ARCHULETA COUNTY SHERIFF’S OFFICE
Richard Valdez, Sheriff

Application For Employment

Equal Employment Opportunity/Affirmative Action Employer

The Archuleta County Sheriff’s Office is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding an applicant from consideration on a basis prohibited by local, state or federal law. Equal access to employment services and programs is available to all persons.

Mail to: Archuleta County Human Resources, P.O. Box 1507
Phone (970-264-8375 / Fax (970) 264-8306 / e-mail rsmith@archuletacounty.org
Minimum Qualifications

All Positions:
- Must have no record conviction of a misdemeanor in the first degree, any felony or violent crime.
- Must have a valid Colorado driver’s license at the time of hire.
- After receiving Conditional Offer of Employment, be able to pass a pre-employment drug test and background investigation.
- Must be able to perform the essential job functions of the position with or without reasonable accommodation.

Patrol Deputy:
- Applicant must be no less than twenty-one (21) years of age by the application deadline.
- Applicant must be Colorado POST certified or eligible for certification.
- Applicant must be a high school graduate or equivalent
- Applicant after receiving Conditional Offer of Employment must be able to pass a pre-employment drug test, physical, psychological evaluation and background investigation.

Detention Officer:
- Applicant must be a high school graduate or equivalent
- Applicant after receiving Conditional Offer of Employment, must be able to pass a pre-employment drug test, physical, psychological evaluation and background investigation.

Required Examinations:
- Oral Interview
- Written Assessment Examination (Patrol Deputy and Detention Officer)
- Written Psychological Assessment (Patrol Deputy and Detention Officer)
- Functional Capacity Exam (Patrol Deputy and Detention Officer - upon conditional offer of employment)
- Pre-employment drug test (all positions – upon conditional offer of employment)
- Physical Agility Assessment (Patrol Deputy & Detention Officer – upon conditional offer of employment)
- Background Investigation – including but not limited to contact with the applicants former employers, associates, neighbors and other pertinent sources. Applicants’ military history, school records, police records and driving record will be researched.
- Interview with the Sheriff.

Special Notes:
Copies of the items listed below shall be attached to this application.
- Colorado P.O.S.T Certification (for Patrol Deputy positions)
- Other documents such as certificates, College Diploma and letters of reference may be included to demonstrate applicants additional qualifications.
Work Schedule: All employees are required to work the time periods and/or shifts, rotational and/or stationary, and assignments consistent with the needs of the Sheriff’s Office.

Duty Assignments: All applicants hired by the Sheriff serve at the will and pleasure of the Sheriff (Colorado Statute §30-10-506) and may be assigned to any of the interdepartmental divisions, sections or units at the discretion of the Sheriff or his appointed representative.

AN IMPORTANT MESSAGE ABOUT TRUTHFULLNESS...

One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Archuleta County Sheriff’s Office has an unwavering stand on untruthfulness and dishonesty that can result in the dismissal of an employee who engages in such misconduct.

The same standard applies to the hiring process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct.

If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Archuleta County Sheriff’s Office. Information regarding a candidate’s disqualification may also be made available to other law enforcement agencies with an authorized request.

The following factor and/or behaviors are considered to disqualify for consideration and or employment with the Archuleta County Sheriff’s Office. If the candidate has been involved or participated in any of the following behaviors the candidate should stop the application process at this time. This list is not inclusive. A candidate or employee may also be disqualified from employment if the totality of their circumstances indicates that they would not be suitable as a Sheriff’s Office Employee.

DISQUALIFYING FACTORS / BEHAVIORS

**BIOGRAPHICAL**

- Falsification or omission of any part of the application packet
- False information regarding age/date of birth
- Falsification or omission of information regarding current or past addresses
- Falsification or omission of information regarding relatives employed by the County

**EMPLOYMENT HISTORY (includes school and military)**

- Fabrication of any information related to a job
- Failure to list any job on application packet
- Failure to report a discharge, forced termination or resignation for any reason
- Failure to report employment discipline, including written warnings, reprimands, etc., or court-martial (if in the military)

**WORK AVAILABILITY**

- Refusal to work paid overtime, all shifts, all days of the week, and on holidays, as evidenced in past jobs

**FINANCIAL RESPONSIBILITY**

- Any checks intentionally written on a closed account
- Two or more separate incidents within the past 5 years of being convicted of or having wages garnished for failure to pay child support
- Failure to pay taxes
INTEGRITY

