



WELD COUNTY

Sheriff's Office

Providing effective public safety services with honor and integrity.

Dear Applicant:

Thank you for applying with the Weld County Sheriff's Office. Today you are receiving a "Background Information" packet and a "Release and Waiver" form.

Please complete and provide the ORIGINAL documents (documents listed below and on page 1).

STEPS:

1. **Lawfit** (obstacle course).
2. **Online Exam:** Must pass Lawfit to move to this step. The exam will be administered immediately after the Lawfit (located at the Weld County Administration Building 1150 O Street, Greeley, CO 80631).
3. **Background Packet:**

We would ask that you have your background packet completed and turn it in the day of testing.

If you are unable to obtain an electronic background packet, we will have hard copy background packets available at the online testing that you may fill out and bring back 5-7 business days.

PLEASE NOTE: YOU WILL NEED TO GET YOUR BACKGROUND PACKET NOTORIZED IF YOU BRING IT AT THE TIME OF THE TEST.

Bring in your background packet the day of the online testing
OR
or in-person (5-7 business days)

Weld County Administration Building (same building you took your online test)
Human Resources
1150 O Street
Greeley, CO 80631
M-F 8:00 a.m. – 4:00 p.m.

We will make copies of your original documents and we will review the packet for completeness.

You must provide the following **original** documents. We will make copies of the requested original documents.
Please bring in all original documents. If you are having difficulty getting an original document, please email Paula or Jordan.

- CERTIFIED BIRTH CERTIFICATE-the certificate with the foot prints on it is not certified.
- DRIVER'S LICENSE & SOCIAL SECURITY CARD
- OFFICIAL HIGH SCHOOL **AND** COLLEGE TRANSCRIPTS – CAN BE MAILED BY THE INSTITUTION TO THE HUMAN RESOURCES DEPARTMENT (1150 O Street, Greeley, CO 80631) OR EMAILED TO pstipetich-thomas@weldgov.com or jcole@weldgov.com . **PLEASE NOTE:** You may turn in your packet without transcripts. We will send your transcripts to the Sheriff's office when we receive them.
- DD 214 (IF IN THE MILITARY)
- ALL MARRIAGE CERTIFICATES, ALL DIVORCE DECREES, AND/OR NAME CHANGE DOCUMENTS.

4. **Pass online exam** – results are typically available on Thursday (Recruiting will email you pass or fail).
5. **Background investigation** -Weld County Sheriff's office will conduct.
6. **Polygraph examination** – It will take place at the Weld County Sheriff's Office Administration Building located at 1950 "O" Street Greeley, Colorado.
7. **Drug screen** – a Sheriff's office employee will get you scheduled.
8. **Physical fitness examination** – a Sheriff's office employee will get you scheduled. Ergomed conducts our physical examinations.
9. **Psychological examination** a Sheriff's office employee will get you scheduled.
10. **Hired**

Paula Stipetich-Thomas
Recruiting Coordinator
(970) 400-4242
pstipetich-thomas@weldgov.com

Jordan Cole
Recruiting Assistant
(970) 400-4342
jcole@weldgov.com



RELEASE AND WAIVER
(DO NOT COMPLETE THIS
PAGE UNTIL YOU TURN IN
PACKET)

To Whom It May Concern:

I hereby authorize any Deputy Sheriff or other authorized representative of the Weld County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, credit or educational records including, but not limited to academic achievement, attendance, athletic, personal history, performance report, background investigations, Criminal History, Law Enforcement contacts, criminal records, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any Deputy Sheriff or other authorized representative of the Weld County Sheriff's Office bearing this release or a copy of it, within one year of its date, to obtain Worker's Compensation records in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Weld County Sheriff's Office.

Consent is granted for the Weld County Sheriff's Office to furnish the information described 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 background investigation report by the Weld County Sheriff's Office.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, Law Enforcement Agency or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability of damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name)

Date

PRINT FULL NAME: _____

CURRENT ADDRESS: _____

PHONE: DAY () _____ **NIGHT ()** _____

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

NOTARY PUBLIC
1150 "O" Street
Greeley, CO 80634

My Commission expires: _____



NAME: _____ PHONE NUMBER: (____) _____ - _____
(Please Type or Print)

BACKGROUND INFORMATION FORM

WELD COUNTY SHERIFF'S OFFICE

PLEASE READ INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE FORM

INSTRUCTIONS:

All requested information is required to be considered for employment. Failure to provide, omitting, or providing false information will disqualify you from consideration for employment, or if employed may result in termination. It is essential that you consider the requested information carefully and ensure that the application is complete and accurate. The form must be typewritten or printed in ink. Once you submit the form new information may be added but information listed on this form cannot be changed or modified. Do not attach copies of any other information except what is specifically requested.

