

EMPLOYMENT APPLICATION



CITY OF PUEBLO
 301 West B Street
 Pueblo, Colorado 81003
 719-553-2635
<http://www.pueblo.us/jobs>

Pino, Dominic J
2008-2000 POLICE PATROL OFFICER

Received: 9/13/20 5:05 PM

For Official Use Only:

QUAL: _____

DNQ: _____

- Experience
- Training
- Other: _____

PERSONAL INFORMATION

POSITION TITLE: POLICE PATROL OFFICER		EXAM ID#: 2008-2000
NAME: (Last, First, Middle) Pino, Dominic J		SOCIAL SECURITY NUMBER: [REDACTED]
ADDRESS: (Street, City, State/Province, Zip/Postal Code) [REDACTED]		EMAIL ADDRESS: [REDACTED]
HOME PHONE: [REDACTED]		ALTERNATE PHONE: [REDACTED]
DRIVER'S LICENSE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: CO N [REDACTED]	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

WHAT TYPE OF JOB ARE YOU LOOKING FOR?
Regular

TYPES OF WORK YOU WILL ACCEPT:
Full Time

SHIFTS YOU WILL ACCEPT:
Day, Evening, Night, Rotating, Weekends, On Call (as needed)

EDUCATION

DATES:	SCHOOL NAME: Otero Junior College	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Associate's
LOCATION: (City, State/Province) La Junta, Colorado			
MAJOR: Automotive Technology			
DATES:	SCHOOL NAME: John Mall High School	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: High School Diploma
LOCATION: (City, State/Province) Walsenburg, Colorado			

WORK EXPERIENCE

DATES: From: 5/2020 To: Present	EMPLOYER: Pueblo County Sheriffs Office	POSITION TITLE: Detention Deputy
ADDRESS: (Street, City, State/Province, Zip/Postal Code) 909 Court Street, Pueblo, Colorado, 81003		COMPANY URL: PuebloSheriff.com
PHONE NUMBER: 719-583-6125	SUPERVISOR: Heidi Hood - Detention Sergeant	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	# OF EMPLOYEES SUPERVISED: 0	
DUTIES: Account for all inmates and provide security of the county jail.		
REASON FOR LEAVING: Still employed here.		
DATES: From: 12/2018 To: Present	EMPLOYER: Colorado Department of Corrections	POSITION TITLE: Correctional Officer One (CO1)
ADDRESS: (Street, City, State/Province, Zip/Postal Code) 5125 US-24, Buena Vista, Colorado, 81211		COMPANY URL: colorado.gov
PHONE NUMBER: 719-395-2404	SUPERVISOR: Andon Bowers - COIII	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	# OF EMPLOYEES SUPERVISED: 0	
DUTIES: Conduct counts of offenders, hold offenders accountable for their actions, write reports.		
REASON FOR LEAVING: New job at the Pueblo County Sheriffs Office		
DATES: From: 8/2014 To: 12/2018	EMPLOYER: Discount Tire	POSITION TITLE: Apprentice Technician
ADDRESS: (Street, City, State/Province, Zip/Postal Code) 1826 Hwy. 50 W., Pueblo, Colorado, 81008		

PHONE NUMBER: 7195453407	SUPERVISOR: Jonathon Magana - Assistant Store Manager	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 36	# OF EMPLOYEES SUPERVISED: 4	
DUTIES: Supervising technicians, coordinating work flow and safety procedures.		
REASON FOR LEAVING: New job with Colorado Department of Corrections.		
DATES: From: 5/2012 To: 8/2012	EMPLOYER: Wal-Mart	POSITION TITLE: Sales Associate
ADDRESS: (Street, City, State/Province, Zip/Postal Code) 4200 Dillon Dr, Pueblo, Colorado, 81008		COMPANY URL: walmart.com
PHONE NUMBER: (719)545-6404	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
HOURS PER WEEK: 30		
DUTIES: Stock inventory, and cashier.		
REASON FOR LEAVING: finish college		

