



SEDGWICK COUNTY SHERIFF'S OFFICE
SHERIFF Koby Quayle

315 Cedar Street, Julesburg, Colorado 80737
Phone: (970) 474-3355 Fax: (970) 474-2749
Email: kquayle@sedgwickcountygov.net

Complete all sections. If a question does not apply to you, insert "N/A". If you need additional space to respond to any section, use a separate sheet of paper. 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 from employment consideration. Applicants may be disqualified from employment consideration if the application is not fully completed according to instructions. This includes the completion and notarized signature portion of the "Authorization for Release of Information" on page 11. Handwritten applications must be printed legibly in blue or black ink only. A separate application must be completed for each position. The Sedgwick County Sheriff's Office requires a physical fitness assessment, psychological assessment, and comprehensive background investigation as part of the pre-employment screening process.

Today's Date: _____ Position Applied For: _____

Applicant

Full Legal Name (Last, First, Middle): _____

Address: Street, City, State, Zip: _____

DOB: _____ SSN: _____ Home Phone Number: _____

Alternate Phone Number: _____ Email address: _____

Alias(es), Nicknames, Maiden Names, Other: _____

Identify Your Social Media Accounts (Facebook, Twitter, etc.) _____

Date Available for Work: _____

Are you a Colorado Resident?: _____ Are you a Sedgwick County resident? _____

Are you a US Citizen?: (Y) (N) If no, what is your country of residence?: _____

If no, do you have necessary immigration paperwork to employed by the County (Y)(N)

If yes, please provide copies of all applicable work visas and/or embassy documentation.

Are you able to perform the essential functions of the position for which you have applied? (Y) (N)
(See attached job position description)

APPLICANT (continued)

May we contact your present or past employer(s) concerning your work performance? (Y) (N)

If no, please explain why: _____

Have you ever worked for the Sedgwick County Sheriff's Office? (Y) (N)

If so, please list positions held and dates of employment: _____

One or more of the following may be required during employment. Your inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform the following:

- a. Shift Work (Other than 8am - 5pm) (Y) (N) b. Rotating Shift/Days Off (Y) (N)
c. Overtime/Work Holidays (Y) (N) d. Work Schedules including Saturday/Sunday (Y) (N)
d. On call (Y) (N)

Family / Significant Other / Roommate(s)

Father's Name: _____ DOB : _____

Address: _____ Phone Number: _____

Mother's Name: _____ DOB: _____

Address: _____ Phone Number: _____

Sibling name: _____ DOB: _____

Address: _____ Phone Number: _____

Sibling name: _____ DOB: _____

Address: _____ Phone Number: _____

(Use additional sheets if necessary)

Spouse/Significant Other Name: _____ DOB: _____

Address: _____ Phone Number: _____

Roommate/Other Name: _____ DOB: _____

Phone Number: _____

(Use additional sheets if necessary)

RESIDENCES

List all residences you have had in the last ten (10) years, beginning with your present address. (Use additional sheets if necessary)

From (Month/Year)_____ To (Month/Year)_____ Landlord Name_____

Address:_____ Landlord Phone Number:_____

From (Month/Year)_____ To (Month/Year)_____ Landlord Name_____

Address:_____ Landlord Phone Number:_____

From (Month/Year)_____ To (Month/Year)_____ Landlord Name_____

Address:_____ Landlord Phone Number:_____

From (Month/Year)_____ To (Month/Year)_____ Landlord Name_____

Address:_____ Landlord Phone Number:_____

From (Month/Year)_____ To (Month/Year)_____ Landlord Name_____

Address:_____ Landlord Phone Number:_____

WORK EXPERIENCE

List all previous work experience you have obtained in the last ten (10) years beginning with your most recent; include part-time, temporary, seasonal employment and military service. Identify part-time jobs with 'PT' and temporary jobs with 'TEMP'; describe any gaps in employment due to school, unemployment, travel, etc. If your work history does not extend through ten years, clearly identify your first employer with 'FIRST JOB' in Employer Name field. (Use additional sheets if necessary)

From (Month/Year)_____ To (Month/Year)_____ Employer Name_____

Address, City, State:_____ Phone Number:_____

Job Title:_____ Description of Duties:_____

Salary:_____ Supervisor:_____ Reason for leaving:_____

Were you discharged, asked to resign, furloughed, put on inactive status, subjected to disciplinary action while with this company, or did you resign after being informed by your employer that they planned to discharge you? (Y) (N)

If yes, please explain circumstances: _____
(Use additional sheets if necessary)

WORK EXPERIENCE (continued)

From (Month/Year)_____ To (Month/Year)_____ Employer Name_____

Address, City, State:_____ Phone Number:_____

Job Title:_____ Description of Duties:_____

Salary:_____ Supervisor:_____ Reason for leaving:_____

Were you discharged, asked to resign, furloughed, put on inactive status, subjected to disciplinary action while with this company, or did you resign after being informed by your employer that they planned to discharge you? (Y) (N)