You must provide the following *original* documents.

We will make copies of the requested original documents. Please bring in all original documents.

If you are having difficulty getting an original document, please email Paula or Jordan.

- CERTIFIED BIRTH CERTIFICATE-the certificate with the foot prints on it is not certified.
- DRIVER'S LICENSE & SOCIAL SECURITY CARD
- OFFICIAL HIGH SCHOOL AND COLLEGE TRANSCRIPTS –
CAN BE MAILED BY THE INSTITUTION TO THE HUMAN RESOURCES DEPARTMENT
(1150 O Street, Greeley, CO 80631) --- OR ---
EMAILED TO pstipetich-thomas@weldgov.com or jcole@weldgov.com.
PLEASE NOTE: You may turn in your packet without transcripts.
We will send your transcripts to the Sheriff's office when we receive them.
- DD 214 (IF IN THE MILITARY)
- ALL MARRIAGE CERTIFICATES, ALL DIVORCE DECREES, AND/OR NAME CHANGE DOCUMENTS.

As part of the background investigation prior to hiring you will be required to provide a urine sample at a professional drug testing program facility as scheduled by the Sheriff's Office. There is no cost to you for any of the tests. You will be required to participate in a polygraph examination and you may also be required to participate in a psychological and a physical evaluation.

ACKNOWLEDGMENT

I hereby acknowledge that I have read the instructions listed above and have fully and accurately completed the form, and agree to participate in the procedures listed above.

SIGNATURE

DATE

Weld County Sheriff's Office Personal History Statement

Personal

The following information is requested of you for verification and contact purposes:

1. Your Name (Please print or type)						
Last		First		Middle		
Other names (including nicknames) you have used or been known by:						
2. Please list address at which you can be contacted.						
Number	Street	Apt #	City	State	Zip Code	
3. Please list the local telephone number(s) at which you can be contacted and/or email address.			() _____ Hrs. you can be contacted: _____		() _____ Hrs. you can be contacted: _____	
4. <u>Birth Date</u> (Month)	(Day)	(Year)	Email Address		Email Address	
5. <u>Social Security Number</u> - -		6. Are you legally authorized to work in the United States? If offered employment, can you provide such documentation?				
7. Applicants Driver's License number				State	Expiration date	
8. Have you ever served in the armed forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No						
9. For the purpose of identification, please provide the following:						
Height	Weight	Sex	Ethnicity	Hair Color	Eye Color	
Scars, Tattoos, or other distinguishing marks				Birthplace (City and State)		

Weld County Sheriff's Office Personal History Statement

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position with the Weld County Sheriff's Office. Inquiries will be confined to job-relevant matters.

10. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A." No box is to be left empty. If a requested person is deceased or information is unknown please provide their first and last name, the last known City and State and indicate they are deceased or estranged.

First & Last Name	Last known address where person could be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted and/or e-mail address
Father:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Mother:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Father – in – Law:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Mother – in – Law:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Spouse:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Former Spouse(s):		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address

Weld County Sheriff's Office

Personal History Statement

Relatives and References (Continued)

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A." No box is to be left empty. If a requested person is deceased or information is unknown please provide their first and last name, the last known City and State and indicate they are deceased or estranged.

First & Last Name	Last known address where person could be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted and/or e-mail address
Brother (s) and Sister (s):		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Step-Mother:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Step-Father:		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
Step-brother (s) and step-sister (s)		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address
		() - Home <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address

Weld County Sheriff's Office Personal History Statement

Relatives and References (Continued)

Other relatives with whom you have a close personal relationship (including **ADULT** children)

First & Last Name:		Last known address where person could be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted and/or e-mail address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address

Individuals with whom you have Resided

11. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15 th birthday). Exclude family members.			
First & Last Name:		Last known address where person could be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted and/or e-mail address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
	Relationship		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address

Weld County Sheriff's Office **Personal History Statement**

References

12. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.		
First & Last Name	Last known address where person could be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted and/or e-mail address
		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address
		() - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____ Email Address

Weld County Sheriff's Office Personal History Statement

Education

13. The Commission on Peace Officer Standards and Training requires a peace officer to possess a U. S. high school diploma or its equivalent. Please indicate your situation with regard to this requirement by checking one of the appropriate boxes.