- Taking of items and/or money without permission (added together) of over $100 from an employer within the past 3 years (includes military)
- Any incidents of misdemeanor shoplifting, or accessory to shoplifting, whether caught or not, within the past 3 years
- Giving perjured, sworn testimony at any time
- Giving false statements or making falsified reports as a law enforcement officer
- Offering or paying a bribe
- Soliciting or accepting a bribe at any time as a law enforcement officer

DRUG BEHAVIOR

- Illegal use of marijuana within the past 18 months
- Under the effects of medical marijuana while at work
- Use of any illegal drug, except marijuana, within the past 3 years (includes speed, heroin, cocaine, PCP, mushrooms, prescription drugs, etc.)
- Use of any illegal drug, on or off duty, while employed as a law enforcement officer
- Any sale, manufacture or distribution of any illegal drug, including marijuana, within the past three years. If beyond 3 years, the following factors should be considered: The frequency of the behavior; the quantity of drugs involved; and the type of drug.
- Deliberate abuse of prescribed controlled substances within the past 3 years
- Refusal to agree to submit to “pre-employment” drug screening as an applicant or “reasonable suspicion” drug testing as an employee

ALCOHOL BEHAVIOR

- Unauthorized consumption of alcoholic beverages while on duty as a law enforcement officer, as evidenced in past jobs
- Refusal to agree to submit to post-offer, pre-employment alcohol screening as an applicant or reasonable suspicion alcohol testing as an employee
- Any pattern of excessive alcohol abuse

CRIMINAL BEHAVIOR

- Any felony committed will be an automatic disqualifier unless as an adult the felony was committed as a juvenile. (An adult applicant committing a felony as an adult would be disqualified. If an adult committed a felony as a juvenile, the following circumstances will be considered: The applicant's age at time of the illegal act and the nature and severity of the offense.)
- Any misdemeanor crime commission (excludes marijuana-related misdemeanors or those involving unlawful use of physical force) within the past 3 years, whether arrested and charged or not
- Certain misdemeanor crime convictions, as defined by P.O.S.T., which would affect peace officer certification in Colorado. Visit the POST website at www.ago.state.co.us/post/misdemeanors.pdf for a list of misdemeanors that will preclude patrol certification

DRIVING HISTORY

- Any DUI convictions within the past 3 years
- Any DWI convictions within the past 3 years
- Any license suspensions/revocations within the past 3 years
- An applicant must not have a noticeable pattern of traffic arrests, citations and/or convictions within the last 3 years. Stop sign violations, red light violations, reckless driving, speeding and careless driving are just a few examples of traffic violations that could disqualify an applicant if he/she has developed a pattern.
- Any hit and run accidents within the past 3 years
- Failure to produce a current, valid driver's license
- Failure to show proof of liability insurance (Colorado drivers), if applicant owns a vehicle
CERTIFICATION/ELIGIBILITY

- Falsifying documentation of a college degree, transcript or specialized training
- Falsifying documentation of law enforcement certification

I have reviewed the disqualifying behavior list and declare that I do not meet any of the disqualifying behaviors listed on this sheet.

__________________________________                     _______________
Applicant                                                                            Date

Instructions

Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for employment. Any false or misleading information will result in your application being rejected. Once submitted, this application becomes the property of the Archuleta County Sheriff’s Office.

Completed applications must be returned to the Archuleta County Human Resources Department on or before the closing date of the position posting.

Every section of the application must be completed in order for the Archuleta County Sheriff’s Office to accept the application as complete. If a particular question does not apply to you, answer the question with N/A. If the space is insufficient, use an additional page to proceed with the number of the referenced block.

Correctness, validity, and content of your answers are subject to investigation.

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.

Type or print legibly. Illegible forms will not receive consideration. It is imperative that all information is accurate and up-to-date. Information on names, telephone numbers, complete addresses (including city, state and zip code) references must be correct in order to process your application.

Attached copies of your high-school diploma or GED, college transcripts and/or diploma, Military form DD214 and applicable P.O.S.T. documents.
Please circle the correct answer to the following questions. If you answer “yes” to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary. A “yes” answer may not automatically bar an applicant from employment; however, you must provide detailed information about each “yes” response. Failure to provide the information requested will disqualify you from the process.

