



# Bayfield Police Department

1199 Bayfield Parkway, P.O. Box 80, Bayfield, CO 81122  
Phone (970) 884-9636 Fax (970) 884-6053

## 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.*



Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about us?       Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email \_\_\_\_\_ Best time to call? \_\_\_\_\_:\_\_\_\_\_ AM / PM



If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever filed an application with us before?       Yes       No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?       Yes       No  
If yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse work here?       Yes       No

Are you currently employed?       Yes       No

May we contact your current employer?       Yes       No

Are you Colorado P.O.S.T. Certified or a Colorado police academy?      Yes      No

Are you prevented from becoming employed in this country because  
Of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment*

Date available to start? \_\_\_\_\_ Desired Salary Range? \_\_\_\_\_

Are you available to work?  Full Time Circle one: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> Shift)

Part-Time Circle one: Morning Afternoon Evening)

Temporary Please indicate dates available \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No



## 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, apprenticeship, skills and extra-curricular activities:

---

---

---

---

---

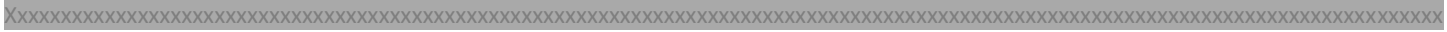
---

---

---

---

---



## 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: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

# 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.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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.

---

---

---

---



### Additional Information

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

---

---

---

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:

---

---

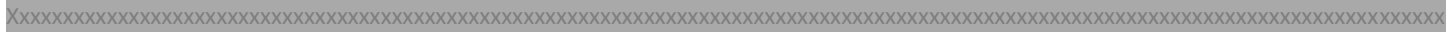
---

---

---

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

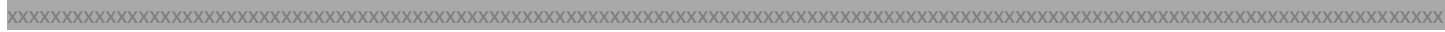
Phone (970) 884-9636 Fax (970) 884-6053

## 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 |

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, \_\_\_\_\_, 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** \_\_\_\_\_  
**SSN** \_\_\_\_\_

STATE )  
OF )  
COLORADO )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witness my hand and official seal. My commission expires: \_\_\_\_\_.

NOTARY PUBLIC

\_\_\_\_\_