of the week, holidays? **YES**\_\_\_\_ **NO**\_\_\_\_

## DRUG USE QUESTIONNAIRE

33. Have you used, tried, experimented, or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
MARIJUANA					
HASHISH, HASHISH OIL					
COCAINE					
CRACK, ROCK, ICE					
Barbiturates, Hypnotics or "Downers"					
Amphetamines (Cross-tops, whites, Bennies, "Uppers"					
Methamphetamine (Speed ,Crank)					
LSD or other Hallucinogens					
PCP (angel dust, sherms)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not Prescribed to you					

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have Introduced into your body?		
Have you introduced into your body a substance, which you thought, were an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drugs?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic, or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic, or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

34. Explain any "YES" answer to the "Drug Use Questionnaire" in detail below, to include when, where, what kind of drug, how taken and circumstances. \_\_\_\_\_

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**OPTIONAL INFORMATION**

35. List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group:

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36. What are your personal hobbies? (What do you like to do during the times you are not at work?) Please include any special skills or qualifications that might be useful in the volunteer position for which you've applied.

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37. List the magazines and newspapers to which you currently subscribe.

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38. List any identifying marks, scars, tattoos, burns or birthmarks.

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**\*\*\*\*\*COMPLETE ESSAY QUESTION ON THE NEXT PAGE\*\*\*\*\***





**GARFIELD COUNTY SHERIFF'S OFFICE PRE-EMPLOYMENT CVSA  
EXAMINATION  
INTERVIEW QUESTIONNAIRE**

**DO NOT COMPLETE THE BOX BELOW**

**DATE OF EXAMINATION**  
**EXAMINER** \_\_\_\_\_ **TIME** \_\_\_\_\_  
**INTERVIEW QUESTIONS FOR THE POSITION OF:**

**APPLICANT'S NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First Middle*  
**Soc. Sec. No.** \_\_\_\_\_

*Circle (+) if your answer is Yes, Circle (-) if your answer is No. Explain answers as necessary.*

**APPLICATION**

- | Yes | No |  |
|-----|----|--|
| +   | -  | 1. Is the above name your true legal name?   |
| +   | -  | 2. Have you ever used any other names?   |
| +   | -  | 3. Are you a United States Citizen? Native born? Y N Naturalized? Y N<br>If Naturalized - when and where? _____<br>If not a U.S. Citizen - are you a Permanent Resident Alien? Y N<br>Have you applied for U.S. Citizenship? Y N When? Month ____ Year _____ |
| +   | -  | 4. Have you knowingly falsified any document(s) submitted with your application or background packet?  |
| +   | -  | 5. Did you intentionally omit any facts you feel might disqualify you from this position?  |

**MARITAL STATUS**

- |   |   |  |
|---|---|--|
|   |   | 6. Single _____ Married _____ Divorced _____ Widowed _____ Separated _____   |
| + | - | 7. Are you legally married to your present spouse? How long? _____<br>How many times have you been married? _____                  |
| + | - | 8. Do you have any children? How many? _____ Ages? _____<br>How many children are living with you? _____                           |
|   |   | 9. How does your spouse, significant other or family feel about your desire to become a volunteer with the Sheriff's Office? _____ |
| + | - | 10. Is there a divorce, separation, or significant change pending in your relationship?  |



**EMPLOYMENT HISTORY (Continued)**

**Yes    No**

- +    -    31.    Have you ever received a verbal or written warning, from an employer, concerning tardiness?
- 32.    In the past year, how many unscheduled absences did you have from work? \_\_\_\_\_
- +    -    33.    Have you ever received a verbal or written warning, from an employer, concerning absenteeism?
- +    -    34.    Is anyone likely to report derogatory information about your work performance?
- +    -    35.    Have you ever received unemployment compensation?
- +    -    36.    Have you ever taken money, or anything else of value, from a place where you worked?
- +    -    37.    Have you ever given free merchandise or under rung a sale for yourself, a friend or a relative?

