

## Application Check List

Before submitting application, please make certain all items have been completed.

- Be honest on your application! *A prior arrest does not automatically prohibit your acceptance into this program.*
- Fill out all areas applicable to you, completely.
- Personal Inquiry Waiver.
  - **Signed and Notarized**
- Attach a copy of the FRONT and BACK of your valid Colorado Driver's License.
  - **Other government issued photo ID may be substituted if you do not have a valid Colorado Drivers License**
- Mail or deliver completed application to:

Lincoln County Sheriff's Office  
ATTN: Posse Coordinator  
103 3<sup>rd</sup> Avenue  
P.O. Box 10  
Hugo, Colorado 80821

Thank you for your interest in serving Lincoln County!

## APPLICANT PROFILE

Please print clearly and complete all areas

Name: \_\_\_\_\_  
Last First Middle

AKA (Other names used): \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

### Primary:

Name: \_\_\_\_\_  
Last First Middle

Residence Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Alternate:

Name: \_\_\_\_\_  
Last First Middle

Residence Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

LOCAL REFERENCES  
Do NOT include relatives!

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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EDUCATION

(Circle last year completed): 9 10 11 12 or GED College: 1 2 3 4 Graduate: 1 2 3 4

Name of last High School Attended: \_\_\_\_\_

Name of College Attended: \_\_\_\_\_

Degrees or Special Courses of Training: \_\_\_\_\_

Foreign Language Skills: \_\_\_\_\_

Please list any prior law enforcement or military experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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EMPLOYMENT

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Duties: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ How Long? \_\_\_\_\_

Please describe work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any special resources (horse, 4-wheeler, snowmobile, etc.) that you could provide: \_\_\_\_\_

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Are you in any way related to anyone who is currently under the supervision of the Lincoln County Sheriff's Office?     YES     NO    If yes, please name the person(s) and explain your relationship: \_\_\_\_\_

When would you be available for service? \_\_\_\_\_

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### ARREST INFORMATION

NOTE: A prior arrest does not automatically prohibit your acceptance into this program!

Have you ever been arrested, charged, "questioned as an accused party" or convicted of a felony or misdemeanor, including court martial or military charges? (Omit traffic violations).     YES     NO  
If yes, please provide complete details, including the location, dates and disposition of the case: \_\_\_\_\_

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Have you ever been convicted of a crime?     YES     NO  
If yes, please provide complete details, including the location, dates and current status: \_\_\_\_\_

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LIQUOR AND DRUG USE

Please describe your use of intoxicating liquor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used any form of drugs or narcotics other than those prescribed by your physician?

YES     NO    If yes, please describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever sold or furnished drugs or narcotics to anyone?     YES     NO    If yes, please describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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HEALTH AND MISCELLANEOUS

Please describe any disabilities, handicaps, chronic illnesses or physical limitations which might affect your ability to perform assigned duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you now, or have you ever been a member of any subversive group/organization/society which would be non-supporting of the United States Government?     YES     NO    If yes, please describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please briefly state why you would like to be a member of the Lincoln County Sheriff's Posse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

