

## 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 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: \_\_\_\_\_

## 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: \_\_\_\_\_

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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

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 Reserve Deputy Sheriff: \_\_\_\_\_

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



**RESERVE DEPUTY SHERIFF 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)