

Bayfield Police Department

1199 Bayfield Parkway, P.O. Box 80, Bayfield, CO 81122 Phone (970) 884-9636 Fax (970) 884-6053 Email application to bpd@bayfieldgov.org

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

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Position Applied For	Date o	f Application	
How did you hear about us?	☐ Advertisement☐ Employment Agency		
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	000000000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Last Name	First Name	Middle Na	me
Address			
Telephone Number(s)			
Email	Best time to ca	II?:	: AM / PM
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	·	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
If you are under 18 years of age, car your eligibility to work?	n you provide required proof	of	Yes ¬ No
Have you ever filed an application with us before?		Γ	Yes □ No
If yes, give date:			
Have you ever been employed with	n us before?	Г	⊤Yes ¬ No
If yes, give date:			
Do any of your friends or relatives,	other than spouse work here	e? 「	¬Yes ¬ No
Are you currently employed?		Ī	∀es □ No
May we contact your current empl	oyer?	Γ	∀es □ No
Are you Colorado P.O.S.T. Certified or a Colorado police academy?		ny?	Yes No

Are you prevented from beco Of Visa or Immigration Status Proof of citizenship or immigration status	?	,	ecause	□Yes □ No
Date available to start?		Desired Sala	ıry Rang	ge?
Are you available to work?	☐ Full Time	Circle one: 1 st 2	2 nd 3 rd	Shift)
	□ Part-Time	Circle one: Mo	rning	Afternoon Evening)
	□ Temporary	Please indicate	dates a	available
Are you currently on "lay-off"	status and subj	ect to recall?		□Yes □ No
Can you travel if the job requi	res it?			□Yes □ No
Yvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv	·····	/~~~~	///////////////////////////////////////	·······

Education / Training

	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, appr	enticeship, skill	s and extra-cu	rricular activities:	
		 		
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Military Service				
Branch:		From:	To:	
Rank at Discharge:		_ Type of Discl	narge:	
If other than honorable, explain:				
Describe any job-related training recei	ved in the Unite	ed States Milit	ary:	
				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

	Telephone:	
	Dates Employed: From	To
Final	Supervisor:	
	Telephone:	
	Dates Employed: From	To
	Dates Employed: From	
	Telephone:	
	Dates Employed: From	To
Final	Supervisor:	
	FinalFinalFinalFinal	Final Supervisor:

List professional, trade, business or civic a You may exclude membership which would reveal gender, status.	activities and offices held: r, race, religion, national origin, age, ancestry, disability or other protected
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Additional Information	
	job-related skills and qualifications acquired from
Specialized Skills (check all equipment yo	u have operated):
 ☐ Terminal ☐ PC/MAC ☐ Word Processing ☐ Shorthand ☐ WPM 	Production/Mobile Other (list)
State any additional information you feel	——————————————————————————————————————
Note to Applicants: DO NOT ANSWER THE ABOUT THE REQUIREMNTS OF THE JOB F	IS QUESTION UNLESS YOU HAVE BEEN INFORMED FOR WHICH YOU ARE APPLYING.
Can you perform the essential functions of without reasonable accommodations?	of the job for which you are applying, either with or \to Yes \to No

References		
Name	Phon	e
Address		
Name	Phon	e
Address		
Name	Phon	e
Address		
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	***************************************	000000000000000000000000000000000000000
Applicant's Statemen	t	
I certify that answers given herein ar	e true and complete.	
I authorize investigation of all statem arriving at an employment decision.	nents contained in this applic	cation for employment as may be necessary in
	or employment beyond this t	period of time not to exceed 45 days. Any time period should inquire as to whether or
•	of an "at will" nature, which	ined by applicable law, any employment means that the employee may resign at any or without cause.
In the event of employment, I unders interview(s) may result in discharge. of employer.		g information given in application or required to abide by all rules and regulations
Signature of Applicant		 Date
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	***************************************
Arrange Interview Yes No	Interviewer	Date
Remarks		
Employeed Yes No	Job Title	Date
Department	Hourly Rate / Sala	ry

By (Name and Title) ______ Date _____



1.

Bayfield Police Department

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Yes

No

Town of Bayfield Police Trainee Supplemental Questionnaire

Have you used marijuana or hashish within the past twelve months?