**LAW ENFORCEMENT AGENCIES**

- +    -    38.    Have you ever volunteered or worked for this or any other law enforcement agency, in any capacity?
- +    -    39.    Have you ever previously applied to this agency, or any other law enforcement agency, for any type of job?  
If yes, what other agencies, what year and where are you in the hiring process? \_\_\_\_\_  
\_\_\_\_\_
- +    -    40.    Have you ever been rejected by this or any other law enforcement agency, for any reason?
- +    -    41.    Have you ever successfully completed a law enforcement or corrections academy?  
Where? \_\_\_\_\_ What year? \_\_\_\_\_
- +    -    42.    Have you ever been terminated, resigned from, failed or dropped out of a law enforcement or corrections academy?

**MILITARY SERVICE**

- +    -    43.    Have you registered with Selective Service?
- +    -    44.    Were you ever turned down by any of the Armed Forces?
- +    -    45.    Have you ever served in the U.S. Military?    A    AR    NG    N    NR    MC    CG    AF  
(If No - skip to question #57)
- +    -    46.    Did you withhold any information, which would have prevented you from joining the military?
- 47.    How long did you serve in the military? \_\_\_\_\_ Top rank? \_\_\_\_\_  
Type of Discharge?) \_\_\_\_\_
- +    -    48.    Did you ever leave the military, for a period of time, and then re-enlist?
- 49.    What was your specialty in the military? \_\_\_\_\_
- +    -    50.    Were you ever the subject of any military investigation?

## **MILITARY SERVICE (Continued)**

- | <b>Yes</b> | <b>No</b> |  |
|------------|-----------|--|
| +          | -         | 51. While in the service, were you ever charged with a violation of the UCMJ (Uniform Code of Military Justice)?<br><br>Court Martial<br>Article 15<br>Captain's Mast<br>NJP |
| +          | -         | 52. Were you ever formally disciplined?  |
| +          | -         | 53. Were you ever placed under military arrest?  |
| +          | -         | 54. Were you ever reduced in grade or rank?  |
| +          | -         | 55. Were you ever AWOL or on unauthorized leave?   |
| +          | -         | 56. While in the service, could you have re-enlisted if you wanted to?   |

## **LEGAL/CRIMINAL**

- |   |   |  |
|---|---|--|
| + | - | 57. Would you have any reason to be concerned about an investigation into your honesty?  |
| + | - | 58. Have you ever been the plaintiff, defendant, petitioner or respondent in any civil court action?   |
| + | - | 59. Have you ever settled any civil suit, out of court, in which you, your insurance company, or anyone else on your behalf was required to make a payment to another party? |
| + | - | 60. Have you ever been fingerprinted or photographed by any law enforcement agency?<br>If yes - for what purpose? _____  |
| + | - | 61. Have you ever been detained, questioned, held on suspicion or taken into custody, by law enforcement officers, for any reason other than minor traffic tickets?          |
| + | - | 62. Have you ever been charged with a crime?   |
| + | - | 63. Have you ever been arrested?   |
| + | - | 64. Have you ever been convicted of, or pled guilty to a crime?  |
| + | - | 65. Have you ever had a warrant issued for your arrest?  |
| + | - | 66. Are you currently under investigation, by any law enforcement agency, concerning any alleged violation of the law?   |
| + | - | 67. Have you ever been with someone when they committed a crime?   |
| + | - | 68. Have you ever falsified an income tax form?  |
| + | - | 69. Have you ever falsified an insurance claim?  |
| + | - | 70. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled?   |
| + | - | 71. Since you were 18 years old, have you ever shoplifted anything?  |
| + | - | 72. Have you ever stolen a motor vehicle or gone for a joy ride?   |