CERTIFICATES AND LICENSES
Nothing Entered For This Section

Skills
Nothing Entered For This Section

ADDITIONAL INFORMATION
Nothing Entered For This Section

REFERENCES		
REFERENCE TYPE: Professional	NAME: Shanna Muegge	POSITION: Platoon Sergeant
ADDRESS: (Street, City, State/Province, Zip/Postal Code)		
EMAIL ADDRESS:		PHONE NUMBER: [REDACTED]
REFERENCE TYPE: Personal	NAME: Manuel Arellano	POSITION:
ADDRESS: (Street, City, State/Province, Zip/Postal Code)		
EMAIL ADDRESS:		PHONE NUMBER: [REDACTED]
REFERENCE TYPE: Personal	NAME: Dominic Dutton	POSITION:
ADDRESS: (Street, City, State/Province, Zip/Postal Code)		
EMAIL ADDRESS:		PHONE NUMBER: [REDACTED]
REFERENCE TYPE: Personal	NAME: William Knight	POSITION: Sergeant
ADDRESS: (Street, City, State/Province, Zip/Postal Code)		
EMAIL ADDRESS:		PHONE NUMBER: [REDACTED]
REFERENCE TYPE: Professional	NAME: Maximilian Shisler	POSITION: 2nd Lieutenant/ Platoon Leader
ADDRESS: (Street, City, State/Province, Zip/Postal Code)		
EMAIL ADDRESS:		PHONE NUMBER: [REDACTED]
REFERENCE TYPE: Professional	NAME: Jarrod Inlow	POSITION: First Sergeant
ADDRESS: (Street, City, State/Province, Zip/Postal Code)		
EMAIL ADDRESS:		PHONE NUMBER: [REDACTED]

Agency-Wide Questions

1. Are you a relative of the Mayor or any Department Director of the city? Relative means domestic partner and any person related by blood, current marriage (in-law), step or adoption, in any of the following degrees: parent, spouse, children, brothers, sisters, nephews, nieces, aunts, uncles, first cousins, grandparents and grandchildren. A current listing of the Mayor and Department Directors is available at <https://www.pueblo.us/2173/City-Departments>.

No

2. Indicate the highest level of education you have and attach verifiable proof to your application. Failure to do so will result in your application being rejected.

Associate's Degree

3. Colorado P.O.S.T. requires that we have your high school diploma on file. Please attach this document to your application prior to submitting it. Have you done this?

Yes

4. It is required as part of this application that you complete, sign, and attach a copy of our Background Check Authorization Form. To access the form, please copy and paste the following link: <https://www.pueblo.us/DocumentCenter/View/17003> Did you attach this form? Please note that your application will be considered incomplete if you do not include this item.

Yes

5. Did you account for the last 20 years of your employment history on your application? NOTE: You must complete the work history section of your application. A resume may be attached as a supplement only. If you do not have 20 years of employment history, you must provide employment history from the date of your high school graduation to present.

Yes

6. It is required that you provide the names, phone numbers, and email addresses (if available) of at least three PROFESSIONAL (job related) references. Did you list these references and provide their information in the space provided on your application?

Yes

7. It is required that you indicate the reason for leaving EACH of your past employers under "Reason for Leaving". You must indicate whether you resigned or were terminated. If you were terminated, you must tell us the circumstances surrounding that termination. Did you indicate the reason for leaving each of your past employers in the space provided on your application and provide an explanation if necessary?

Yes

8. List gaps in employment (i.e. unemployment, school, etc.) of six months or longer, which were not accounted for in the employment section of your application. Indicate dates (from/to) and reasons for these gaps.

finished college [REDACTED] US Army BCT/AIT ([REDACTED])

9. Do you wish to Claim a 5 point Veteran's Preference? NOTE: Applicants who served in the United States Armed Forces for other than training purposes during qualifying service periods and were honorably discharged, and unmarried widows of veterans who would have been entitled to veteran's preference may be eligible for an additional 5 points added to their final passing score. If you wish to have a determination made regarding your eligibility, submit your Member 4 copy of Form DD214 or other proof of service with this application to insure that a proper evaluation of credentials may be made. Widows must submit proof of veteran's service, marriage certificate and death certificate of the veteran. QUALIFYING SERVICE PERIODS include: 1) A war declared by Congress; 2) The period beginning April 28, 1952 and ending July 1, 1955; 3) Service for more than 180 consecutive days, other than for training, any part of which occurred during the period beginning February 1, 1955 and ending October 14, 1976; 4) The period beginning August 2, 1990 and ending January 2, 1992; or 5) Service for more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001 and ending on the date to be prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom. NOTE: If you wish to have a determination made regarding your eligibility, you MUST submit your Member 4 copy of Form DD214 with your application.

Yes

10. Are you a disabled veteran and wish to claim a 10 point veteran's preference? NOTE: You must meet the criteria as listed above for veteran's preference. In addition to your form DD-214, you must also submit proof of disability. This is normally a letter from the Veteran's Administration dated within one year indicating your disability status. NOTE: If you wish to have a determination made regarding your eligibility, you MUST submit a letter from the Veteran's Administration dated within one year of your date of application to the City of Pueblo indicating your disability status with your application.

