



# Clear Creek County Sheriff's Office

405 Argentine Street ★ Post Office Box 2000

Georgetown, Colorado 80444

303-679-2376 Main ★ 303-679-2447 Fax

An Equal Opportunity Employer

[www.clearcreeksheriff.us](http://www.clearcreeksheriff.us)

Dear Applicant:

The Clear Creek County Sheriff's Office is a progressive agency which exemplifies professionalism and enjoys a reputation as one of the finest Sheriff's Offices in the State of Colorado. The Sheriff's Office employs over 70 full time professionals, dedicated to providing high quality, cost effective, professional law enforcement services to the community. If you are the type of person who is committed to service and enjoys a diversity of opportunities and challenges, I invite you to apply for a position on our team.

Best regards,

A handwritten signature in cursive script that reads "Rick Albers".

Rick Albers  
Sheriff



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## APPLICATION FOR EMPLOYMENT

**✕✕ PRINT IN BLACK INK USING BLOCK STYLE LETTERS AND NUMBERS ✕✕**

Answer each question fully and accurately. If a question does not apply to you write "N/A". Submission of an incomplete application will eliminate you from further consideration for the position. If you need extra space, use a blank sheet of paper to write your answer. Make sure you reference the supplemental information to the question you are answering.

You are responsible for obtaining correct and complete addresses, zip codes, and telephone numbers. All information is subject to verification. Any misstatements, misrepresentations or omissions by you are cause for disqualification from employment consideration or if discovered after your employment would subject you to termination of your employment.

### **The following documents are required to be submitted with your application:**

(Note: Persons applying for Deputy Sheriff positions are required to submit additional documents as detailed in the application packet).

- Copy of Valid Drivers License or Government issued picture identification
- Copy of High School Diploma or G.E.D. certificate
- Copy of DD214 if prior military showing discharge type and reenlistment code

## **REQUIREMENTS, HIRING PROCESS AND INFORMATION**

### **REQUIREMENTS**

- AGE:** 18 years of age for non-commissioned positions.  
21 years of age for Deputy Sheriff and Detentions Deputy.
- EDUCATION:** High School Diploma or G.E.D.
- PHYSICAL FITNESS:** Must be able to perform all physical demands of the position as quantified in the job description. Note: Deputy Sheriff positions are extremely physically demanding especially at the high altitudes found in Clear Creek County.
- CITIZENSHIP:** United States citizenship or proper I-9 documentation required.
- LANGUAGE:** Minimally must be able to read write and speak the English language at a High School graduate level.
- CERTIFICATION:** Colorado POST certification required for Deputy Sheriff positions.  
(See application for further explanation)

### **HIRING PROCESS**

- APPLICATION:** Applicants will be screened prior to any further testing. Candidates who do not meet the minimum qualifications or who turned in incomplete applications will be disqualified.
- INTERVIEW:** Applicants selected for further testing will be scheduled for an interview. The interview will include questions about the applicant's history, general knowledge questions related to the position being applied for etc.
- WRITING:** Applicants will be given a writing assignment to complete after their interview. It must be completed in a specific amount of time and conform with the standards of spelling, punctuation, structure, etc. expected of a high school graduate.

**PSYCHOLOGICAL:** The psychological evaluation will be performed and certified by a psychiatrist or psychologist selected by, and at the expense of, the Sheriff's Office. This evaluation is mandatory for all positions in Patrol, Detentions, Investigations and Communications.

**BACKGROUND:** An extensive background investigation will be conducted on all applicants for positions within the Sheriff's Office. Part of the background will include an integrity interview by an investigator.

**CVSA:** A Computerized Voice Stress Analyzer test will be administered to all Sheriff's Office applicants. The CVSA is an investigative tool used to detect deception that measures and charts the stress in a person's voice while responding to preformatted questions.

**MEDICAL:** The applicant may be required to complete a post job offer medical questionnaire and physical examination. A drug screening UA is part of the physical examination.

**OTHER:** Applicants for the Communications Division are required to take the CritiCall screening test which assesses the applicant's ability to recall and accurately document information. Additionally it tests the applicants typing speed and accuracy. A minimum score is required to be considered for a position in Communications.