Have you ever:

1. Been arrested or charged by any court of a criminal offense, misdemeanor or felony?  
   □ Yes or □ No

2. Used any illegal drugs in the last 2 years?  
   □ Yes or □ No

3. Used any hallucinogenic drugs?  
   □ Yes or □ No

4. Used heroin, PCP, steroids or methamphetamine?  
   □ Yes or □ No

5. Have you abused any prescription drugs.  
   □ Yes or □ No

6. Been arrested for DWI or DUI in the last three years?  
   □ Yes or □ No

7. Sold any illegal drug at any time in your life?  
   □ Yes or □ No

8. Been convicted of, or entered a guilty plea to any assault in a domestic setting?  
   □ Yes or □ No

9. Falsified any document, form, testimony, or pleading as an officer of the court or as a witness?  
   □ Yes or □ No

10. Omited, misstated or falsely stated any information, in writing or orally during an application process with any agency?  
    □ Yes or □ No

11. Are you now, or have you ever been the subject of a restraining order?  
    □ Yes or □ No

If yes to any of the above please explain: (Attach additional pages if needed)
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

12. Are there any incidents in your life, whether or not you were directly involved, which if discovered by a subsequent investigation, would disqualify you as an applicant.  
    □ Yes or □ No

If yes, please explain: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
13. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which have adopted, or shown a policy of advocating or approving the commission of acts or force of violence 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 or □ No

If yes, please explain: ________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

14. Have you ever stolen anything from an employer? □ Yes or □ No

If yes, please explain: ________________________________________________________________

________________________________________________________________________________

Have you used any other names? □ Yes or □ No

If yes, give the names used and period of time you used them, for example, your maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s). If the other name is your maiden name put “maiden” in front of it.

Name #1 __________________________________________________ month/yr used __________ to ____________

Name #2 __________________________________________________ month/yr used __________ to ____________

Residences: List all for the past ten years beginning with current (add additional sheets if needed)

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Address</th>
<th>With whom did you live and where are they now?</th>
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</table>

If you rent: Landlord Information

Name | Address | Phone Number

List all persons living/staying in your residence:

<table>
<thead>
<tr>
<th>Name</th>
<th>How Long</th>
<th>Relationship To You</th>
<th>Phone Number</th>
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</table>
List all professional or civic organizations that you are a member or have been a member of:

<table>
<thead>
<tr>
<th>From: Month/Yr</th>
<th>To: Month/Yr</th>
<th>Name</th>
<th>Types</th>
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EDUCATION: Please circle highest grade completed. 12 13 14 15 16 16+

High School _____________________________ Address ___________________________________________
City______________________________ State ________________________ Zip Code________________
GED or Diploma [ ] Yes [ ] No
Date of Graduation ____________________

College/University or Trade School __________________________________________________________
Address __________________________________________ City/State ___________________________
Degree & Major ______________ Phone Number ________________________________
Major __________________________ Minor __________________________
Type of Degree __________________ Date of Degree____________________________
Attended From __________________________ To ________________________________

College/University or Trade School __________________________________________________________
Address __________________________________________ City/State ___________________________
Degree & Major ______________ Phone Number ________________________________
Major __________________________ Minor __________________________
Type of Degree __________________ Date of Degree____________________________
Attended From __________________________ To ________________________________
Other Special Schools, Courses, or Study of Certification:

Name/Address ______________________________________________________________________________________
Street                  City                        State      Zip Code

Course of Study___________________________________________________
Certification _____________________________________________________   Date Granted ___________________

Other Skills_______________________________________________________________________________________
_________________________________________________________________________________________________

Typing  □ Yes or  □No      WPM _______      Computer ____________________ MS Word ________
Excel_______      Access ________________

Foreign Languages ?
___________________________________  Speak_________  Understand_________ Read _________
___________________________________  Speak_________  Understand_________ Read _________

EMPLOYMENT HISTORY:
List your work history below.  Start with your present or most recent position and go backward through your experience at least 10 years or back through age 18 (whichever is shorter).  Include military service and volunteer work in your work history in chronological order. Identify by month and year any period of unemployment of six months or more. Also, explain the circumstances for any positions from which you have been fired or terminated.  This section MUST be complete.  Attach additional sheets if necessary to provide 10 years work experience.

Current or Most Recent Employer

Company Name _________________             _________________             (        )______________
                                          City/State             Phone # of Supervisor
From ___________to _____________
Dates Employed
Duties: ______________________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Salary $ ________ per __________(Hour, Week, Month)   Reason for Leaving
May we contact this employer?  □ Yes  □ No or wanting to leave? ________________________________

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Job Title</th>
<th>Duties</th>
<th>Salary</th>
<th>Reason for Leaving</th>
<th>May we contact employer?</th>
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<td><strong>Second Most Recent Employer</strong></td>
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<td><strong>Third Most Recent Employer</strong></td>
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<td><strong>Fourth Most Recent Employer</strong></td>
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<td><strong>Fifth Most Recent Employer</strong></td>
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</table>
Sixth Most Recent Employer

Company Name ____________________________ City/State ________________ ( ) ______________ Phone # of Supervisor

