



# SHERIFF

CROWLEY COUNTY

110 East 6th St  
Ordway, Co 81063

Phone: 719-267-5235  
Fax 719-267-3089

## AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth	City	State	Country	SSN:	

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part where of concerning myself, by and to ANY duly authorized agent of the Crowley County Sheriff Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had a interest.

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 which may provide pertinent data for the Crowley County Sheriff Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Crowley County Sheriff Office. I understand that all materials pertaining to this background investigation becomes the property of the Crowley County Sheriff Office and will not be returned to me.

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 of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release for will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

My commission expires \_\_\_\_\_ 20\_\_

Notary: \_\_\_\_\_

Signature:	
Street Address:	
City:	
State:	Zip Code:

1. Are you presently POST Certified?.....  Yes  No  
If yes, what POST Academy did you attend?  
What is your PID #?

2. Are you currently participating in one of the following?  Military Reserve  National Guard  
If you have ever been in the Military complete this section.

3. Are you required to register for the Selective Service?.....  Yes  No  
If yes, have you registered?.....  Yes  No  
If no, explain:

4. Branch of Service  
5. Dates of Service From:  To:

6. Type of Discharge:  Entry Level  Honorable  General  OTH (other than honorable)  
 Bad Conduct  Dishonorable  
Re-entry Code (1-4) If applicable—refer to you DD-214

7. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?  
 Yes  No

8. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, company punishment)?.....  Yes  No

**Disclosure of Arrests and Convictions**  
As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or pardoned:  
**ALL** detentions or arrests, whether they resulted in a conviction or not  
**ALL** convictions  
**ALL** diversion programs that were not successfully completed  
If more space is needed, continue on a separate piece of paper

9. Either as an adult or a juvenile, have you **EVER** been detained for investigation, held on a suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted or any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ..... Yes  No

If yes, explain each incident

A. Approximate Date  Arresting or Detaining Agency

Charge: <input type="text"/>
Disposition of Penalty <input type="text"/>

B. Approximate Date  Arresting or Detaining Agency

Charge: <input type="text"/>
Disposition of Penalty <input type="text"/>

C. Approximate Date  Arresting or Detaining Agency

Charge: <input type="text"/>
Disposition of Penalty <input type="text"/>

**Section 1: Personal**

1. Last Name	First	Middle
2. Other Names, including Nicknames you have used or been known by:		
3. Address where you reside: Number Street		
City:	State:	Zip Code:
4. Mailing Address, if different from above		
5. Contact Numbers		
Home:	Work:	Cell:
DOB		
7. If you were born outside the United States, are you a US citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for US citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Birth Place (City / County / State / Country)		

**Section 2: Personal and Relatives**

NOTE: Mark N/A if a category is not applicable or if the individual is deceased.		
<input type="checkbox"/> N/A A. Spouse/Registered Domestic Partner:		
Name:	Street Address:	
City:	State:	Zip Code:
Work Address: (Street / City / State / Zip)		
Home Phone:	Work Phone:	Other:
<input type="checkbox"/> N/A B. Father		
Name:	Street Address:	
City:	State:	Zip Code:
Work Address: (Street / City / State / Zip)		
Home Phone:	Work Phone:	Other:
<input type="checkbox"/> N/A C. Mother		
Name:	Street Address:	
City:	State:	Zip Code:
Work Address: (Street / City / State / Zip)		
Home Phone:	Work Phone:	Other:
Pg 3 of 8 Initial this page to indicate that you have provided complete and accurate information: _____		

### Section 3: References:

1. Name: State:	Zip:	Home Address (Number / Street / Apt)	City:
Home Phone: State:	Zip:	Work Address (Number / Street / Apt)	City:
Work Phone:		Cell Phone:	Email:
How do you know this person?			
2. Name: State:	Zip:	Home Address (Number / Street / Apt)	City:
Home Phone: State:	Zip:	Work Address (Number / Street / Apt)	City:
Work Phone:		Cell Phone:	Email:
How do you know this person?			
3. Name: State:	Zip:	Home Address (Number / Street / Apt)	City:
Home Phone: State:	Zip:	Work Address (Number / Street / Apt)	City:
Work Phone:		Cell Phone:	Email:
How do you know this person?			
4. Name: State:	Zip:	Home Address (Number / Street / Apt)	City:
Home Phone: State:	Zip:	Work Address (Number / Street / Apt)	City:
Work Phone:		Cell Phone:	Email:
How do you know this person?			