**LEGAL/CRIMINAL (Continued)**

- | <b>Yes</b> | <b>No</b> |  |
|------------|-----------|--|
| +          | -         | 73. Have you ever damaged or destroyed any property or committed any act of malicious mischief?  |
| +          | -         | 74. Have you ever tortured or abused an animal or been present when others did?  |
| +          | -         | 75. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?                                  |
| +          | -         | 76. Have you ever been reported to a law enforcement agency as a missing person or a runaway?  |
|            |           | 77. What is the most serious undetected crime you have been involved in? _____   |
| +          | -         | 78. Have you ever contemplated or attempted suicide?   |
|            |           | 79. Have you ever committed, attempted to commit or made plans to commit:  |
| +          | -         | Vehicle theft or tampering?  |
| +          | -         | Arson?   |
| +          | -         | Burglary?  |
| +          | -         | Robbery?   |
| +          | -         | Murder?  |
| +          | -         | Rape?  |
| +          | -         | Any Hate crime?  |
| +          | -         | Obtain or use a false ID?  |
| +          | -         | Perjury?   |
| +          | -         | 80. Have you ever forged a check or any legal document?  |
| +          | -         | 81. Have you ever fraudulently used someone else's credit card?  |
| +          | -         | 82. Have you ever made an obscene phone call?  |
| +          | -         | 83. Have you ever followed, called repeatedly, or otherwise harassed or bothered someone who objected to your doing so?  |
| +          | -         | 84. Have you ever sold or purchased any property you believed might have been stolen?  |
| +          | -         | 85. Have you ever been involved in a violent incident, such as a shooting, knifing or fight, where someone was, or could have been, seriously injured or killed? |
| +          | -         | 86. Have you ever carried on your person, or in a vehicle, any weapon for protection?  |
| +          | -         | 87. Have you ever carried an illegal weapon?   |
| +          | -         | 88. Have you ever used a weapon against someone?   |
| +          | -         | 89. Have you ever attempted to use a weapon against someone?   |
| +          | -         | 90. Have you ever caused the death of anyone?  |
| +          | -         | 91. Have any members of your family ever been arrested or been involved in any illegal activity?   |
| +          | -         | 92. Do you have any friends or associates you suspect might be involved in any illegal activity?   |
| +          | -         | 93. Has anyone who has ever lived in your household been involved in any illegal activity?   |
| +          | -         | 94. Have you ever been a member of a street gang, attended a gathering of any street gang or participated in any gang activity?                                  |

**LEGAL/CRIMINAL (Continued)**

- Yes**    **No**
- +    -    95. Has any member of your family ever been a member of, or been associated with a member of a street gang?
- +    -    96. Do you have any tattoos?  
If yes - what are they and where are they located? \_\_\_\_\_  
\_\_\_\_\_
- +    -    97. Have you ever committed, attempted to commit, or made plans to commit any sexual crime?
- +    -    98. Did you ever sneak around as a peeping tom for sexual excitement?
- +    -    99. Have you ever been involved in any act of indecent exposure?
- +    -    100. Have you ever forced anyone to have sexual contact with you?
- +    -    101. Have you ever solicited for, or paid for, any sexual acts?
- +    -    102. Have you ever received any type of payment for any sexual acts?
- +    -    103. Since you were 18, have you ever had sexual contact with a child or anyone under the age of 18?
- +    -    104. Have you ever bought, sold, traded, possessed or taken pictures of nude children?
- +    -    105. Have you ever engaged in sexual activities with a pet or an animal?
- +    -    106. Have you ever had sexual contact with a dead person?

**DOMESTIC VIOLENCE**

- +    -    107. Have you ever used physical violence towards a lover or ex-lover?
- +    -    108. Have you ever caused a lover or ex-lover to fear you or feel threatened?
- +    -    109. Have you ever been contacted by a law enforcement agency regarding a family disturbance?
- +    -    110. Have you ever been the subject of a restraining order?

**DRUGS/NARCOTICS/ALCOHOL**

- Yes**    **No**
- +    -    111. Would you have any reason to be concerned about an investigation into your illegal use of drugs?
112. What type of illegal drugs or narcotics have you used or experimented with?