From ___________ to ________________

Dates Employed

Duties: ____________________________________________________________

Salary $ __________________________ per _________ (Hour, Week, Month) Reason for Leaving

May we contact this employer? ☐ Yes ☐ No or wanting to leave? ____________________________

Seventh Most Recent Employer

Company Name ____________________________ City/State ________________ ( ) ______________ Phone # of Supervisor

From ___________ to ________________

Dates Employed

Duties: ____________________________________________________________

Salary $ ________ per _________ (Hour, Week, Month) Reason for Leaving

May we contact this employer? ☐ Yes ☐ No or wanting to leave? ____________________________

List all law enforcement agencies which you have applied for employment:

<table>
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<tr>
<th>Date</th>
<th>Agency</th>
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MILITARY EXPERIENCE:

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, or any other military organization? ☐ Yes ☐ No If yes, attached photocopy of DD214 or other separation papers.

If there is more than one period, list the separate periods

<table>
<thead>
<tr>
<th>Month/Yr Entered</th>
<th>Branch or Organization</th>
<th>Date Of Discharge</th>
<th>Type of Discharge</th>
<th>Rank</th>
<th>Occupational Specialty</th>
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Were you ever reduced in rank or other disciplinary action in the Military? ☐ Yes ☐ No
If yes please explain ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What was your last duty station? __________________________________________________

What was or anticipated date of discharge _________________________________________

If you were released early from military service, explain why __________________________
______________________________________________________________________________
______________________________________________________________________________

ARREST HISTORY
Have you been arrested, convicted, charged, questioned, accused, or detained for any reason by any police, security officer, military police authority?  □ Yes  □ No

If yes, describe below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Charge</th>
<th>Dept. or Agency</th>
<th>Location (City, County, State)</th>
<th>Disposition</th>
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Were you ever served with a criminal or civil subpoena or summons other than traffic  □ Yes  □ No  If yes explain below.

Has any law enforcement officer ever been called to any of your former or current residences for any reason?  □ Yes  □ No  If yes explain below.
______________________________________________________________________________
______________________________________________________________________________
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DRIVING RECORD:

Give the following information concerning any vehicle operator’s license you have held or now hold, either in Colorado or any other state.

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<thead>
<tr>
<th>Type of License</th>
<th>Number</th>
<th>Issuing Authority</th>
<th>Expiration</th>
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</table>
Have you ever received a citation/ticket for any of the following offenses? If yes to any, explain below. Attach additional sheets of paper if needed.

- Driving while suspended or revoked? □ Yes □ No
- Any alcohol or drug related traffic offense? □ Yes □ No
- Operating a motor vehicle without insurance? (financial responsibility) □ Yes □ No
- Careless driving? □ Yes □ No
- Leaving the scene of a motor vehicle accident □ Yes □ No

List all driving citations/tickets, or summons you have received as an adult or juvenile, beginning with the most recent. (If you cannot remember exact dates or locations, give approximate dates and locations.)

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Charge</th>
<th>City/State</th>
<th>Department/Agency Issued By</th>
<th>Disposition</th>
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List all vehicles which you own, lease, or have for your personal use (including motorcycles)

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>License Number</th>
<th>State</th>
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How many traffic accidents have you been involved in during the past five years? ________________________________
Describe here______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Patrol Deputy Applicants Only

☐ I am currently Colorado POST certified  Certification # _______________ (attach copy of certification)
☐ I am eligible for Colorado POST certification
   ☐ I have graduated from an academy. My test is scheduled for _______________ (date)
   ☐ I am certified in another state  Certification # _______________ State ________ (attach copy of certification)

Use of Force

If the necessity arose for you to shoot a person in the course of your duties as an officer, would you have any reluctance to do so?  ☐ Yes  ☐ No

If yes, explain in detail. (attached additional pages as needed)
_________________________________________________________________________________
_________________________________________________________________________________
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Have you ever had to use a weapon to defend yourself or others?  ☐ Yes  ☐ No

If yes, explain in detail. (attached additional pages as needed)
_________________________________________________________________________________
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Detention Officer Applicants Only

This position involves contact with inmates in a correctional facility (jail and prison). As required by the Prison Rape Elimination Act of 2003 (PREA), all applicants who may have contact with an inmate in a correctional facility (jail and prison) as described in the law must answer the three questions below to determine their eligibility for the position.

In accordance with Federal Law, the ACSO shall not hire nor promote anyone who may have contact with inmates who:

(A) Has engaged in sexual abuse in prison, jail lockup, community confinement facility, juvenile facility or other institution.

Have you ever engaged in sexual abuse as described in (A) above?  □ Yes  □ No

(B) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or unable to consent to or refuse.

