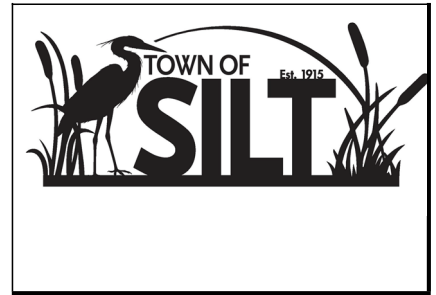


Town of Silt
 231 N. 7th Street
 PO Box 70
 Silt, CO 81652
 (970) 876-2353
 (970) 876-2937 Fax
 Email:



EMPLOYMENT APPLICATION

* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED *

Name and Address					
Job title for which you are applying:			How did you learn of this position?		
Last Name:		First Name:		Middle:	Other Last Names Used:
Physical Address:		City:	County:		State: Zip:
Mailing Address:		City:	County:		State: Zip:
Home Telephone:		Mobile Telephone:		E-Mail Address:	
Driver's License No:	Issuing State:		Expiration Date:	Do you have a (CDL) Commercial Driver's License? Yes No	

Education					
High School/GED (Name/City & State)		High School Diploma Received Yes No		GED Yes No	
Business/Trade/Other (Name/City & State)	From	To	Full Part	Certificate Received: Yes No	Courses Taken:
College (Name/City & State)	From	To	Full Part	Degree Rec'd Yes No	Major:
College (Name/City & State)	From	To	Full Part	Degree Rec'd Yes No	Major:

License/Certification			
Profession or Trade:	Issued By:	Expiration Date:	License/Certification #

Complete This Section if you Served in the U.S. Armed Forces				
Branch of Service:	Honorable Discharge: Yes No		Period of Duty	From: To:

Are you at least eighteen (18) years of Age?	Yes	No
Have you ever been employed by the Town of Silt? (Show Below)	Yes	No
Have you ever been fired or asked to resign from any job during the last five years? (Show Below)	Yes	No

Employment History (Show past 10 years) ATTACH ADDITIONAL SHEET/RESUME IF NEEDED. Show most recent employment first

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			

Employment History (Show past 10 years) ATTACH ADDITIONAL SHEET/RESUME IF NEEDED. (Continued)

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			

References (List three references other than relatives or previous employers)

Last Name:	First Name:	Contact number:	How long known:
Last Name:	First Name:	Contact number:	How long known:
Last Name:	First Name:	Contact number:	How long known:

Additional Information (Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying)

NOTICE-PLEASE READ CAREFULLY

If you are the successful applicant and are required by law to maintain a CDL (Commercial Driver’s License) or are in an employment position that is designated as "Safety Sensitive", you will also be required to participate in a random drug and alcohol testing program. The successful applicant may also be required to take a physical examination from the Town's designated physician, with reference to the job description. All job offers are made contingent on successful completion of pre-employment background investigations, drug screens, and physical examination.

The Town of Silt is an equal opportunity employer and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention of any other personnel actions because of political or religious opinions, affiliations, race, color, national origin, gender, sexual orientation, genetic information, disability, or other non-merit factors.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize The Town of Silt and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment as a contingency of my employment. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; workers compensation records, motor vehicle records, including traffic citations and registration; and any other public records.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligible list, or if I have already been employed cause my dismissal from the position. I also agree that ALL statements made on this application may be investigated. This authorization and certification applies to all applications submitted, whether in person, by fax, or e-mail.

Signature: _____

Date: _____



The Town of Silt is an
Equal Opportunity Employer

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

PHONE NUMBER: _____

DATE APPLICATION RECEIVED: _____



SILT POLICE DEPARTMENT LETTER OF UNDERSTANDING

I am applying for a position with the Silt Police Department. I understand that there are certain requirements I must meet before I can be accepted for this position. I understand that I must submit to an extensive background investigation and testing process.

The manner in which the tests and investigation will be conducted will be done in a manner selected by the Silt Police Department. I understand that the results of the tests and investigation are the property of the Silt Police Department and that I will not receive copies or the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

The Chief of Police will evaluate all tests in light of the requirements of the job and make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Silt Police Department, only that I will be considered for positions as they become available. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Silt Police Department.

Signature of Applicant: _____

Subscribed and Sworn to before me on _____ day of _____, 20_____

Notary Public in and for said County of _____, State of _____

Notary Public: _____

SILT POLICE DEPARTMENT WAIVERS

Please review the following waivers. These waivers will assist the Silt Police Department and its investigator in obtaining information directly related to your suitability for hire.

Each waiver needs to be signed before a Notary Public and all of the information needs to be filled out.

Failure to follow these instructions will delay the processing of your application and could lead to dismissal.

These waivers need to be turned in with the application once it is completed.

