



ARAPAHOE COUNTY SHERIFF'S OFFICE AUXILIARY APPLICATION

Date: _____

Name: _____
Last, First, Middle

Phone Number: _____ Cell Number: _____

Email Address: _____

AUXILIARY AVAILABILITY:

During which hours are you available for auxiliary assignments? Most opportunities are 3-4 hours in duration. If you prefer shorter or longer hours, we can accommodate your schedule. Please fill in available days and hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/ Sunday

Please state your area of work interest (example: clerical, community events, victim assistance, etc.)

Note: Some community event assignments require attendance at one of our Citizens' Academies to gain a better understanding of our agency before you greet the public. If you are interested in attending the Citizens' Academy, please visit arapahoesherriff.org, search "citizen academy" to register.

Internships

If you are seeking an internship with the Arapahoe County Sheriff's Office for school credit, please complete this application. There are limited internship opportunities and assignments.

NOTICE

Before completing your application, please consider the following about the Arapahoe County Sheriff's Office auxiliary personnel selection process. The Sheriff's Office has established personnel standards that are higher than you will encounter with most auxiliary organizations. We believe these high standards are necessary because of the nature of our work and because of the legal obligations of the Sheriff. This is not meant to discourage your application for participation in a very worthwhile program, but to help you understand why we require so much personal information.

INSTRUCTIONS

1. Type, print, or write legibly. It is imperative that all information is accurate and up-to-date. Information on names, addresses and references must be correct in order to process your application. All information is subject to verification. Be sure to sign all waivers in order to process your application.
2. Return completed application to:

Arapahoe County Sheriff's Office Human Resources
13101 E. Broncos Pkwy,
Centennial, CO 80112

Or via our confidential **FAX 720-874-4129**

POLYGRAPH NOTICE

The position for which you have applied requires that you take a polygraph examination. At some point during the selection process, you will be scheduled to take a polygraph. During your polygraph, you will be asked questions from the following subject areas:

- Education
- Driving History / Record
- Alcohol Use
- Illegal Drug Use / Sales / Transportation
- Employment History, Including Terminations And Disciplinary Actions
- Military History
- Gambling Habits / History
- Criminal History
- Serious Undetected Crimes
- Illegal Sexual Activity
- Employer Thefts – Money And Merchandise
- Thefts – Non Employer
- Prejudices You May Have
- Physical / Mental Abuse You Perpetrated
- Abuse Of Law Enforcement Powers
- Falsification Of Records
- Areas In Your Background That You Feel Could Be Used For Blackmail Or Extortion
- Cheated On Examinations For Hire
- Employment Intentions
- Membership in Subversive Groups
- Accuracy of Information Provided to Arapahoe County Sheriff's Office

You will be asked questions similar to the following:

1. Have your driving privileges ever been revoked?
2. Have you used alcohol or illegal drugs in the last 24 hours?
3. Have you been terminated for cause from any of your previous jobs?
4. Have you previously taken a polygraph examination? If so, where and state the results.
5. Have you misrepresented any information on your Sheriff's Office application?
6. What is the average number of alcoholic beverages that you consume in a seven-day period?
7. Do you gamble? What is the largest amount you have ever wagered in a single day?
8. Have you ever placed wagers with a bookie?
9. Have you been involved in any serious undetected crime?
10. Have you used illegal drugs or prescription drugs not prescribed for you by a physician at work or other location?
11. Have you ever sold illegal drugs or prescription drugs?
12. Have you ever stolen money or merchandise from previous employers?
13. Estimate the value of the money or merchandise you have stolen in the past five (5) years.
14. Can you, without prejudice, treat every person politely and fairly regardless of race, creed or color?
15. Is there anything in your background that you feel might be used for blackmail or extortion?
16. In any of your examinations for the Sheriff's office, have you cheated in any way or falsified any information?