### **INFORMATION**

**PROCESS:** All candidates will be notified of their status during the process either by phone or letter. PLEASE do not call to inquire, you will be notified as soon as information comes available or decisions have been made.

**PROBATIONARY PERIOD:** All employees of the Sheriff's Office have a probationary period that lasts for the first twelve months of employment. The probationary period is regarded as part of the applicant's hiring process and will be used for purposes of training, evaluation and adjustment to the demands of the profession. It is the employee's opportunity to demonstrate their ability to do the job and make the team.

**SHIFT WORK:** Many positions within the Sheriff's Office require shift work including holidays, weekends, nights, etc. If you are unable to work shifts, please do not apply for positions requiring shift work. No accommodations can be made.

**SALARY:** Effective August 12, 2015 starting salaries for the following positions are:

Patrol Deputy:	\$56,900 per year
Detentions Deputy:	\$39,800 per year
Dispatcher:	\$42,600 per year
Control Technician:	\$35,900 per year
Animal Shelter Assistant:	\$23,800 per year
Animal Services Officer:	\$39,200 per year

**BENEFITS:** Medical/Dental/Vision: Employees (and qualified dependents) are eligible for benefits after three months of continued employment. A variety of plans are available including a Health Savings Account. Employee contributions vary.

Retirement: All employees contribute 4% of the gross salary to CCOERA after completion of 12 months of employment. The County matches the 4% contribution.

Holidays: Each employee receives 10 paid holidays per year.

Paid time off: Each employee accrues 4.62 hours of PTO every 2 weeks with an annual accrual of 120.12 hours. PTO may be used for vacation and sick leave.

Uniform: Employees required to wear uniforms will have them furnished at no cost. Job specific equipment is issued as well. i.e. body armor. Deputies provide their own handgun.

Take home car: Deputies may be assigned take home vehicles at the discretion of the Sheriff.



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## AUTHORIZATION FOR RELEASE OF INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized personnel with the Clear Creek County Sheriff's Office, whether the said records are a public, private, or confidential nature, including investigative reports that may exist within an Internal Affairs or Professional Standards file.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and/or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, loans, including the records of commercial or retail credit agencies (including credit reports and/or ratings); utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and other financial statements and records wherever filed; records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records whether adult or juvenile; the results of a polygraph or CVSA examinations, records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I have or have had an interest.

I reiterate, and emphasize the intent of the authorization is to provide complete and free access to the background and history of my personal life only for the specific purpose of pursuing a background investigation which may provide pertinent data for the Clear Creek County Sheriff's Office to consider in determining my suitability for employment by that organization. It is my specific intent to provide access to my personal information, however personal or confidential it may appear to be, and the sources of information specifically identified therein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Clear Creek County Sheriff's Office. I understand that all materials pertaining to this background investigation becomes the property of the Clear Creek County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses, and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request. I further understand that in the event my application is rejected, the sources of confidential information cannot be revealed to me.

A photocopy or facsimile of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Print full legal name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**Residence - Continued**  
Please list all your residences during the last 10 years starting with most current

			Name
			Phone #
			Name
			Phone #
			Name
			Phone #
			Name
			Phone #

Please list individuals, including family members you have resided with during the past 10 years starting with the most current

Name	Relationship	Phone #

**Relatives**

Mother name	Phone #
Father name	Phone #
Step mother name	Phone #
Step father name	Phone #

**Relatives- Continued**

Siblings:	Phone #
	Phone #

**References: List five persons not related to you**

Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers

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## Experience and Employment

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

### Experience and Employment - Continued

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

### Experience and Employment - Continued

From	To	Name of company	
Supervisor		Phone #	
Address:  City, State, Zip:		Co-Workers 1) 2) 3)	
Duties/assignments		Starting pay  Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:  City, State, Zip:		Co-Workers 1) 2) 3)	
Duties/assignments		Starting pay  Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:  City, State, Zip:		Co-Workers 1) 2) 3)	
Duties/assignments		Starting pay  Final pay	
Reason for Leaving			

## Experience and Employment - Continued

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

From	To	Name of company	
Supervisor		Phone #	
Address:		Co-Workers	
City, State, Zip:		1)	
		2)	
		3)	
Duties/assignments		Starting pay	
		Final pay	
Reason for Leaving			

### Experience and Employment - Continued

Have you ever been fired from a previous employer?

