



Park County Sheriff's Office

Application for Employment

Equal Opportunity Employer



This is only a preliminary application for employment with the Park County Sheriff's Office. Applicants may be asked to participate in further testing and qualification procedures to verify eligibility for employment in these positions. Please personally fill out this application as completely as possible as it is used to perform preliminary background checks on all applicants.

Additional application and background information may be required a later time.

IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION

Personal Information

Last Name			First			Middle			
Street Address				Mailing Address (If different)				Home Phone	
City, State, Zip							Other Phone (Indicate)		
Date of Birth		Social Security Number		Driver's License Number		License State		US Citizen	
Height		Weight		Hair Color		Eye Color		Sex	
Please list any other names you have been known by; Maiden names, Previous marriage names, legal name changes, etc.									
Please indicate which position(s) you are interested in (check all that apply)									
<input type="checkbox"/> Patrol Deputy			<input type="checkbox"/> Detention Deputy			<input type="checkbox"/> Dispatcher			
Have you applied with us before?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, When?		
How did you learn of this opening?									
Are you related to any County Employees?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, who?									
Have you ever been an unsuccessful candidate for a position requiring Law Enforcement powers?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please explain.									
I have read and am able to pass the physical standards requirements						<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Most recent Employer		
Start Date	End Date	Employer Name
Employer Street/Mailing Address		Employer Phone
Employer City, State, Zip		Employment Supervisor

Briefly Describer your Position and Duties:

Reason for leaving:

May we contact this employer? Yes No

Previous Employer		
Start Date	End Date	Employer Name
Employer Street/Mailing Address		Employer Phone
Employer City, State, Zip		Employment Supervisor

Briefly Describer your Position and Duties:

Reason for leaving:

May we contact this employer? Yes No

Start Date	End Date	Employer Name
Employer Street/Mailing Address		Employer Phone
Employer City, State, Zip		Employment Supervisor

Briefly Describer your Position and Duties:

Reason for leaving:

May we contact this employer? Yes No