PERSONAL INFORMATION / GENERAL HISTORY:

We must have your Social Security Number to keep your records straight. Other people may have the same name and/or date of birth. The Arapahoe County Sheriff's Office may also use your Social Security Number to ask for information about you from employers, schools, banks, law enforcement agencies, credit agencies and others who know you. We will only use your Social Security Number when the law allows it.

Date of Birth: _____ Social Security Number: _____

Have you ever used other social security numbers than provided above? ___ Yes ___ No
If yes, please explain: _____

1. Other Names Previously Used (Maiden Name / Married Names / AKAs /Aliases) –
Include years when used.

2. Please list all residences for the past 5 years. Use another sheet if necessary.

Current Address: _____
Street Address City State Zip

From: _____ To: _____ Rented: ___ Owned: ___

Previous Address: _____
Street Address City State Zip

From: _____ To: _____ Rented: ___ Owned: ___

Previous Address: _____
Street Address City State Zip

From: _____ To: _____ Rented: ___ Owned: ___

Previous Address: _____
Street Address City State Zip

From: _____ To: _____ Rented: ___ Owned: ___

3. Other than the addresses listed above, what other states and countries have you resided
in? _____

DRIVING HISTORY:

4. For each driver's license you currently hold, please provide the following:

Driver's License Number	Type	State of Issue	Date Issued

5. Please list all other states where you **EVER** have been licensed to operate a motor vehicle.

6. Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY:

7. List **all** full-time, part-time, long-term, and short-term employers in the **past 5 years** starting with your current employer and working back in reverse chronological order. Include military service and all periods of unemployment and self-employment, identifying it as such. Use another sheet if needed.

Name of Employer: _____
Address: _____

Street City State Zip

Start Date (Month / Year): _____ End Date (Month / Year): _____

Highest Position Held: _____

Supervisor's Name: _____ Phone: _____

Description of Duties: _____

Name of Employer: _____
Address: _____

Street City State Zip

Start Date (Month / Year): _____ End Date (Month / Year): _____

Highest Position Held: _____

Supervisor's Name: _____ Phone: _____

Description of Duties: _____

Name of Employer: _____
Address: _____
 Street City State Zip
Start Date (Month / Year): _____ End Date (Month / Year): _____
Highest Position Held: _____
Supervisor's Name: _____ Phone: _____
Description of Duties: _____

Name of Employer: _____
Address: _____
 Street City State Zip
Start Date (Month / Year): _____ End Date (Month / Year): _____
Highest Position Held: _____
Supervisor's Name: _____ Phone: _____
Description of Duties: _____

EDUCATION:

8. Circle highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

9. Date of graduation from high school (or completion of GED): _____

10. High School: _____

_____ Address City, State Zip

11. Please list all colleges / schools you attended after high school. Use another sheet if needed:

▪ College, University or Trade School: _____

_____ Street City State Zip

Major: _____ Minor: _____

Attended From: _____ To: _____

Type of Degree Earned: _____ Date of Degree: _____

If no degree was earned, how many credits did you complete? _____

- College, University or Trade School: _____

_____ Address _____ City _____ State _____ Zip _____

Major: _____ Minor: _____

Attended From: _____ To: _____

Type of Degree Earned: _____ Date of Degree: _____

If no degree was earned, how many credits did you complete? _____

12. Do you currently hold any professional licenses or certifications? _____ Yes _____ No

If yes, please provide the following information for each license or certification held:

Type: _____ Number: _____

Issued by: _____ Date: _____ Status: _____

Type: _____ Number: _____

Issued by: _____ Date: _____ Status: _____

FINANCIAL HISTORY:

13. Have you **EVER** filed bankruptcy or had property (e.g. auto) repossessed (voluntarily or involuntarily)?

_____ Yes _____ No

If yes, please explain: _____

CRIMINAL / LEGAL HISTORY:

14. Have you **EVER** been arrested or charged with a crime? _____ Yes _____ No

If yes, please explain: _____

ALCOHOL / DRUG USE:

15. Have you **EVER** been arrested for DUI, DWAI, or other alcohol-related crime?

_____ Yes _____ No

If yes, please state location and date for each arrest: _____

16. Have you **EVER** operated any type of vehicle after having too much to drink?

___ Yes ___ No

If yes, please explain: _____

17. Have you **EVER** used, tried, or experimented with marijuana? ___ Yes ___ No

If yes, please indicate that last time you used marijuana: _____.

