Custer County Sheriff's Office 702 Rosita Ave, P.O. Box 1489 Westcliffe, Colorado. 81252 (719) 783-2270

www.custercoloradosheriff.com



Application for Employment

Custer County is an Equal Opportunity Employer; we consider all qualified applicants without regard to race, color, religion, sex (including pregnancy, gender identity and sexual orientation), national origin, age, disability or genetic information.

IMPORTANT INFORMATION AND INSTRUCTIONS:

- You must answer each question fully and accurately. The questions contained within this application are not intended to imply illegal preferences or discrimination based on non-job-related factors.
- Incomplete or illegible applications may not be considered.
- You will only be contacted if you are chosen to participate in the interview process.
- If applying for the Sheriff's Office, you must complete a background application to provide additional information.

 Position applying for is required. If applicable, please include Colorado P.O.S.T. ID: 								
Position Applied For: Patrol Dep	outy□ Detention Deputy□	Victims Advocate□	Admin/Other□					
Date of Application:								
APPLICANT INFORMATION								
Full Name:								
Address:								
Telephone Number:	Email Address	5:						
Driver's License Number:	State:	Expiratio	Expiration:					
Driver's License Number:State:Expiration: **Correspondence will be accomplished by telephone, email or written correspondence. Without accurate and complete contact, information your application may not be considered.**								
Do you understand this position is shift work, covering 24 hours per day?		Yes□	No□					
Are you currently employed by Custer County Government?		Yes□	No□					
Are you eligible to work in the United States?		Yes□	No□					
Have you submitted an application with us before?		Yes□	No□					
If yes inlease provide the approximate of								

lave you previously worked for the Custer County Sheriff's Office?				YesL NoL				
If yes, please p	rovide the approximate date:							
On what day ar	nd date will you be able to begin work?:							
Are you related to, married to, or planning on marrying anyone who works for the CCSO? Yes□ No□								
If yes, please provide their name:								
How did you hear about this position?								
EDUCATION								
T	You must provide copies of yo	ur college transcripts	S.	T T				
Type of Education	Name and Address of School	Major		Year Completed	Degree/ Diploma			
igh School								
ollege								
niversity Ither								
Specify)								
	List any specialized skills or certifications spec	fic to the position v	are	e annlying for				
- Cyanania a y		· · · · · ·						
Examples would be equipment or tools you possess the skills in operating, specialized training you have received applicable to the position, or other relative information.								
	Disclaimer Release a	nd Signature						
Disclaimer, Release, and Signature I certify my answers are true and correct to the best of my knowledge. I have not made any intentional								
misrepresentations or omissions. I understand I may be required to submit to a post-offer, pre-employment drug								
screening (including detection of marijuana) and physical evaluation. I understand employment with Custer County								
is "at will" and there are no guaranteed assurances of future or continued employment. I understand should it be								
discovered I have provided any misleading information on this application it can result in rejection of my								
application or termination from employment. I authorize representatives from Custer County to contact and obtain								
information from employers, schools, licensing authorities, other references, or through a background investigation								
process. I ha	ave read, understand and my signature shows m	y consent to these s	staten	nents.				
Signature:		Da	te:					

Application will not be accepted without attached resume