Instructions: This information is part of the testing process and will be considered in making a selection of candidates to be invited to the next phase of the testing process. Please check each box yes or no, sign the questionnaire and return it with your application. Your applipaction is incomplete unless this questionnaire is completed and attached.

1.	have you used manjualla of hashish within the past twelve months:	162	NO
2.	Have you used marijuana or hashish while employed as a peace officer, either on or off duty?	Yes	No
3.	Have you used marijuana or hashish extensively or for a prolonged period?	Yes	No
4.	Have you used anabolic steroids extensively?	Yes	No
	a. Within the past twelve months?	Yes	No
	b. For a prolonged period?	Yes	No
5.	Have you ever sold marijuana, any drug, narcotic or illegal substance as an adult or juvenile?	Yes	No
6.	Have you knowingly remained in a place where marijuana, narcotics, drugs or other illegal		
	Substances were being used?	Yes	No
	a. If yes, what date dis this occur?		
	b. What drug(s) were being used?		
7.	Have you ever used a non-prescription opiate derivative?	Yes	No
	a. If yes, what date did this occur?		
8.	Have you ever taken any hallucinogens?	Yes	No
	a. If yes, what date did this occur?		
9.	Have you ever taken barbiturates?	Yes	No
	a. If yes, what date did this occur?		
10.	Have you ever taken amphetamines?	Yes	No
	a. if yes, what date did this occur?		
11.	Have you ever used cocaine?	Yes	No
	a. If yes, what date did this occur?		
12.	Have you ever transported or possessed any illegal drug or substance?	Yes	No
	a. If yes, what date did this occur?		
13.	Have you ever manufactured or cultivated any illegal drug or substance?	Yes	No
	a. If yes, what date did this occur?		
	b. What drugs?		
14.	Have you ever been convicted of a felony?	Yes	No
	a. If yes, as an adult or a juvenile?		
15.	Are you currently on probation	Yes	No
16.	Have you stolen from any employer any object(s), including cash, valued at more than \$100.00?	Yes	No
17.	Are you currently under investigation by any law enforcement agency?	Yes	No
	a. If yes, for what?		
18.	Do you have any pending criminal cases?	Yes	No
19.	Have you ever been convicted of any crime that prohibits possession of a firearm?	Yes	No
20.	Are you currently the subject of a restraining/protective order with prohibits possession of a firearm?	Yes	No
21.	Have you been adjudged as a Mentally Disordered Sex Offender?	Yes	No
22.	Do you have a valid Colorado driver's license?	Yes	No
	a. If no, do you have a valid driver's license from another state?	Yes	No
23.	Did you falsify any information on your driver's license application?	Yes	No
24.	Have you had more than one "Driving under the Influence of Alcohol or Drugs" conviction?	Yes	No
	a. If yes, what are the conviction dates?		
25.	Have you had a D.U.I. (driving under the influence) conviction within the last three years?	Yes	No

26.	Has your license been suspended or revoked within the past five years?	Yes	No
27.	Do you currently have automobile insurance?	Yes	No
28.	Is your automobile insurance currently in an "Assigned Risk" category?	Yes	No
29.	Do you have any "Failure to Appear" or "Failure to Pay fine" convictions on your driving record?	Yes	No
30.	Have you ever been terminated for cause from any police agency?	Yes	No
31.	Did you receive a dishonorable discharge from the military?	Yes	No
32.	Have you ever been fired?	Yes	No
	a. If yes, what is the number of times you have been fired?		
	b. What were the dates of termination?		
33.	Have you ever resigned to avoid being fired?	Yes	No
	a. If yes, what is the number of times you have resigned?		
	b. What were the dates of resignation?		
34.	Are you a U.S. citizen or a permanent resident alien who is eligible for and has applied for citizenship?	Yes	No
35.	Do you have a U.S. high school diploma or its equivalent?	Yes	No
36.	Have you ever been a member of, or supported any organization or group which advocates,		
	advises or supports the use of force or other unlawful means to deny other persons their rights		
	under the Constitution of the United States or the Constitution of the State of Colorado?	Yes	No
	a. If yes, state name of the organization and depth of your involvement:		
37.	Have you applied for a Deputy Marshal Trainee position with the Town of Bayfield before?	Yes	No
	a. If yes, when?		