Have you been convicted of engaging or attempting to engage in sexual activity as described in (B) above?  □ Yes  □ No

(C) Has been civilly or administratively adjudicated to have engaged in the activity described in (C) above

□ Yes  □ No

I certify that my responses to the questions in this questionnaire are true and correct to the best of my knowledge, and agree and understand that any misstatements of material fact herein may cause forfeiture of all rights to any employment in the service of the Archuleta County Sheriff’s Office.

__________________________________________________________    Date ____________
                           Signature
                           ___________________________________________________________
                           Printed Name
WORK REFERENCES: Include only individuals familiar with your work ability. Do not include relatives.

<table>
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<tr>
<th>Name</th>
<th>Phone #</th>
<th>Address, City, State, Zip</th>
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Write a short paragraph explaining: Why you are interested in working for Archuleta County Sheriff’s Office.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________
_____________________________________________________________________________________

Other information you feel would be helpful in considering you for employment: ____________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________
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Are you related to anyone currently employed by the Archuleta County Sheriff’s Office? If yes, provide name and relationship.

Name/s ________________________________ Relationship ________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you know of any reason why you would not be able to perform (with reasonable accommodation) any job related task or function in the job description? If yes, please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

16
AFFIDAVIT:

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed could be cause for termination and this employer shall not be liable in any respect for such action or termination.

I understand that any false statement in this document or willful misrepresentation will result in disqualification from the application process. If the misrepresentation is discovered after hiring, I may be subject to an inquiry and appropriate administrative or disciplinary actions, up to and including termination.

As an applicant for employment with the Archuleta County Sheriff’s Office I understand that, if hired, I must comply with the Employee Drug and Alcohol Policy.

I further acknowledge that I understand all employment with the Archuleta County Sheriff’s Office is at the will and pleasure of the Sheriff, per Colorado Revised Statute §30-10-509

NOTE: ALL APPLICATIONS MUST BE SIGNED – FAXED AND E-MAILED APPLICATIONS MUST BE FOLLOWED UP WITH AN ORIGINAL SIGNATURE WITHIN TEN CALENDAR DAYS OF RECEIPT BY ARCHULETA COUNTY HUMAN RESOURCES.

Applicant Signature

Date
Applicant ADA Testing Accommodation Request Form

- Return Only If Requesting Accommodation -

APPLICANT’S NAME: ____________________________ DATE:___________

ADDRESS_____________________________________________________________________

PHONE _______________________________

TEST DATE____________

POSITION __________________________________

The Americans with Disabilities Act (ADA) enables qualified applicants with impairments that affects one or more major life activities the opportunity to request a reasonable modification to enable them to apply and/or test for a position with the Archuleta County. We will need from the applicant information related to his or her disability to determine what accommodation may be best for the applicant.

What you need to know about the accommodation process:

1. All information provided to Archuleta County is confidential and will only be used to provide an appropriate accommodation to applicants with disabilities whom have requested an accommodation.

2. Most applicants who request accommodation will be asked to submit medical documentation to verify that they are a person with a disability as defined in the ADA.

3. Individuals requesting an accommodation for a learning disability will need to provide documentation from a healthcare provider describing the type of learning disability.

4. All information and documentation submitted from a healthcare provider must be written within the previous twelve (12) months to the date of the application to ensure that the accommodation meets the current needs of the applicant.

5. Any healthcare provider used to support this application must be willing and able to speak knowledgably about the disability and willing to work with our staff in determining the best accommodation for the applicant.

6. This accommodation request form must be received a minimum of fifteen (15) business days prior to the time of the needed accommodation.

To process your request for an accommodation, we need the following information:

Describe your impairment:_______________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________
Describe how your impairment is significant: ___________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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Describe which activities are of central importance to daily life that are restricted by your impairment.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

What accommodation do you feel will enable you to apply and/or test for this position. Please describe in detail.
____________________________________________________________________________________________
____________________________________________________________________________________________
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Please provide the name and phone number of your current treating healthcare provider that can speak to your
current limitations. Be sure to contact your healthcare provider to notify them that a representative from Archuleta
County will be contacting them. All medical information provided to Archuleta County for persons with disabilities
is strictly confidential and will only be sure in evaluating this accommodation request.

Health Providers Name:_____________________________________________  
Phone Number:_____________________________

I hereby certify that the information contained in this request is true and accurate.
_____________________________________________    Date__________

Applicant’s Signature

Return this form to: Robert Smith, Human Resources Administrator
P.O. Box 1507
Pagosa Springs, CO 81147
Fax: 970-264-8345
e-mail: rsmith@archuletacounty.org