<u>Type of Drug</u>	<u>Year First Used</u>	<u>Year Last Used</u>	<u>Total Amount Used</u>
Marijuana	_____	_____	_____
Hashish/Hashish Oil	_____	_____	_____
Cocaine (coke, flake, snow)	_____	_____	_____
Crack, Rock, Ice	_____	_____	_____
Amphetamines (cross tops			

whites, bennies, uppers)	_____	_____	_____
Methamphetamines (speed, crank, crystal)	_____	_____	_____
Barbiturates (depressant, downers, reds, quaaludes)	_____	_____	_____
PCP (sherm, angel dust)	_____	_____	_____
LSD (acid)	_____	_____	_____
Mescaline/Peyote	_____	_____	_____
Psilocybin (mushrooms)	_____	_____	_____
Inhalants (glue/other volatile substance)	_____	_____	_____
Opiates/Heroin (horse, smack)	_____	_____	_____
Steroids	_____	_____	_____
Non-prescribed drugs	_____	_____	_____
Designer drugs	_____	_____	_____

113. Where did you get the drugs? \_\_\_\_\_

114. How did you use them? \_\_\_\_\_

- + - 115. Have you ever misused or abused any prescription drug?
- + - 116. Other than by a licensed medical person, have you or anyone else ever injected anything into your body?
- + - 117. Have you ever sold or supplied illegal drugs to anyone?
- + - 118. Have you ever purchased any illegal drugs?  
How many times? \_\_\_\_\_ What? \_\_\_\_\_ Amount purchased? \_\_\_\_\_
- + - 119. Have you ever grown or cultivated marijuana?
- + - 120. Have you ever been involved in the manufacture or production of any illegal drugs?
- + - 121. Have you ever acted as a go between or done a favor for a friend, by becoming involved in any illegal drug transaction?
- + - 122. Have you ever told anyone where he or she could purchase illegal drugs?
- + - 123. Have you ever worked under the influence of illegal drugs?
- + - 124. Have you ever bought, sold or supplied illegal drugs at work?
- + - 125. Has any member of your family used drugs or been involved in any illegal drug activity?
- + - 126. Has anyone who has ever lived in your household, used drugs or been involved in any illegal drug activity?

**DRUGS/NARCOTICS/ALCOHOL (Continued)**

**Yes      No**

- +      -      127.      Have you ever had an ex-spouse, significant other or roommate who used illegal drugs or was involved in any illegal drug activity?
- +      -      128.      Do you presently associate with anyone you suspect uses drugs or are involved in any illegal drug activity?
- +      -      129.      Have you knowingly allowed anyone to possess or use any illegal drugs in your home or vehicle?
- 130.      When was the last time you were present when illegal drugs were being used?  
Month/Year \_\_\_\_\_ Circumstances \_\_\_\_\_
- 131.      How do you feel about others using marijuana or illegal drugs? \_\_\_\_\_
- 132.      If employed as a Volunteer, what would you do if you discovered a family member or friend using illegal drugs? \_\_\_\_\_
- +      -      133.      Do you drink alcoholic beverages?  
\_\_\_\_\_ Never drank alcoholic beverages.  
\_\_\_\_\_ Stopped drinking alcoholic beverages in \_\_\_\_\_
- 134.      How much alcohol do you consume in a week? \_\_\_\_\_ ...or in a month? \_\_\_\_\_
- +      -      135.      Have your drinking habits ever caused you personal or professional problems?
- 136.      When was the last time you were drunk? \_\_\_\_\_
- 137.      How many times have you been drunk in the past 6 months? \_\_\_\_\_ Past year? \_\_\_\_\_
- 138.      How would you describe your present drinking habits? \_\_\_\_\_
- 139.      When was the last time you drove a motor vehicle while under the influence of alcohol, or some type of illegal drug, when you could have been arrested, had you been stopped? \_\_\_\_\_

**ATTITUDE**

**Yes      No**

- 140.      How would you describe your temper?  
\_\_\_\_\_
- +      -      141.      Is anyone likely to report you have problems with your temper?
- 142.      When was the last time you lost control of your temper? \_\_\_\_\_
- 143.      When was the last time you were angry? \_\_\_\_\_
- +      -      144.      Have you ever damaged or destroyed property in anger?
- +      -      145.      Have you ever struck, hit, slapped, punched or kicked anyone, in anger, for any reason?
- 146.      When was your last fight? \_\_\_\_\_ How many in the past 2 years? \_\_\_\_\_
- +      -      147.      Have you ever disciplined a child in such a way it resulted in injury or bruising?
- 148.      What is your strongest prejudice? \_\_\_\_\_
- +      -      149.      Do you feel your prejudices or biases will influence your judgment?