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Silt Police Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant

Date

Subscribed and Sworn to before me the _____ day of _____, 20____.
Notary Public in and for said County of _____, State of _____.

Notary Public

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant:

Please print your full name

Date of Birth: _____ Social Security Number: _____ - _____ - _____

As an applicant for a position with the Silt Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Silt Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be, for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant

Subscribed and Sworn to before me the _____ day of _____, 20_____.
Notary Public in and for said County of _____, State of _____.

Notary Public

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Silt Department for the position of _____,
I recognize that an employing law enforcement agency has a legal, as well as a moral, obligation to take every reasonable effort to ensure that persons employed by them as Peace Officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Silt Department and their officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20_____.

Signature of Applicant

Subscribed and Sworn to before me the _____ day of _____,
20_____.
Notary Public in and for said County of _____, State of _____.

Notary Public

SILT POLICE OFFICER APPLICATION

INSTRUCTIONS TO THE APPLICANT

By applying with the Silt Police Department, you will be subject to a testing process and extensive background investigation. The testing process will consist of the following areas:

- Completion of Application
- Written Test
- Physical Agility Test
- Oral Board Interview
- Officer Compatibility Interview
- Community Board Interview
- Polygraph Examination
- Psychological Evaluation
- Background Investigation
- Drug Screening
- Medical Screening

After completing the Community Board Interview, applicants will be ranked in order based on their scores from each of the tests and interviews. A conditional offer of employment will be given to the number of applicants deemed appropriate by the Chief of Police. Those applicants will then move on to the other portions of the application process. After the Background Investigation, all applicants who received a conditional offer of employment will be again ranked and a non-conditional offer of employment will be given to the highest ranking applicant.

INSTRUCTIONS TO THE APPLICANT CONTINUED

The information you provide in this application will be used to assist in determining your suitability for employment with the Silt Police Department. Part of the background investigation will be conducted into your personal history prior to hiring.

Keep in mind that:

1. The completion of this questionnaire is mandatory, as authorized by CRS 24-31-303(2), and the regulations of the Colorado Peace Officers Standards and Training (POST) Commission.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar you from any consideration for employment.
4. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly and honestly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with the Silt Police Department. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will then be made about the relevance of those facts to the requirements of the position for which you have applied.

Please print your responses to this questionnaire in ink. Do not type on this form, and do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the three waivers at the beginning of this packet carefully and have your signature notarized before returning them.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Silt Police Department.

When complete, return this application along with all the attachments, to the Silt Police Department, either by mailing it to the address below or returning it in person at:

Silt Police Department
231 N7th St
Silt, CO 81652

Any questions regarding the completion of this packet may be addressed by contacting the Background Investigations Unit or Chief Mike Kite at 970-876-2735

I have read and completely understand the above statement.

Signature of Applicant

Date

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Attach copies, unless original is requested, of the following documents to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please write N/A in the space provided for these documents. Those documents that are applicable, please indicate those that are attached with a checkmark in the space provided.

- _____ 1. Signed and notarized release waivers
- _____ 2. High School Diploma or GED Certificate
- _____ 3. College Diploma
- _____ 4. Military Discharge Papers
- _____ 5. Birth Certificate
- _____ 6. POST Certificate of Graduation
- _____ 7. Copy of Valid Driver's License

Please provide a full-face photograph of yourself, no smaller than 2.5"x2.5". This photo must have been taken within the last three months. This is not required, but it 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:

1. Your Name:

_____, _____, _____
LAST FIRST MIDDLE

List other names you have used or been known by. Include maiden names, married names, and adopted names:

2. List the physical address of the residence where you live:

Number Street City State Zip Code

List your mailing address if different than your physical address:

3. List telephone numbers at which you can be contacted and the hours when you will be available;

(Home): _____

(Cell): _____

(Work): _____

4. Date of Birth: _____
Month Day Year

5. Place of Birth (City and State or Country): _____

U.S. Citizenship is required for this position. Proof is required showing you are a legal resident of this country.

RELATIVES, REFERENCES, AQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you applied. Inquires will be confined to job-related manners.

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

Name: _____ **Address:** _____ **Phone Number:** _____

Father

Mother

Spouse

Brothers

Sisters

Step-Father

Step-Mother

Step Brothers

Step Sisters

RELATIVES, REFERENCES, AQUAINTANCES (Continued)

7. List three personal references who have knowledge of you and your qualifications.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List three professional references who have knowledge of you and your qualifications.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCE

9. Please list all of your residences during the last 5 years. Begin with your most current and proceed backwards.

Address	Dates	Landlord Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

10. The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces

- I Possess a High School Diploma
- I passed the G.E.D. (General Educational Development) Test
- I possess a College Degree

11. List all the schools you have attended, beginning with High School.

Name of School	City and State	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 and any formal education beyond high school.

