



Prowers County Sheriff's Office

103 E. Oak Street, Lamar, Colorado 81052

719-336-8050 719-336-7900 fax

Sheriff Sam Zordel

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PLEASE PRINT
(All incomplete or illegible applications will be rejected)

Position(s) applied for:		Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address: Number, Street	City	State Zip
Telephone Number(s)		
Best time to contact you at home is..... ____ : ____ AM / PM		
Have you ever filed an application with us before? Yes No		
If Yes give date: _____		
Have you ever been employed with us before? Yes No		
If Yes give date: _____		
Do any of your friends or relatives, other than spouse, work here? Yes No		
Are you currently employed? Yes No		
May we contact your present employer? Yes No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment..... Yes No		
Date available for work ____ / ____ / ____ What is your desired salary range? _____		
Are you available to work: Full Time Part Time Temporary		
Are you currently on "lay-off" status and subject to recall? Yes No		
Can you travel if a job requires it? Yes No		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any military service assignments, volunteer activities, and periods of full-time school attendance for the last 10 years. Also include any gaps in employment of more than 4 weeks.

Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate / Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate / Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate / Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate / Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

List professional, Trade, Business or Civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

ADDITIONAL INFORMATION

Other Qualifications :

Summarize special job related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS / EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal <input type="checkbox"/> PC / Mac <input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand WPM _____	Production / Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
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State any additional information you feel may be helpful to us in considering your application.

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? **YES** **NO**

REFERENCES

1.	Name	Phone
	Address	
2.	Name	Phone
	Address	
3.	Name	Phone
	Address	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should submit another application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any material false or misleading information given in my application or interviews will result in discharge or removal from the hiring process. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand that a background investigation will be conducted, which includes the completion of a personal history statement should my application be considered. Any false or misleading information given in the personal history statement will result in discharge.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: YES NO

Remarks:

Interviewer

Date

Employed YES NO Date of Employment: _____

Job Title: _____ Hourly Rate: _____

Department: _____

By: _____

Name and Title

Date



Prowers County Sheriff's Office

*103 E. Oak Street
Lamar, Colorado 81052
Sheriff Jim Faulf*

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: As an applicant for a position with the Prowers County Sheriff's Office, I am required to furnish information concerning my moral, physical, educational and mental qualifications. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Sheriff's Office.

I hereby authorize any representative of the Prowers County Sheriff's Office bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Prowers County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Prowers County Sheriff's Office to consider in determining my suitability for employment in that Office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public information that you may have concerning me, my work record, my background, and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have or have had and interest, attendance records, polygraph examinations, psychological examinations, medical examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, your organization and its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any result to me, my heirs, family, or associates because of compliance with this authorizations and request of the duly accredited representative of the Prowers County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Prowers County Sheriff's Office will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Prowers County Sheriff's office's acceptance and processing of my application for appointment or employment, I agree to hold the Prowers County Sheriff's Office, it's agents and employees harmless from any and all claims and liability associated with my application for appointment or employment in any way connected with the decision whether or not to appoint or employ me with the Prowers County Sheriff's Office. I understand that should information of a criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities.

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

I agree that any information provided by me, by others concerning me, or discovered during a background investigation concerning this application, is the sole property of the Prowers County Sheriff's Office. Further, that it will not be released to anyone including me, except at the discretion of the Prowers County Sheriff's Office. I further understand that it is my responsibility to provide any records requested and failure to do so will result in my application for appointment or employment to not be processed.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

I agree to pay any and all charges of fees concerning this request and can be billed for such charges at the address listed on this form.

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

This waiver is valid for a period of one year from the date of my signature.

Name (Printed)

Date of Birth

Social Security #

Address: # Street City State Zip Home Telephone #

Signature

Date

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

Notary Public

**PLEASE STAPLE A CURRENT PHOTO OF YOURSELF
TO THIS PAGE OF YOUR APPLICATION**