

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 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: _____

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: _____

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: _____

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: _____

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

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: _____

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 member of the Lincoln County Sheriff's Posse: _____



SHERIFF'S POSSE 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 Lincoln County 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 Lincoln County Sheriff's Office to contact any references I have provided as well as any other individuals they deem necessary to determine my qualifications and fitness for the position I am seeking.

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 advocated the overthrow of the Government of the United States of America by force or violence.

I respectfully request and authorize you to furnish the Lincoln County Sheriff's Office with any and all information that you may have concerning me. 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)