- ☐ I possess a high school diploma from a U. S. institution.
- ☐ I possess the G.E.D. (General Educational Development) certificate.
- ☐ I possess an educational certificate.
- ☐ I have attended college but do not have a Two-year or Four-year Degree. I have _____ (number of quarter/semester hours).
- ☐ I possess a two-year college degree.
- ☐ I possess a four-year college or university degree.
- ☐ I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When: _____

How: _____

14. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (Street, City, State, & Zip)	Dates Attended		School References (Teachers, counselors, etc.)
		From Month/Year	To Month/Year	

15. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.

☐ Yes ☐ No

If "yes," please explain (include school, date, and circumstances). _____

Weld County Sheriff's Office **Personal History Statement**

Residences

16. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State, & Zip Code	<div>Dates</div> <div>From To</div> <div>Month/Year Month/Year</div>	<div>If rented, give name, address, & phone number of the person responsible for the collection of rent.</div>
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____

**Weld County Sheriff's Office
Personal History Statement**

Residences (Continued)

Address of Residence	City, State, & Zip Code	<div style="text-align: center;">Dates</div> <div style="display: flex; justify-content: space-between;"> From To </div> <div style="display: flex; justify-content: space-between;"> Month/Year Month/Year </div>	If rented, give name, address, & phone number of the person responsible for the collection of rent.
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____
			Name: _____ Address: _____ _____ Telephone #: _____

Weld County Sheriff's Office

Personal History Statement

Experience and Employment

17. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identifications and verification, please indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. If more space is needed please copy page 11.

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____ ____/____	Name	Salary	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Address	Telephone # () _____ - _____	
	City/State	Company Website::	
Title or duties (for identification purposes)			

Reason for Leaving

18. May we contact your present employer during the course of this background investigation? ☐ Yes ☐ No
If "yes," when should such contact be made? _____

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____ ____/____	Name	Salary	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Address	Telephone # () _____ - _____	
	City/State	Company Website::	
Title or duties (for identification purposes)			

Reason for Leaving

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____ ____/____	Name	Salary	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Address	Telephone # () _____ - _____	
	City/State	Company Website::	
Title or duties (for identification purposes)			

Reason for Leaving

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____ ____/____	Name	Salary	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Address	Telephone # () _____ - _____	
	City/State	Company Website::	
Title or duties (for identification purposes)			

Reason for Leaving

Weld County Sheriff's Office Personal History Statement

Experience and Employment (Continued)

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____/____	Name Address City/State	Salary Telephone # () ____ - ____ Company Website:	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From ____ Month ____ Year To ____ Month ____ Year			

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____/____	Name Address City/State	Salary Telephone # () ____ - ____ Company Website:	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From ____ Month ____ Year To ____ Month ____ Year			

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____/____	Name Address City/State	Salary Telephone # () ____ - ____ Company Website:	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From ____ Month ____ Year To ____ Month ____ Year			

Dates of Employment	Name and address of Employer		Name of Supervisor
From Mo. Yr. To Mo. Yr. ____/____/____	Name Address City/State	Salary Telephone # () ____ - ____ Company Website:	Name(s) of co-worker(s)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes)		
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From ____ Month ____ Year To ____ Month ____ Year			

19. If you have had no prior employment, please explain in the space below. _____

**Weld County Sheriff's Office
Personal History Statement**

Experience and Employment (Continued)

<p>20. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please explain (include when, name of employer, why). _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>21. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please explain (include when, where, circumstances). _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>22. Have you applied with any other law enforcement agency in or out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES," Indicate what agency and when? Where are you in the process? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>23. Have you ever...</p> <p style="margin-left: 20px;">A. Taken tools, merchandise, or equipment from work without paying for or returning it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">B. Taken cash from an employer regardless of amount? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes to any part of question 23 please explain below. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Weld County Sheriff's Office Personal History Statement

Military Service

24. If you are a male under age 26, please provide the following:		
Selective Service Number	Approximate Date of Registration	Address at Time of Registration

25. Have you ever served in the armed forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please supply the following information:	

Branch of Service	Service Number	Dates of Service ____/____/____ to ____/____/____	Type of Discharge
--------------------------	-----------------------	---	--------------------------

Please provide Name, Location (City/State), and Dates of Duty Assignments to include Basic Training. If more space is required please continue on the back page of this application.