## **ATTITUDE (Continued)**

- | <b>Yes</b> | <b>No</b> |  |
|------------|-----------|--|
| +          | -         | 150. Have you ever discriminated against anyone?                       |
| +          | -         | 151. Have you ever sexually harassed anyone?                           |
| +          | -         | 152. Have you ever been accused of discriminating or harassing anyone? |

## **DRIVING RECORD**

- |   |   |   |
|---|---|---|
| + | - | 153. Do you have a valid Colorado driver's license?   |
| + | - | 154. Have you ever applied for a license under a different name?  |
| + | - | 155. Have you ever had a license issued in another State? Where? _____  |
|   |   | 156. Other than parking tickets, how many citations (moving violations, equipment violation, etc.) have you had in the past 5 years? _____                  |
|   |   | 157. Other than a parking ticket, when was your last citation? _____  |
| + | - | 158. Have you ever had a failure to appear or pay on a ticket?  |
| + | - | 159. Have you ever had a ticket go to a warrant?  |
|   |   | 160. How many accidents have you been involved in, as a driver, since you started driving?<br>When did they occur? _____ Your fault _____ Their fault _____ |
| + | - | 161. Has your driver's license ever been suspended, revoked, restricted or placed on probation?<br>When? _____  |
| + | - | 162. Do you presently have the required insurance on all the vehicles you drive?  |
| + | - | 163. Has there ever been a time you owned or drove a vehicle and did not have the legally required insurance?<br>When and Why? _____                        |
| + | - | 164. Has your automobile insurance ever been refused or canceled?   |
| + | - | 165. Have you ever caused the death or serious injury of anyone by your operation of a motor vehicle?   |
| + | - | 166. Have you ever been involved in an accident you failed to report to either the police or the other party?   |
| + | - | 167. Do you have any outstanding citations or parking tickets?  |

## **FINANCIAL**

- |   |   |   |
|---|---|---|
| + | - | 168. Are any of your accounts or charge card past due, right now?                             |
| + | - | 169. Have you ever had any debts turned over to a collection agency?                          |
| + | - | 170. Have you ever had anything repossessed, voluntarily or involuntarily?                    |
| + | - | 171. Have you ever filed for bankruptcy?<br>Chapter 7 _____ Chapter 11 _____ Chapter 13 _____ |
| + | - | 172. Have you ever avoided paying rent, or any lawful debts, by moving?                       |

**FINANCIAL (continued)**

Yes No

- + - 173. Have you ever been late in paying your taxes?
- + - 174. Have you ever been investigated for filing a false return?
- + - 175. Have you ever failed to file a tax return?
- + - 176. Have you ever failed to pay, or been late repaying, a student loan?
- + - 177. Have you ever failed to provide financial support for a child, ex-spouse or any person whom you are legally responsible?
- + - 178. Have you ever been late or behind in making any support payments?
- + - 179. Have you ever had a check bounce? When was the last time? \_\_\_\_\_
- + - 180. Have you ever borrowed money to gamble with or to pay a gambling debt?
- 181. What is the most you ever lost gambling? \_\_\_\_\_ Won gambling? \_\_\_\_\_

**SECURITY MATTERS**

- + - 182. Are you now, or have you ever been, a member or supporter of any organization that advocates or supports the use of force or fear to deny anyone their Constitutional rights?
- + - 183. Have you ever given confidential information to anyone?
- + - 184. Have you ever been a participant in a riot, illegal protest, illegal strike, illegal demonstration or any similar activity?
- + - 185. Have you ever participated in the use or manufacture of explosive devices or firebombs?

**THE VOLUNTEER JOB**

Yes No

- 186. Do you object to any of the following:
  - + - Wearing a uniform?
  - + - Carrying or using a firearm?
  - + - Complying with Sheriff's Office grooming standards?
  - + - Working anytime, including weekends and holidays?
  - + - Working with, or for, anyone, regardless of their ethnic, racial religious or sexually oriented background?
- 187. How do you feel about the responsibility of carrying a gun if you became a peace officer?  
\_\_\_\_\_  
\_\_\_\_\_
- + - 188. Could you use a gun to defend your life, or the life of someone else, even if it meant taking a life?