Yes  No

If yes, please explain.

Have you ever been asked to resign, or resigned after being informed that you were to be fired, or resigned while under investigation?

Yes  No

If yes, please explain.

Have you ever been disciplined at work? This includes written warnings, formal letters, reprimands, suspension, reduction in pay or a demotion?

Yes  No

If yes, please explain.

Have you ever stolen any cash from an employer?

Yes  No

If yes, please explain.

Have you ever stolen over \$100.00 in property from an employer?

Yes  No

If yes, please explain.

Do you possess current, valid Colorado POST certification?  Yes  No

Academy attended:

Date of certification:

Certificate #:

I am enrolled in an academy or taking the test that will result in attainment of Colorado POST certification.

By what date?

Academy attending:

I am a certified police officer from another state with a provisional Colorado POST certification and willing to obtain full Colorado POST certification within 6 months of hire.

I am currently or have previously been employed as a law enforcement officer and attached a current copy of my annual performance evaluation or most recent performance evaluation.  Yes  No

**You must attach a copy of your Colorado POST certification/POST certification from another state to this application.**



**Financial**

Have you ever filed for or declared bankruptcy?  Yes  No  
If yes, please explain and include when, where and the circumstances.

Have you ever had purchased goods repossessed?  Yes  No  
If yes, please explain and include when, where and the circumstances.

Have you ever been delinquent on income or other tax payments?  Yes  No  
If yes, please explain and include when, where and why.

Have you ever filed to file an income tax return?  Yes  No  
If yes, please explain when, where and why.

Have your wages ever been garnished?  Yes  No  
If yes, please explain when, where and why.

Have you ever knowingly or purposefully written any "bad" checks when you knew you did not have enough money in your account?  
 Yes  No If yes, please explain when, where and why.

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**Legal**

Have you ever been arrested or convicted of any crime in this state or any other as a juvenile or an adult?  Yes  No

If yes, list all offenses (attach additional sheets if necessary).

Approximate Date	Law Enforcement Agency	Charge(s)	
Explain circumstances.		Case Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approximate Date	Law Enforcement Agency	Charge(s)	
Explain circumstances.		Case Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approximate Date	Law Enforcement Agency	Charge(s)	
Explain circumstances.		Case Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approximate Date	Law Enforcement Agency	Charge(s)	
Explain circumstances.		Case Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever committed a criminal act so serious, that if known, you could be charged with a felony?  Yes  No  
If yes, explain.

Are you currently or have you previously been a party to a civil action?  Yes  No  
If yes, explain when, where and why.

Have you ever committed an offense so serious that if known, it would prevent you from being hired by this agency?  Yes  No  
If yes, explain.

Have you ever had a complaint made against you by a customer, child, parent, citizen, neighbor or co-worker?  Yes  No  
If yes, explain when, where and why.

Have you ever committed an offense so serious that if known, it would prevent you from being hired by this agency?  Yes  No  
If yes, explain.

Have you ever been the subject of a restraining order?  Yes  No  
If yes, explain when, where and why.

**Legal - Continued**

Have you ever been contacted by a law enforcement agency, other than for traffic charges?  Yes  No

If yes, list all contacts (attach additional sheets if necessary).

Approximate Date	Law Enforcement Agency	Reason for Contact
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Approximate Date	Law Enforcement Agency	Reason for Contact
------------------	------------------------	--------------------

Approximate Date	Law Enforcement Agency	Reason for Contact
------------------	------------------------	--------------------

Approximate Date	Law Enforcement Agency	Reason for Contact
------------------	------------------------	--------------------

Approximate Date	Law Enforcement Agency	Reason for Contact
------------------	------------------------	--------------------

Have you ever taken anything, including money and merchandise, from a place where you worked without permission?  Yes  No

If yes, describe nature, date and cost of item(s) taken.

Have you ever slept on the job without permission?  Yes  No

If yes, explain when, where and why.

Have you ever used company materials (tools, supplies, equipment, facilities, etc.) for personal gain?  Yes  No

If yes, describe nature, date and approximate cost.