There are aspects to the job of Deputy Marshal that you may find unappealing or to which you may not be able to adjust. Some of these are described below. Please read and answer every question. If you answer no to any of the following questions, you may wish to consider alternative employment that may better fit your individual needs and interests.

38.	Are you willing to wear a standardized uniform?	Yes	No
39.	Are you willing to work in a para-military organization that operates with a structured		
	chain-of-command?	Yes	No
40.	Are you physically fit enough to successfully perform the duties as required for Deputy Marshal?	Yes	No
41.	Are you willing to work in a building that does not allow smoking?	Yes	No
42.	Are you willing to work in an environment where you may have little control over the workload or pace?	Yes	No
43.	Are you willing to work in an environment where you may not be able to determine when you receive		
	a lunch break?	Yes	No
44.	Are you willing to accept a daily critique of your job performance and modify your actions accordingly?	Yes	No
45.	Are you willing to work all shifts, weekends and holidays with little or no say as to which of them you		
	work?	Yes	No
46.	Are you willing to use legal physical force to subdue a subject and protect the public and yourself?	Yes	No
47.	Are you willing to use lethal force to protect the public, other police officers and yourself?	Yes	No
48.	Are you able and willing to remain calm, professional and effective when someone is rude, drunk,		
	Irrational, confused, obscene or otherwise discourteous to you?	Yes	No
49.	Are you willing to attend court on your scheduled day off?	Yes	No
50.	Are you willing to attend mandated training on your normal days off?	Yes	No
51.	Are you willing to respond to a call-out at a short notice?	Yes	No
52.	Are you willing to respond to work during a natural disaster?	Yes	No
53.	Are you willing to work longer than your regular work schedule?	Yes	No

I certify that all of my responses are true and complete and that any misstatements of material facts of failure to answer questions will subject me to disqualification from the testing process, dismissal, or termination of employment.

Applicant Signature	Applicant Printed Name	Date	

TOWN OF BAYFIELD

IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

, , ,
I fully understand that the Town of Bayfield conducts a background investigation of the finalist
(using this application for its beginning point), for the position with the Bayfield Marshal's
Office. This investigation includes, but is not limited to, an investigation of my past
employment performance, school records, military, police driving records and character. I
hereby waive any and all rights that I may have to examine, review, or inspect any documents
or information of whatever kind, form, or nature, obtained in the course of the background
investigation.

l, ______, being first duly sworn upon oath state as follows:

I hereby authorize any person who is contacted by Town of Bayfield personnel to release any information to the Town of Bayfield pertaining to the background investigation including, but not limited to, physical copies of psychological examinations, polygraph tests, records or information relating to my past employment performance, health, financial stability, schooling, military, police driving records and character for use by the Town of Bayfield in the consideration of my application for employment and for no other purpose.

I also understand hereby that this application and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the Town of Bayfield, becomes the property of the Town of Bayfield, County of La Plata, State of Colorado, and cannot and will not be returned to me under any circumstances whatsoever and will not be disclosed to me, except as provided by Colorado Law.

I authorize the Town of Bayfield to release any documents or information collected during the application process or any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Town of Bayfield from any and all liability or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless the Town of Bayfield, their elected officials, officers, agents and employees from any and all liability or claims which I may have arising out

of the disclosure of such information to the Town of Bayfield in the consideration of my application for employment and for such other purposes as may be related to any subsequent employment with the Town of Bayfield, and the disclosure or release of any documents or information by the Town of Bayfield or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify that all statements made by me in the completion of this application are to the best of my knowledge and recollection, accurate and true and I understand that any false answer or any fraud whatsoever, constitutes a basis for automatic rejection of this application, or if I am hired and fraud and/or deceit is subsequently discovered, such fraud and/or deceit will become grounds for my immediate dismissal from the Town of Bayfield.

Signature:	DOB _	
STATE)	
OF)	
COLORADO		
Subscribed and sworn to before me this day of, 20		
Witness my hand and official seal. My commission expires:		
NOTARY PUBLIC		