Yes _____ No _____

If "Yes", please explain the circumstances:

EXPERIENCE AND EMPLOYMENT (CONTINUED)

Name and Address of

Employer: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Full Time: _____ Part-Time: _____

Position Held: _____

Name of Supervisor: _____

Name of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

Name and Address of

Employer: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Full Time: _____ Part-Time: _____

Position Held: _____

Name of Supervisor: _____

Name of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

EXPERIENCE AND EMPLOYMENT (CONTINUED)

Name and Address of

Employer: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Full Time: _____ Part-Time: _____

Position Held: _____

Name of Supervisor: _____

Name of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

Name and Address of

Employer: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Full Time: _____ Part-Time: _____

Position Held: _____

Name of Supervisor: _____

Name of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

EXPERIENCE AND EMPLOYMENT (CONTINUED)

Name and Address of

Employer: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Full Time: _____ Part-Time: _____

Position Held: _____

Name of Supervisor: _____

Name of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

Name and Address of

Employer: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Full Time: _____ Part-Time: _____

Position Held: _____

Name of Supervisor: _____

Name 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 contact be made?

EXPERIENCE AND EMPLOYMENT (CONTINUED)

15. 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.

16. Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency? Yes _____ No _____

If Yes, please provide the year, agency name, and if you were hired.

Year	Agency Name	Hired
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE

17. Have you ever served in the Armed Forces, National Guard, or Military Reserves? Yes_____ No_____

If Yes, please supply the following information:

Branch of Service:_____ Service Number:_____

Dates of Service: From _____ To _____

Type of Discharge:_____

18. Have you registered with the Selective Service? Yes_____ No_____

If Yes, When? _____

19. Have you ever been the subject of any judicial or non-judicial disciplinary Action while in the military, national guard, or military reserves?

Yes_____ No_____ If Yes, please give details to include branch of service, When, where, and the circumstances.

20. Please list 3 Military References. These can include past commanding officers Acquaintances, or potential sources of relevant information pertaining to your Background.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEGAL

21. If you have ever been arrested, taken into physical custody, been issued a misdemeanor citation, or been convicted of any crime, please give the following information. (Exclude traffic citations)

Date	Agency/Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. As an adult, have you ever been placed on probation? Yes_____ No_____

If yes, please give details to include when, where, and why.

23. Please list any other crimes you have committed, REGARDLESS of whether you were caught, Stopped, arrested, and/or convicted.

MOTOR VEHICLE OPERATION

24. Operation of a motor vehicle is an integral part of the position of police officer. An investigation of your driving history will be made through a records check. Please supply the following information.

Driver's License Number	State	Name as Printed on License
-------------------------	-------	----------------------------

25. Please list other states where you have been licensed to operate a motor vehicle.

State	Name under Which the License was Issued
_____	_____
_____	_____
_____	_____
_____	_____

26. Has your driver's license ever been suspended or revoked? Yes ___ No ___
If Yes, please give details to include when, where, and under what circumstances.

27. Please list all traffic citations you have received as an adult (After age 18).
Exclude parking tickets

Violation	Location (City, State)	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOTOR VEHICLE OPERATION (CONTINUED)

28. Please list all motor vehicle accidents in which you have been involved in as a driver within the past 5 years.

Date	Location (City, State)	Investigating Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

29. Is there anything you wish to discuss about your driving record which has not already been covered in the preceding sections?

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 this is, totalitarian, fascist, communist, or subversive in nature? Or have you ever been a part of a group who has used acts of force or violence as a means to deny other persons their rights under the Constitution of the United States?
Yes_____ No_____ If Yes, identify the organization and explain.

31. Are you willing to work all hours of the day, all days of the week, holidays, And overtime when assigned? Yes_____ No_____

32. If the necessity arose in the course of your employment to use deadly force on A human being, would you have any reluctance to do so? Yes_____ No_____

33. Do you have anything in your background that may disqualify you from Becoming a Peace Officer in the State of Colorado? Yes_____ No_____ If Yes, please explain.

DRUG USE QUESTIONNAIRE

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

<u>DRUG</u>	<u>YES</u>	<u>NO</u>	<u>DATE LAST USED</u>	<u>USED ONCE</u>
Marijuana				
Hashish, Hashish Oil				
Cocaine				
Crack, Rock, Ice				
Barbiturates, Downers				
Amphetamines				
Methamphetamines				
LSD or Hallucinogens				
PCP, Angel Dust				
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 ever injected an illegal drug into your body?

Have you ever sold any illegal drug?

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 done a "favor" for a friend by becoming involved in any illegal drug transaction?

Have you ever had illegal drugs in your possession while at work?

Have you ever bought or sold any illegal drug at work?

ADDITIONAL INFORMATION

36. 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, state, and present status.

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

x