## Section 4: Education:

Check applicable  High School Diploma from an accredited U.S. Institution  GED

List High School Attended:			
A. Name: graduate?	From:	To:	Did you
Address: <input type="checkbox"/> No	City:	State:	<input type="checkbox"/> Yes
B. Name: graduate?	From:	To:	Did you
Address: <input type="checkbox"/> No	City:	State:	<input type="checkbox"/> Yes

### Colleges or Universities Attended Trade, Vocational Training:

A. Name degree earned:	From:	To:	Total units earned:	Type of
Address: <input type="checkbox"/> No	City:	State:		
B. Name degree earned:	From:	To:	Total units earned:	Type of
Address: <input type="checkbox"/> No	City:	State:		
C. Name degree earned:	From:	To:	Total units earned:	Type of
Address: <input type="checkbox"/> No	City:	State:		
A. Name: Did you complete the course?	From:	To:		
Type of school or training <input type="checkbox"/> No	City:	State:		<input type="checkbox"/> Yes
B. Name: complete the course?	From:	To:		Did you
Type of school or training <input type="checkbox"/> No	City:	State:		<input type="checkbox"/> Yes
C. Name: complete the course?	From:	To:		Did you
Type of school or training <input type="checkbox"/> No	City:	State:		<input type="checkbox"/> Yes
Have you ever attended a POST Basic Academy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the following information:				
A. Academy Name uate?	From:	To:		Did you Grad-
Location (City / State) <input type="checkbox"/> No		Name of Training Coordinator		<input type="checkbox"/> Yes
A. Academy Name uate?	From:	To:		Did you Grad-
Location (City / State) <input type="checkbox"/> No		Name of Training Coordinator		<input type="checkbox"/> Yes

**Section 6: Work History/Military Service**

- List all jobs you have had including part-time, temporary, self-employment, and volunteer for the last 10 years.
- Begin with the most current.
- If more space is needed, continue on separate piece of paper.
- If Military Service (including Reserve) enter base assignments or unit of assignment.
- List all periods of unemployment of more than 30 days.

A. Name of Employer or Military Unit			
From:		To:	
Address (Number / Street / Unit)			Supervisor
City:	State:	Zip Code:	Contact Number:
Job Title:		Email:	
Duties / Assignments:			<input type="checkbox"/> F-T <input type="checkbox"/>
P-T <input type="checkbox"/> Temp			<input type="checkbox"/> Self-
Employed <input type="checkbox"/> Volunteer			
Reasons for wanting to leave or termination			

B. Name of Employer or Military Unit			
From:		To:	
Address (Number / Street / Unit)			Supervisor
City:	State:	Zip Code:	Contact Number:
Job Title:		Email:	
Duties / Assignments:			<input type="checkbox"/> F-T <input type="checkbox"/>
P-T <input type="checkbox"/> Temp			
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer			
Reasons for wanting to leave or termination			

C. Name of Employer or Military Unit			
From:		To:	
Address (Number / Street / Unit)			Supervisor
City:	State:	Zip Code:	Contact Number:
Job Title:		Email:	
Duties / Assignments:			
<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp			
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer			
Reasons for wanting to leave or termination			

## Section 6: Work History/Military Service Continued

D. Name of Employer or Military Unit	
From:	To:

Address (Number / Street / Unit)	Supervisor
City: Number:	State:                      Zip Code:                      Contact
Job Title:	Email:
Duties / Assignments: <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Reasons for wanting to leave or termination	

E. Name of Employer or Military Unit	
From:	To:

Address (Number / Street / Unit)	Supervisor
City: Number:	State:                      Zip Code:                      Contact
Job Title:	Email:
Duties / Assignments: <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Reasons for wanting to leave or termination	

F. Name of Employer or Military Unit	
From:	To:

Address (Number / Street / Unit)	Supervisor
City: Number:	State:                      Zip Code:                      Contact
Job Title:	Email:
Duties / Assignments: <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
Reasons for wanting to leave or termination	

## Section 6: Work History/Military Service Continued

1. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions).....  Yes  No

2. Have you ever been fired, released from probation, or asked to resign from any place of employment?  
.....  Yes  No

3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  
.....  Yes  No

4. Have you ever quit without giving proper notice? .....  Yes  No

5. Have you ever resigned in lieu of termination? .....  Yes  No

6. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation, harassment, etc.) by a co-worker, superior, subordinate or customer? .....  Yes  No

7. Were you ever the subject of a written complaint at work? .....  Yes  No

8. Have you ever been counseled at work due to lateness or absences? .....  Yes  No

9. Did you ever receive an unsatisfactory performance review? .....  Yes  No

10. Have you ever sold, released, or given away legally confidential information? .....  Yes  No

11. Have you ever called in sick when you were neither sick, nor caring for a sick family member?  Yes  No  
If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of the questions (1-10) explain, include when, where and circumstances; indicate corresponding question number.

Have you applied to any other law enforcement agency (city, county, state or federal)?  Yes  No

Name of Agency

Name of Agency

Are you interviewing for any other agency?  Yes  No

Name of Agency

Before you receive an offer of employment from this Department you MUST BE A POST GRADUATE, you must pass a psychological evaluation and a physical. Do you understand?.....  Yes  No