No

11. For the purposes of identification, what is your height?

[REDACTED]

12. For the purposes of identification, what is your weight?

[REDACTED]

13. For the purposes of identification, what is your hair color?

black

14. For the purposes of identification, what is your eye color?

brown

15. For the purposes of identification, please describe any scars, tattoos and other distinguishing marks.

[REDACTED]

16. **What is your date of birth? (MM/DD/YEAR)**
[REDACTED]
17. **What is your place of birth? (City/State)**
[REDACTED]
18. **List any maiden names, aliases, nicknames or names other than your present legal name which you have used. Give dates of use and location (city, state).**
nick name "Dom" short for Dominic, or I go by my last name Pino.
19. **Have you ever held a driver's license in any other state?**
No
20. **If you have ever held a driver's license in any other state, which state(s).**
n/a
21. **If you have registered with selective service, please provide your selective service number. (You may be able to obtain your selective service number by accessing www.sss.gov.)**
[REDACTED]
22. **If you are currently participating in any military service or National Guard program, please specify.**
Colorado Army National Guard
23. **Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?**
No
24. **If you have ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves, please provide details (include branch of service, dates, location and circumstances.)**
n/a
25. **Do you possess a Colorado P.O.S.T. Certification?**
No
26. **If you possess a Colorado P.O.S.T. Certification, please provide the certification number and attach a copy to this application.**
n/a
27. **Have you attended any high schools, colleges, or trade schools, or any specialized law enforcement training which you have not already listed on your application?**
No
28. **If you have attended any other schools or specialized law enforcement training which you have not already listed on your application, please list name of school, address, and dates of attendance.**
n/a
29. **Have you ever been the subject of an administrative hearing or discipline while in college?**
No
30. **If you have ever been the subject of an administrative hearing or discipline while in college, please provide details.**
n/a
31. **Have you submitted application(s) at any other time for law enforcement related jobs including with the City of Pueblo?**
Yes
32. **If you have submitted application(s) at any other time for law enforcement related jobs including with the City of Pueblo, give name of agency, dates, and disposition (e.g., appointed, failed, rejected, etc.) If you were rejected for a position or if you failed any of the testing processes, please explain.**
Pueblo Police Department 3 times, cannot remember dates, Colorado Springs Police Department, failed written test, El Paso County Sheriff, out of state for written test
33. **Have you ever been employed in a law enforcement related position before?**
Yes
34. **If you have ever been employed in a law enforcement related position before, give employer, job title, dates of employment, and reason for leaving.**
Colorado department of corrections, CO1, December 2018-April 2020, Pueblo County Sheriff's Office, Detention Deputy, May 2020-Present
35. **If you have ever been employed as a peace officer in a state other than Colorado, please indicate the state(s) where you worked.**
n/a
36. **Have you ever received any disciplinary action more serious than a verbal reprimand on any job (e.g., written reprimand, suspension)?**
No
37. **If you have received disciplinary action more serious than a verbal reprimand (e.g., written reprimand, suspension), give details and dates of each incident.**
n/a