18. List **ALL illegal** drugs (controlled substances) you have **EVER** used, tried, or experimented with. Please also list the last time you used them. Use an additional sheet, if necessary

Illegal Drug	Last Used (Year)

19. Have you **EVER** taken a prescription drug in a manner other than as prescribed?

___ Yes ___ No

If yes, please list the drug's name and the last time you used it:

Drug Taken Other Than As Prescribed	Last Used (Year)

20. Have you **EVER** used steroids that were not legally prescribed to you? ___ Yes ___ No

If yes, please state the last time you used steroids: _____

21. Have you **EVER** purchased illegal or non-prescribed controlled drugs or substances?

____ Yes ____ No

If yes, please explain: _____

22. Have you **EVER** manufactured, transported, sold, traded, distributed or given drugs to others? ____ Yes ____ No

If yes, please explain: _____

23. Have you **EVER** driven a motor vehicle after using an illegal / non-prescribed controlled drug? ____ Yes ____ No

If yes, please explain: _____

AUXILIARY EXPERIENCE:

Beginning with the most current, list the organizations and affiliations with which you have performed auxiliary work:

Name of Organization: _____

Address: _____

Street

City

State Zip

Start Date (Month / Year): _____ End Date (Month / Year): _____

Supervisor's Name: _____ Phone: _____

Description of Duties: _____

Name of Organization: _____

Address: _____

Street

City

State Zip

Start Date (Month / Year): _____ End Date (Month / Year): _____

Supervisor's Name: _____ Phone: _____

Description of Duties: _____

Name of Organization: _____

Address: _____

Street

City

State Zip

Start Date (Month / Year): _____ End Date (Month / Year): _____

Supervisor's Name: _____ Phone: _____

Description of Duties: _____

24. Are you fluent in any other language than English? ____ Yes ____ No

If yes, please list them: _____

25. Can you conform to agency grooming standards? ____ Yes ____ No

If no, please explain: _____

26. Do you have any tattoos? ____ Yes ____ No

If yes, please describe the tattoo and explain the meaning: _____

Special Skills or Qualifications:

Please summarize special skills and qualifications you have acquired from employment, previous auxiliary work, or through other activities, including hobbies or sports. Attach your resume for more specifics. (If space is needed, please continue on back side of this page).

REFERENCES:

Please list three references with phone numbers:

1. _____

2. _____

3. _____

PLEASE IDENTIFY YOUR EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Home Phone Number: _____ Cell Number: _____

Arapahoe County Sheriff's Office Policies:

It is the policy of the Arapahoe County Sheriff's Office to provide equal opportunities without regard to race, color religion, national origin, gender, sexual preference, sexual orientation, age, disability or any other status protected by state or federal law. Arapahoe County Sheriff's Office employees may volunteer to serve in Auxiliary Opportunities as long as their activities do not directly relate to their Arapahoe County Sheriff's Office job, except as specifically provided by County Resolution.

It is the policy of the Sheriff's Office to not discuss the reasons why applicants were not selected. There is no flexibility to this policy. Applicants may be notified of their disqualification at any point in the selection process. If you receive such a notice, it simply means that you do not meet our standards at this time. Receiving this notice does not indicate that you are ineligible to apply with other agencies.

