



Town of Mancos Marshal's Office Employment Application and Release Authorization

Complete all sections. Failure to complete the application in its entirety will disqualify you from the selection process. **If a question does not apply to you, insert N/A.** If you need additional space to respond to any section, attach a separate sheet of paper. You are responsible for obtaining correct and complete addresses.

All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for permanent disqualification from employment consideration. Applicants may be disqualified from employment consideration if application is not fully completed according to instructions. This includes the completion and notarized signature portion of the "Authorization for Release of Information" attached. Handwritten applications must be printed legibly in blue or black ink only.

Today's Date _____ Positions Applied For: _____

Full Legal Name _____ DOB _____

Alias(es), Nicknames, Maiden Names, Other _____

Home Phone Number _____ Alternate Phone Number _____

Current Mailing Address _____

Current Physical Address _____

Are you a Colorado Resident? _____ Are you a US Citizen? _____ Date Available for work _____

Are you able to perform the essential functions of the position(s) for which you have applied? _____

May we contact your present employer concerning your work performance? _____

Have you ever worked for the Town of Mancos? _____

If so, please list positions held and dates of employment _____

One or more of the following may be required for employment. Your inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform the following:

- | | | | | | |
|--------------------------------------|-----|----|---|-----|----|
| a. Shift Work (Other than 8am - 5pm) | Yes | No | c. Rotating Shifts/Alternating Shifts | Yes | No |
| b. Overtime/Work Holidays | Yes | No | d. Work Schedules including Saturday/Sunday | Yes | No |

Father's Name _____ DOB _____

Address _____ Phone _____

Mother's Name _____ DOB _____

Address _____ Phone _____

Spouse/Significant Other _____ DOB _____

Address _____ Phone _____

Roommate/Other _____ DOB _____

Address _____ Phone _____

RESIDENCES

List all residences you have had in the last ten (10) years, beginning with your present address.
(Use additional sheets if necessary)

From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number

WORK EXPERIENCE

List all previous work experience you have obtained in the last **ten (10) years** beginning with your most recent; include part-time, temporary, seasonal employment and military service. Identify part-time jobs with 'PT' and temporary jobs with 'TEMP'; describe any gaps in employment due to school, unemployment, travel, etc. If your work history does not extend through ten year, clearly identify your first employer with 'FIRST JOB' in Employer Name field.

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		Salary
Supervisor Name	Supervisor Phone	Reason for Leaving	

Were you discharged, asked to resign, furloughed, put on inactive status, or subjected to disciplinary action while with this employer? If yes, please explain circumstances.

Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		Salary
Supervisor Name	Supervisor Phone	Reason for Leaving	

Were you discharged, asked to resign, furloughed, put on inactive status, or subjected to disciplinary action while with this company? If yes, please explain circumstances.

Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		Salary
Supervisor Name	Supervisor Phone	Reason for Leaving	

Were you discharged, asked to resign, furloughed, put on inactive status, or subjected to disciplinary action while with this company? If yes, please explain circumstances.

Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

WORK EXPERIENCE - CONTINUED

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		Salary
Supervisor Name	Supervisor Phone	Reason for Leaving	

Were you discharged, asked to resign, furloughed, put on inactive status, or subjected to disciplinary action while with this company? If yes, please explain circumstances.

Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

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Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

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Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

EDUCATION/SKILLS

Highest grade completed - _____

List all high schools attended. If you have a GED, give number, location, and date. Attach copy of diploma or GED.

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	No	Yes

List all colleges or universities attended. Attach a copy of transcript for each.

Name and Location	Dates Attended		Major	Type of Degree	Year Received
	From	To			

Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business or military).

Foreign Language: List all foreign languages and your level of ability for each.

Language	Reading			Speaking			Understanding			Writing		
	Fluent	Fair	Poor	Fluent	Fair	Poor	Fluent	Fair	Poor	Fluent	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a Colorado Certified Peace Officer: Yes ____ No ____ Certificate/PID _____ Date _____

Name and location of Academy:

Are you a State Certified Peace Officer in any other state? Yes ____ No ____ State _____ Date _____

Are you eligible to become Colorado POST certified: Yes ____ No ____

List current Colorado POST essential standards and last date qualified:

MILITARY SERVICE

Please attach a copy of your DD Form 214 if available

Have you served in the US Armed Forces - Yes ____ No ____

Are you a member of the US Reserve or National Guard - Yes ____ No ____

Branch of Service _____

Were you ever subjected to a court-martial or any form of non-judicial discipline such as an Article 15? Yes ____ No ____

If Yes, provide further information _____

VOLUNTEER SERVICE

List all volunteer or community service

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		

Were you ever discharged, asked to resign, or subjected to disciplinary action: Yes ____ No ____

If yes, provide an explanation:

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		

Were you ever discharged, asked to resign, or subjected to disciplinary action: Yes ____ No ____

If yes, provide an explanation:

From (Mo/Yr)	To (Mo/Yr)	Employer Name	
Address		City, State Zip	Phone
Job Title	Description of Duties		

Were you ever discharged, asked to resign, or subjected to disciplinary action: Yes ____ No ____

If yes, provide an explanation:

VEHICLE OPERATOR'S LICENSE INFORMATION

Provide the following information concerning your vehicle operator's license(s)

State of Issue	Class of License	License Number	Date of Issue	Date of Expiration
_____	_____	_____	_____	_____

Have you ever been denied auto insurance, or have you ever had a license suspended or revoked? Yes ___ No ___

If yes, provide explanation:

Briefly describe any traffic accidents in which you were involved, giving approximate dates and locations:

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons, ticket or infraction notice, that you were arrested and/or detained by law enforcement. Include all traffic citations and offenses, criminal offenses, and military disciplinary actions regardless of punishment. List occurrences both as an adult and as a juvenile. Use a separate sheet of paper of necessary.