Name	Location	Dates

26. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

27. Were you ever court marshaled, tried on charges, been the subject of a summary court, deck court, captain's mast, received company punishment, or any disciplinary action while a member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Did you ever sell, give or furnish confidential government information to unauthorized persons? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "yes," to any part of question 27 please explain below. _____

28. List past commanding officers or military acquaintances who know you well enough to provide accurate information about you. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Weld County Sheriff's Office **Personal History Statement**

Financial

29. Have you ever filed for or declared bankruptcy? If "yes," please give details (include when, where, why). _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have any of your bills ever been turned over to a collection agency? If "yes," please give details (include when, where, why). _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever had purchased goods repossessed? If "yes," please give details (include when, where, why). _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have your wages ever been garnished? If "yes," please give details (include when, where, why). _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been delinquent on income or other tax payments? If "yes," please give details (include when, where, why). _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal

34. Have you ever been arrested (including criminal summons) or convicted for any crime (excluding traffic citations)? (Use additional sheets of paper if necessary.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approximate Date	Police Agency (City and State)	Circumstances
35. Have you ever been placed on court probation as an adult? If "yes," please give details (include when, where, why). _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Have you ever been required to appear before a court of law excluding traffic? If "yes," please give details (include when, where, why). _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Have you ever been reported to a law enforcement agency as a missing person or a runaway? If "yes," please give details (include date, law enforcement agency, circumstances). _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Weld County Sheriff's Office

Personal History Statement

Legal Continued

38. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, name, location of court, and circumstances). _____ _____ _____ _____ _____

39. Have you ever used, tried, or experimented with any of the following drugs?			
Substance		Approximate Date	Approximate # of Times
Marijuana / Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amphetamines, Crystal, Speed, Ice, Etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Barbiturates, Barbs, Downers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hallucinogens, LSD, Psilocybin, Mushrooms, Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cocaine, Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meth, Methamphetamine	<input type="checkbox"/> Yes <input type="checkbox"/> No		

40. Have you ever...	
A. Personally sold, given, or furnished illegal drugs or narcotics to another?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assisted in the transportation of illegal drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Sold, given, or furnished a drug prescribed for you to anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Forged a doctor's prescription for drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Been warned about usage or possession of alcohol or drugs on the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Missed work due to alcohol or drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

41. Applicant's driver's license number	State	Expiration Date
Name under which license was granted		
42. Please list other states where you have been licensed to operate a motor vehicle.		
State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted
43. Have you ever been refused a driver's license by any state? Yes No		
If "yes," please explain (include when, where, why). _____		
44. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.		
Nature of Violation	Police Agency	Approximate Date
		Disposition

**Weld County Sheriff's Office
Personal History Statement**

Motor Vehicle Operation (Continued)

45. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
46. If there is anything you wish to discuss about your driving record, please describe in the space below.			
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47. Have you ever been charged, arrested, or convicted of DWAI or DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include what, when, where, why).			
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<hr/>			
<hr/>			
48. Has your license ever been suspended, revoked, or placed on negligent operator(s) probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include what, when, where, why).			
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Weld County Sheriff's Office
Personal History Statement

General Information

49. Do you currently associate with anyone, including family members, who have committed or continue to commit crimes, regardless of whether or not the person has been apprehended? <input type="checkbox"/> Yes <input type="checkbox"/> No
50. Are you or have you ever been a member of any organization that advocates or practices unlawful acts of force or violence to prevent other(s) from exercising their constitutional rights or seeks to overthrow the government of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever had a polygraph and / or urinalysis test? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to questions 49 to 51, explain below. _____ _____ _____ _____ _____ _____ _____
52. Is there anything in your background that you have not disclosed or have not fully explained? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to 52, explain below. _____ _____ _____ _____ _____ _____ _____ _____

**Weld County Sheriff's Office
Personal History Statement**

AFFIDAVIT

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSION OF ANY KIND. I AUTHORIZE THE COMPANIES, SCHOOLS, OR PERSONS NAMED HEREIN TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT, CHARACTER, AND QUALIFICATIONS. I HEREBY RELEASE THESE COMPANIES, SCHOOLS, OR PERSONS FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION. I UNDERSTAND AND AGREE THAT ANY MISLEADING, INCORRECT STATEMENTS, OR OMISSIONS MAY RENDER THIS FORM VOID AND MAY BE GROUNDS FOR REJECTION FOR EMPLOYMENT OR TERMINATION, IF EMPLOYED.

SIGNATURE

DATE