Have you ever purposefully damaged or destroyed company, public or private property?  Yes  No

If yes, explain when, where and why.

Have you ever accepted a gratuity, money, or materials from someone when it was against policy?  Yes  No

If yes, explain when, where and why.

Have you ever taken anything from a person, business, vehicle, etc. without permission?  Yes  No

If yes, explain when, where and why.

**Legal - Continued**

Have you ever used force to take something from someone?  
If yes, explain when, where and why.

Yes  No

What undetected crimes have you committed?  
Explain what, when and where.

Yes  No

Have you ever committed an act of domestic violence?  
If yes, please explain when, where, who was involved and provide details of the incident.

Yes  No

Have you ever damaged property out of anger?  
If yes, explain when, where and why.

Yes  No

**Drug Use**

Have you ever used any illegal narcotic drug, barbiturates, amphetamines or anabolic steroids?  
If yes, list.

Yes  No

In the past 5 years have you sold, distributed or shared illegal drugs?  
If yes, explain.

Yes  No

Have you ever taken any hallucinogenic drugs?  
If yes, explain.

Yes  No

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**Drug Use / Legal - Continued**

Please review and complete each box below to the best of your knowledge. Failure to complete each box may result in disqualification. Have you ever **committed** any offenses including but not limited to:

Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disorderly Conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trespassing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft OVER \$500.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft UNDER \$500.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assault without Deadly Weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violation of a Restraining Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	Possession Use or Sale of Marijuana or it's Derivatives	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Mischief UNDER \$500.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Mischief OVER \$500.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indecent Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault with a Deadly Weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Theft / Joyriding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forgery / Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Robbery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possession Use or Sale of Illegal Substances <u>OTHER</u> than Marijuana or it's Derivatives (i.e. Barbiturates, Amphetamines, Hallucinogenic, Cocaine, Heroin, LSD, PCP, Anabolic Steroids).			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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## Motor Vehicle Operation

Current DL#	Date of Issue	Expiration Date	Name under which DL was granted

### List all other states where you have been licensed.

State of Issue	DL Number
1)	1)
2)	2)
3)	3)

### List all traffic citations you have received in the past 7 years.

Approx. Date	Plea	Location	Original Violation

Other than for medical reasons, has your drivers license ever been suspended or revoked in the last three years?  Yes  No  
 If yes, explain.

As a driver, have you been involved in any motor vehicle accidents within the last seven years?  Yes  No  
 If yes, include where, when and action taken.

Have you ever driven a motor vehicle while impaired or under the influence of drugs or alcohol?  Yes  No  
 If yes, explain.

Have you ever been arrested for driving while impaired or under the influence?  Yes  No  
 If yes, explain when and where.

Has your car insurance ever been cancelled or been placed into a high-risk category?  Yes  No  
 If yes, explain when and why.

### Motor Vehicle Operation - Continued

Has your driver's license in any state ever been surrendered, denied, revoked, suspended, restricted or placed on probation?

Yes  No If yes, please explain.

Have you ever been involved in a hit and run?

Yes  No

If yes, explain.

### General Information

Please list all other law enforcement agencies you have applied with

Agency you applied with	Date	Reason you were not hired
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

Signature below indicates you personally completed each page of this form and that all statements made are true to the best of your knowledge. Signature indicates you understand misstatements of any of the information provided will result in disqualification.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

#### DO NOT Write in this Area - for use by Clear Creek County Sheriff's Office Only

Evaluation	Score	Date / Time	Notified of Results	Evaluation	Completed
Oral Board				Integrity	
Written				CVSA	
Report				Background	
Other: .				Psych	
				Agility	
				Medical	
				Drug Screen	



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## ACKNOWLEDGEMENT

I certify that I have made no misrepresentations, omissions, or falsifications in this application. All entries are true, complete, and correct to the best of my knowledge. Any misrepresentation or falsification of this application will cause my disqualification for employment consideration and / or termination if discovered after employment. I agree to submit to a Computerized Voice Stress Analysis test as part of the selection process. All application materials, without exception, become the property of the Clear Creek County Sheriff's Office.

Print full legal name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_