



Sheriff Tom Nestor

Undersheriff Gordon D. Nall

SHERIFF

LINCOLN COUNTY, COLORADO

103 3rd Avenue / P.O. Box 10, Hugo, CO. 80821
Phone: (719) 743-2426 Fax: (719) 743-2392

APPLICATION FOR EMPLOYMENT

Lincoln County is an equal opportunity employer.

Lincoln County does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all applicants are given an equal opportunity and that selection decisions be based on job-related factors.

Position applied for: _____

Name: _____
Last First Middle

Aka (other names used): _____

Residence address: _____
Street City State Zip

Mailing address: _____
Street or PO Box City State Zip

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Driver's License number: _____ State of issue _____ Expires: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Emergency Contact Information

Primary:

Name: _____
Last First Middle

Residence address: _____
Street City State Zip



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Home Phone: _____ Work phone: _____ Cell phone: _____

Relationship _____

Alternate:

Name: _____
Last First Middle

Residence address: _____
Street City State Zip

Home phone: _____ Work Phone: _____ Cell 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

Please list any additional references on separate sheet of paper.

Education

(Circle last year completed): H.S.: 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: _____



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Degrees or Special Courses of Training: _____

Foreign Language Skills: _____

P.O.S.T. Certification number: _____

Please list any prior law enforcement or military experience: _____

Employment History

List ALL employers beginning with the most recent. Account for all periods of time, including military service, periods of unemployment, school, etc. If self-employed, give firm name, nature of business and include business references. Attach additional pages as necessary.

Employer: _____ Ending salary _____

Dates of employment: From _____ to _____

Reason for leaving: _____

Address: _____
Street City State Zip

Title: _____

Telephone: _____ Supervisor: _____

Please describe your duties and work experience: _____

May we contact your current employer: Yes No

Employer: _____

Dates of employment: From _____ to _____

Reason for leaving: _____

Address: _____
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Title: _____

Telephone: _____ Supervisor _____

Please describe your duties and work experience _____

Employer: _____

Dates of employment: From _____ to _____

Reason for leaving: _____

Address: _____
Street City State Zip

Title: _____

Telephone: _____ Supervisor _____

Please describe your duties and experience _____

Employer: _____

Dates of employment: From _____ to _____

Reason for leaving: _____

Address: _____
Street City State Zip

Title: _____

Telephone: _____ Supervisor _____

Please describe your duties and experience _____



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Please state why you would like to be employed by the Lincoln County Sheriff's Office _____

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 employment? _____

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 details, including the location, dates, and current status: _____



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Liquor and drug use

Please describe you 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: _____

Background information

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 or organization which would be non-supporting of the United States Government? Yes No

If yes, please describe in detail _____

Have you engaged in sexual abuse in a prison, Jail, Lockup, or confinement facility, juvenile facility, or other institutions? Yes No



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Have you been civilly or administratively adjudicated to have engaged or attempted to engage in sexual activity in the community? Yes No

Have you had any incidents of sexual harassment during any prior employment? Yes or No

If yes to any of the above three questions, please describe in detail, location, dates, and outcome _____

Please list your hobbies, interests, etc.: _____



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Lincoln County Sheriff's Office Employment Application Personal Inquiry waiver

I hereby certify that all of the information and statements provided herein are true to the best of my knowledge. I authorize the Lincoln County Sheriff's Office to investigate my background as well as my criminal history. I also give my permission for the Sheriff's Office to contact any person or persons whom I am now or have been associated with in the past. I further authorize the Sheriff's Office to contact any references I have provided as well as other individuals they deem necessary to determine my qualifications and fitness for the position I am seeking. I also authorize the Sheriff's Office to conduct a cyber-search which includes but is not limited to Google, and other search engines, and any social media including, but not limited to Facebook, Twitter, Instagram, LinkedIn, Myspace, etc. I hereby certify that I am not now, nor have I ever been a member of any organization listed as subversive by the United States Attorney General. I further certify that I am not now, nor have I ever been an advocate or a member of any organizations which advocate the overthrow of the Government of the United States of America by force or violence.

I respectfully request and authorize you to furnish the Sheriff's Office with any and all information that you may have concerning me, including any disciplinary actions by previous employers. This information is to be used to assist the office in determining my qualifications and fitness for the position I am seeking. This release is executed with the full knowledge and understanding that the information is for the official use of the Lincoln County Sheriff's Office.

Consent is granted for the Lincoln County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in any background investigation report prepared by the Lincoln County Sheriff's Office.

I hereby release you and all of your duly authorized agents, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information or any attempt to comply with it.

If accepted, I agree to adhere to all of the policies and procedures of the Lincoln County Sheriff's Office. I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Signed,

Applicant

Date

State of _____)

) ss

County of _____)

Subscribed to and sworn before me on this _____ day of _____, 20____.

My commission expires

Notary Public

(seal)