Date	Police/Military Agency		
Location		Offense/Charge	
Description		Disposition	

Date	Police/Military Agency		
Location		Offense/Charge	
Description		Disposition	

D

Date	Police/Military Agency		
Location		Offense/Charge	
Description		Disposition	

Have you ever been convicted of any crime that by its nature could be considered domestic violence? Yes ___ No ___

Have you ever plead guilty to any offense of which the basis of the original charge involved domestic violence? Yes ___ No ___

Are you now or have you ever been subject to a court issued restraining order? Yes ___ No ___

If yes to any of the above, please provide an explanation below:

AFFILIATIONS

Are you now or have you ever been a member or associate of a subversive or terrorist organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means? Yes ____
No ____

If you answered yes, please explain fully your affiliations:

Are you now or have you ever been a member or associate of any group referred to as a Militia?
Yes ____ No ____ If you answered yes, list:

Have you ever taken a polygraph exam or Voice Stress Analysis? Yes ____ No ____

Do you have any objections to taking a polygraph or Voice Stress Analysis? Yes ____ No ____

Have you ever been a subject of a criminal investigation, charged with, arrested for, or convicted of any alcohol related driving offense (felony or misdemeanor)? Yes ____ No ____

If yes, Date: _____ Location: _____

Reason: _____

List any and all misdemeanor and felony crimes that you have been charged with or convicted of, including deferred judgments, deferred prosecutions and plea agreements. Include the date, specific violation, location, and investigating agency.

DATE	VIOLATION	LOCATION	AGENCY
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DRUG OR NARCOTIC USE (to include marijuana and prescription medication):

List all drugs or narcotics used within the last five years: _____

Have you ever applied for and/or received a Medical Marijuana Card? Yes ____ No ____

If Yes, when and reason: _____

Have you ever filed for bankruptcy? Yes ____ No ____ If yes, please provide an explanation below:

LITIGATION INFORMATION

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another policy agency? Yes ____ No ____

If you answered Yes, please explain fully below:

Do you have any active applications on file with any other law enforcement agency? Yes ____ No ____ If yes, list below:

<u>Date of Application</u>	<u>Agency</u>	<u>Address</u>
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Have you ever been denied employment by any other law enforcement agency? Yes ____ No ____ If yes, please list agency and reason:

List any friends, relatives or acquaintances employed by the Town of Mancos and their relationship to you:

PERSONAL REFERENCES:

List name, address and phone number of three (3) people who know you on either a personal or professional level. Do not use relatives, former employers, or supervisors.

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Why are you seeking employment with the Town of Mancos Marshal's Office and why do you feel qualified for the positions for which you have applied?

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Please read each statement carefully before signing.

I affirm, under penalty of perjury, that all the information in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date. (Your Initials _____)

I understand that the authorized release of information must be completed by me with my signature notarized, and submitted with this application for employment before I may be considered. (Your Initials_____)

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a pre-employment background investigation, polygraph examination, physical examination, psychological examination (if applicable for the position) and drug screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. (Your Initials_____)

I have read, understand, and by my signature, consent to these statements.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Date Received _____

APPROVAL / DISAPPROVAL

Marshal _____

Town Administrator _____

Human Resources _____



**TOWN OF MANCOS MARSHAL'S OFFICE:
AUTHORIZATION FOR RELEASE OF INFORMATION**

CONCERNING THE APPLICATION OF: _____
(Applicant - print name)

As an applicant for employment with the Town of Mancos Marshal's Office, I am required to furnish the Town of Mancos information concerning my moral, ethical, physical, educational, mental, medical, and financial qualifications.

With this in mind, I hereby authorize any agent(s) of the Town of Mancos to investigate and receive any and all information about me. I do hereby authorize a review and complete disclosure of all records, or any part thereof concerning myself, whether said records are of public, private, or confidential nature. It is my specific intent to authorize full and complete access to records about my past history no matter how personal or confidential it may appear to be.

I consent and encourage your release of any and all public and private information that you may have concerning me, my character, my work record, my background and reputation, my military service records if any, my educational records and transcripts, my full financial disclosure and status, my criminal history if any, any records concerning my arrest or detainment, any complaints or grievances filed against me, any work evaluations, the records or recollections of attorneys at law or any other counsel, my attendance records, any prior polygraph examinations, psychological examinations, medical examinations, and any internal affairs investigations to include discipline received, and any file or records which are deemed to be confidential and/or sealed.

I do hereby release all persons individually, any Federal, State, or Local government agency, any corporation, company, group, partnership, or whoever from any and all liability and damages from releasing any and all information requested to Town of Mancos or its agent(s). I give express consent for you to release this information regardless of any agreement I may have made with you previously to the contrary. The Town of Mancos will discontinue processing of my application if you refuse to disclose the information requested.

I understand that I have rights, guaranteed by law, to privacy with regards to the disclosure of records or information concerning me and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Town of Mancos in conjunction with future employment procedures.

I agree that any information provided by me, by others concerning me, or discovered during any background investigation concerning this application, is the sole property of the Town of Mancos. Further, that it will not be released to anyone including me, except at the discretion of the Town Administrator. I further understand that it is my responsibility to provide any records and information

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