If yes, please explain circumstances:_____

From (Month/Year)_____ To (Month/Year)_____ Employer Name_____

Address, City, State:_____ Phone Number:_____

Job Title:_____ Description of Duties:_____

Salary:_____ Supervisor:_____ Reason for leaving:_____

Were you discharged, asked to resign, furloughed, put on inactive status, subjected to disciplinary action while with this company, or did you resign after being informed by your employer that they planned to discharge you? (Y) (N)

If yes, please explain circumstances:_____

From (Month/Year)_____ To (Month/Year)_____ Employer Name_____

Address, City, State:_____ Phone Number:_____

Job Title:_____ Description of Duties:_____

Salary:_____ Supervisor:_____ Reason for leaving:_____

Were you discharged, asked to resign, furloughed, put on inactive status, subjected to disciplinary action while with this company, or did you resign after being informed by your employer that they planned to discharge you? (Y) (N)

If yes, please explain circumstances: _____

WORK EXPERIENCE (continued)

From (Month/Year)_____ To (Month/Year)_____ Employer Name_____

Address, City, State:_____ Phone Number:_____

Job Title:_____ Description of Duties:_____

Salary:_____ Supervisor:_____ Reason for leaving:_____

Were you discharged, asked to resign, furloughed, put on inactive status, subjected to disciplinary action while with this company, or did you resign after being informed by your employer that they planned to discharge you? (Y) (N)

If yes, please explain circumstances: _____

EDUCATION/SKILLS

Circle Highest Grade Completed – (12) (GED) (AA/AS) (BA/BS) (MA/MS)

List all high schools attended. If you have a GED, give number, location, and date. Attach copy of diploma or GED.

Name of School	Complete Address	Dates Attended	Graduated
_____	_____	_____/____/____ to ____/____/____	(Y) (N)
_____	_____	_____/____/____ to ____/____/____	(Y) (N)
_____	_____	_____/____/____ to ____/____/____	(Y) (N)

List all colleges or universities attended. Attach a copy of transcript/diploma for each.

Name and Location (City, State)	Dates Attended	Major	Type of Degree
_____	_____/____/____ to ____/____/____	_____	_____
_____	_____/____/____ to ____/____/____	_____	_____
_____	_____/____/____ to ____/____/____	_____	_____

Special Skills: List relevant skills, training, college courses, foreign languages, and special schools (trade, vocational, business or military): _____

POST CERTIFICATION

Are you a State Certified Peace Officer in Colorado? (Y) (N)

Certificate #: _____ Date Issued: _____

Name and location of Academy attended: _____ Graduation Date: _____

Are you POST Board certifiable? (Y) (N)

Are you a State Certified Peace Officer in any other state? (Y) (N)

State & Certificate #: _____ Date Issued: _____

MILITARY SERVICE

Although not required, please attach a copy of your DD Form 214 if available.

Have you served in the United States Armed Forces? (Y) (N)

Are you a member of the US Reserve or National Guard? (Y) (N)

Brand of Service and Component: _____

Grade: _____ Type of Discharge: _____

Organization/Station or Unit/Location: _____

Active Duty: (Y) (N) Inactive Reserve: (Y) (N) Standby: (Y) (N)

Were you ever subjected to a court-martial or any form of non-judicial discipline such as an Article 15 or Captain's Mast? (Y) (N)

If yes, provide an explanation: _____

VOLUNTEER SERVICE

List all volunteer or community service

Employer Name: _____ Job Title/Duties: _____

Address, City, State: _____ Phone Number: _____

From (Month/Year) _____ To (Month/Year) _____

Were you ever discharged, asked to resign, or subjected to disciplinary action? (Y) (N)

If yes, provide an explanation: _____

VOLUNTEER SERVICE (continued)

Employer Name: _____ Job Title/Duties: _____

Address, City, State: _____ Phone Number: _____

From (Month/Year) _____ To (Month/Year) _____

Were you ever discharged, asked to resign, or subjected to disciplinary action? (Y) (N)

If yes, provide an explanation: _____

Employer Name: _____ Job Title/Duties: _____

Address, City, State: _____ Phone Number: _____

From (Month/Year) _____ To (Month/Year) _____

Were you ever discharged, asked to resign, or subjected to disciplinary action? (Y) (N)

If yes, provide an explanation: _____

VEHICLE OPERATOR'S LICENSE INFORMATION

Provide the following information concerning your current and past vehicle operator's licenses:

License 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? (Y) (N) If yes, provide an explanation: _____

Briefly describe any traffic accidents, whether at fault or not, in which you were involved, giving dates and locations: _____

Have you ever been denied automobile insurance, or driven without insurance? (Y) (N) If yes, explain why/when: _____

Please list current auto insurance company and policy number: _____

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you were contacted, received a summons, ticket or infraction notice, that you were arrested and/or detained by law enforcement. Include all traffic citations and offenses, criminal offenses, and military disciplinary actions regardless of punishment. List occurrences both as an adult and as a juvenile. Use a separate sheet of paper if necessary.