Auxiliary Notification:

The purpose of this Notification is to make you aware that the Arapahoe County Sheriff's Office will **not** provide or pay for medical treatment for physical injuries to auxiliaries, which occur within the scope and course of their activities. Further, because auxiliaries do **not** work for the Arapahoe County Sheriff's Office as employees, they are **not** covered under the Arapahoe County Sheriff's Office Workers Compensation insurance. The Arapahoe County Sheriff's Office therefore, cannot provide lost wages or permanent disability benefits for the auxiliary's regular employment.

Agreement and Signature:

I fully understand and agree to provide my services to the Arapahoe County Sheriff's Office as an auxiliary in an auxiliary capacity. I fully understand that I will **not** be entitled to Workers' Compensation Benefits in my capacity as an auxiliary with the Arapahoe County Sheriff's Office. I fully understand that the Arapahoe County Sheriff's Office will **not** provide or pay for medical treatment for injuries which occur within the scope and course of my auxiliary activities. I fully understand and agree that vehicle insurance for my personal automobile is my responsibility shall I drive in my capacity as an auxiliary for the Arapahoe County Sheriff's Office.

By Submitting this application for service, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an auxiliary, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature _____

Date _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

As an applicant for employment or a current employee of the Arapahoe County Sheriff's Office, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exists Arapahoe County, including the Sheriff's Office, may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding either to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Arapahoe County and the Sheriff's Office.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics or mode of living is obtained through personal interviews with your neighbors, friends or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Arapahoe County to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the Arapahoe County Sheriff's Office. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date



STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION Arapahoe County Sheriff's Office

Applicant: _____ (Print)

Date of Birth: _____ Social Security #: _____

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

I am presently an applicant for employment with the Arapahoe County Sheriff's Office, Centennial, Colorado. I fully understand that the Arapahoe County Sheriff's Office conducts a background investigation of all applicants, who are being considered for a position with the Arapahoe County Sheriff's Office. This investigation includes, but is not limited to, an investigation of my past employment performance, education, financial stability, military, police, driving and character traits.

I hereby authorize any person who is contacted by the Arapahoe County Sheriff's Office personnel to release any information to the Arapahoe County Sheriff's Office pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance including law enforcement/public safety internal affairs files, financial stability, education, military service, police history, driving and character traits for use by the Arapahoe County Sheriff's Office, in the consideration of my application for employment and for no other purpose.

I also understand that my 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 in support and attached hereto) becomes upon submission to the Arapahoe County Sheriff's Office (in petition for employment), the property of the County of Arapahoe, State of Colorado, and cannot and will not be returned to me, under any circumstance whatsoever.

I authorize any employee or representative of Arapahoe County Sheriff's Office to search LInX to obtain information regarding my qualifications and fitness to serve as a sworn or civilian employee. I understand that LInX is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in LInX may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in LInX will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Arapahoe County

Sheriff's Office from any liability or damage that may result from the use of information obtained from LInX.

I authorize the Arapahoe County Sheriff's Office to release any documents or information collected during the application process to 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 Arapahoe County Sheriff's Office from any and all liabilities or claims that I may have against that person, arising out of the release of such information.

I further agree to release and hold harmless Arapahoe County, its 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 Arapahoe County Sheriff's Office for use by the Arapahoe County Sheriff's Office in consideration of my application for employment and for such other purposes as may be related to any subsequent employment with the Arapahoe County Sheriff's Office.

I further certify that I personally completed the foregoing personal history questionnaire and that all statements made by me in the completion of this questionnaire are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of the application with no further consideration, or if I am hired and fraud and/or deceit is subsequently discovered, such fraud and deceit will become grounds for my immediate dismissal from the Arapahoe County Sheriff's Office.

I further acknowledge that I understand all employment with the Sheriff's Office is at the will of the Sheriff, per Colorado Revised Statute 30-10-506.

This authorization for the release of information shall be valid for a one-year period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

Signature _____ Date _____

Subscribed and Sworn to before me this ____ of ____ 2____ Witness my hand official seal.

Notary Public _____

My commission expires _____

