

Application Check List

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

- Be honest on your application!
- Fill out all areas applicable to you, completely.
- Personal Inquiry Waiver.
 - **Signed and Notarized**
- Attach a copy of your P.O.S.T. Certification credentials.
- 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
103 3rd 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: _____

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: _____

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

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? _____

ARREST INFORMATION

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: _____

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

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: _____

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 Reserve Deputy Sheriff: _____