Location: _____ Police/Agency: _____ Date: _____

Offense/Charge _____ Description: _____

Location: _____ Police/Agency: _____ Date: _____

Offense/Charge _____ Description: _____

Location: _____ Police/Agency: _____ Date: _____

Offense/Charge _____ Description: _____

Location: _____ Police/Agency: _____ Date: _____

Offense/Charge _____ Description: _____

Have you ever been convicted of any crime that could be considered domestic violence? (Y) (N)

Have you ever plead guilty to any offense of which the basis of the original charge involved domestic violence? (Y) (N)

Are you now or have you ever been subject to a court issued restraining order against an intimate partner or their family? (Y) (N)

Have you ever been arrested or charged for any crime that would be considered a felony regardless of the final disposition of the case? (Y) (N)

If yes to any of the above, please provide an explanation below: _____

AFFILIATIONS

Are you now or have you ever been a member of an 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 acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means? (Y) (N)

If you answered yes, please explain fully your affiliations: _____

FINANCIAL

Have you ever filed for bankruptcy? (Y) (N)

Have you ever had an account turned over to a collection agency? (Y) (N)

If yes to either, please provide a detailed explanation: _____

LITIGATION

Have you ever been the plaintiff of, or named in civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another policy agency. (Y) (N)

If you answered yes, please explain fully (including dates and locations): _____

REFERENCES

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

Name: _____ Years Known: _____ Best time to contact: _____

Address, City, State: _____ Phone number: _____

Email: _____ Alternate Phone Number: _____

Name: _____ Years Known: _____ Best time to contact: _____

Address, City, State: _____ Phone number: _____

Email: _____ Alternate Phone Number: _____

Name: _____ Years Known: _____ Best time to contact: _____

Address, City, State: _____ Phone number: _____

Email: _____ Alternate Phone Number: _____

List any friends, relatives or acquaintances employed by the Sedgwick County Sheriff's Office and their relationship to you: _____

EMPLOYMENT INTEREST

Do you have any active applications on file with any other law enforcement agency? (Y) (N)

If yes, please list:

Agency	Address	Date of Application	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied employment by any other police agency? (Y) (N)

If yes, please list agency and reason: _____

On a separate sheet of paper explain why are you seeking employment with the Sedgwick County Sheriff's Office, and why do you feel qualified for the positions for which you have applied. Be detailed and attach it to the application.

Please read each statement carefully before initialing / signing:

I affirm, under penalty of perjury, that all the information in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date. (Initials) _____

I understand that to be extended an offer of employment, it may be conditional upon my successfully passing a pre-employment background investigation, polygraph examination, physical examination, psychological examination and drug screening. (Initials) _____

I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. (Initials) _____

I have read, understand, and by my signature, consent to these statements.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE ***** FOR ADMINISTRATIVE PURPOSES ONLY

Date Received: _____

Application: APPROVAL/DISAPPROVAL Date: _____ Signature: _____
Sheriff Phillip Biersdorfer

New Hire: APPROVAL/DISAPPROVAL Date: _____ Signature: _____
Undersheriff Phillip Biersdorfer

SEDGWICK COUNTY SHERIFF'S OFFICE
SHERIFF PHILLIP BIERSDORFER
315 Cedar Street, Julesburg, Colorado 80737
Phone: (970) 474-3355 Fax: (970) 474-2749
AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF (Applicant Name): _____

I hereby authorize the release of all information and records concerning myself to any agent of the Sedgwick 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; medical and/or psychological examination records; training records; financial or credit reports; complaints or grievances filed by or against me; records of investigation; complaint, arrest, trail and/or convictions for alleged or actual violations of the law; the result 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 Sedgwick 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 Sedgwick 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 Sedgwick 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 disclosures and access of records or information concerning me, and I voluntarily, knowingly, and willfully waive those rights with the understanding that information furnished will be used by the Sedgwick 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 Sedgwick 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 Sedgwick 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 this 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: _____

Address, City, State, Zip Code: _____

AUTHORIZATION MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____, 20 ____.

My commission expires _____

Notary Public _____

DO NOT WRITE BELOW THIS LINE ***** FOR ADMINISTRATIVE PURPOSES ONLY

Pre-employment checklist

Background investigation completed: (Y) (N) Date completed: _____

Fingerprints completed: (Y) (N) Date completed: _____

Physical fitness assessment completed: (Y) (N) Date completed: _____

Psychological assessment completed: (Y) (N) Date completed: _____

Polygraph assessment completed: (Y) (N) Date completed: _____

Interview completed (Y) (N) Date completed: _____

MINIMAL PHYSICAL FITNESS PERFORMANCE REQUIREMENTS CHART FOR NEW-HIRE SCSO EMPLOYEES					
MALE	AGE				
TEST	20-29	30-39	40-49	50-59	60+
2-Minute sit up	35	33	30	25	20
2-minute push-up	35	33	30	25	20
1-Mile run	12:30	13:00	14:00	14:30	15:00
FEMALE	AGE				
TEST	20-29	30-39	40-49	50-59	60+
2-Minute sit up	30	28	25	22	20
2-minute push-up	30	28	25	22	20
1-Mile run	13:00	13:30	14:30	15:30	16:00
** Females in excess of 49 years of age may do push-ups on their knees					