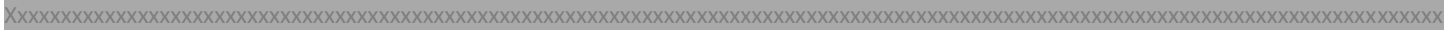


Describe any specialized training, apprenticeship, skills and extra-curricular activities:



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Describe any job-related training received in the United States Military: _____

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Four horizontal lines for listing professional, trade, business or civic activities and offices held.



Additional Information

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience: _____

Three horizontal lines for summarizing special job-related skills and qualifications.

Specialized Skills (check all equipment you have operated):

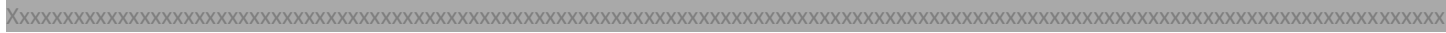
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM ____	WPM ____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application:

Five horizontal lines for providing additional information.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No



References

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____



Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

Signature of Applicant _____
Date



For Personnel Department Use Only

Arrange Interview Yes No Interviewer _____ Date _____

Remarks _____

Employed Yes No Job Title _____ Date _____

Department _____ Hourly Rate / Salary _____

By (Name and Title) _____ Date _____



Bayfield Police Department

1199 Bayfield Parkway, P.O. Box 80, Bayfield, CO 81122

Phone (970) 884-9636 Fax (970) 884-6053

Town of Bayfield Police Trainee Supplemental Questionnaire

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 application is incomplete unless this questionnaire is completed and attached.

- | | | | |
|-----|---|-----|----|
| 1. | Have you used marijuana or hashish within the past twelve months? | Yes | 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 did 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 |

TOWN OF BAYFIELD

IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

I, _____, being first duly sworn upon oath state as follows:

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.

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