38. **Have you ever been fired or forced to resign in lieu of termination from any job, or quit because you thought you were about to be fired?**
No
39. **If you have ever been fired or forced to resign in lieu of termination from any job, or quit because you thought you were about to be fired, give employer name(s) and details of incident(s).**
n/a
40. **If you feel any previous employers would hesitate to give you a good recommendation, explain which employers these are and why you feel you would not be given a good recommendation.**
None would give a negative recommendation.
41. **List below all motor vehicle accidents in which you have been involved. Give state, dates and details. Details should include any fatalities or personal injuries and whether you were ticketed, not ticketed, convicted, not convicted and penalty you received if any including deferred sentence.**
n/a
42. **Are any criminal charges currently pending against you in any court?**
No
43. **If there are any criminal charges currently pending against you in any court, give dates and complete details.**
n/a
44. **Are you now or have you ever been on probation, parole or deferred sentence for any offense?**
No
45. **If you are currently or have ever been on probation, parole or deferred sentence, give dates and complete details.**
n/a
46. **Have you ever been convicted of a crime or ever received a suspended sentence or forfeited bail for any offense in any civil or military court except for any juvenile court matter, minor traffic violation or a deferred sentence which was successfully completed?**
No
47. **If you have ever been convicted of a crime or ever received a suspended sentence or forfeited bail for any offense, provide dates, city/state, and complete details of all your convictions.**
n/a
48. **Have you ever been fingerprinted for any reason (job application, military, driver's license, etc.)?**
Yes
49. **If you have ever been fingerprinted for any reason, give approximate date(s), location(s), and name(s) of agency(ies) taking fingerprints.**
when enlisting in the military. Denver MEPS Denver, Co
when applying for Colorado Department of Corrections. CDOC Headquarters, Colorado
when hired with the Pueblo County Sheriffs Office
50. **Have you ever been refused a security clearance, bonding or automobile insurance?**
No
51. **If you have ever been refused a security clearance, bonding or automobile insurance, give details.**
no
52. **Have you ever been involved in anything which could open you to blackmail or similar pressure?**
No
53. **If you have ever been involved in anything which could open you to blackmail or similar pressure, please explain.**
n/a
54. **If there is anything in your background which has not already been disclosed in this application which is necessary for the Civil Service Commission to know to make a proper evaluation of your qualifications to be a Police Patrol Officer, please explain. (Do not list information prior to your 16th birthday.)**
no
55. **Within five (5) years of the date of application, have you used any illegal drug other than marijuana (i.e. heroin, cocaine, LSD, amphetamines, steroids, or other illegal drug as defined in schedules I through V of Section 202 of the Controlled Substances Act)?**
No
56. **Within two (2) years of the date of application, have you used marijuana?**
No
57. **By answering yes I understand that in the event I pass all phases of the recruitment process and receive a conditional offer of employment, I will be required to undergo extensive psychological and polygraph examinations. I understand that any information relating to serious criminal activity disclosed during any polygraph examination will be disclosed and reported to the appropriate law enforcement authority and could result in investigation and/or arrest. I further understand that if at any point in the application or hiring process it is determined that I have been deceitful or any issues arise regarding my background, I will be removed from the process and may also be disallowed from applying for this or other positions with the City of Pueblo.**
Yes

Job Specific Supplemental Questions

1. **Do you have a valid driver's license?**

Yes

2. **Are you a U.S. citizen?**

Yes

3. **Are you at least 21 years of age?**

Yes

4. **Have you been convicted of a felony crime, a misdemeanor crime of domestic violence, OR a misdemeanor crime that would affect your ability to certify with the Colorado Police Officer Standards and Training (POST) Board?**

No

5. **Have you used marijuana within 2 years prior to the date of application OR any illegal drugs other than marijuana (i.e. heroin, cocaine, LSD, amphetamines, steroids, or other illegal drug as defined in schedules I through V of Section 202 of the Controlled Substances Act) within five (5) years prior to the date of application?**

No

6. **Indicate your highest level of completed education.**

Associate Degree

7. **This position requires that if you have prior active duty military service in the armed forces, you must provide a copy of your DD-214 with this application, which reflects your Character of Service as General (Under Honorable Conditions) or Honorable. If this applies to you, have you provided the required form?**

Yes

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I hereby certify, under penalty of perjury, that this application was completed by me, contains no misrepresentation or falsification, and that all entries on it, and information in it are true, accurate and complete to the best of my knowledge and belief. Further, I understand and attest that:

- this completed application is the property of the City of Pueblo.
- I give the City of Pueblo or designee(s) permission to verify any information regarding my application.
- I may be required to verify any and all information given on this application and the City of Pueblo may contact prior employers and other references.
- should an investigation at any time reveal misrepresentation or falsification, my application may be rejected, my name removed from the candidate register, and if I have been appointed to a position from such register that I may be dismissed from City service, and be disqualified from applying in the future for any position under the jurisdiction of the Pueblo Civil Service Commission.
- I will have to produce documentation verifying identity and employment eligibility in the U.S.
- I must notify the City of Pueblo Civil Service Commission of any changes in my name, address, or phone number.
- for both administrative and financial reasons, the City of Pueblo requires direct deposit payment for all payroll checks. Unless an exemption is authorized, my regular monthly net pay will be deposited electronically on the regularly scheduled pay day.

This application was submitted by Dominic J Pino on 9/13/20 5:05 PM

Signature _____

Date _____

CAUTION: NOT TO BE USED FOR SECURITY SCREENING PURPOSES

THIS IS AN IMPORTANT REGIONAL REQUIREMENT

ONLY AUTHORISED PERSONNEL SHOULD ACCESS THIS INFORMATION

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

The Export Control Information Subject to the Privacy Act of 1974, is Available

1. NAME AND TITLE: [REDACTED] 2. DEPARTMENT, COMPANY OR BRANCH: [REDACTED]

3. DATE OF RELEASE OR DISCHARGE: [REDACTED] 4. TYPE OF SERVICE: [REDACTED]

5. REASON FOR RELEASE OR DISCHARGE: [REDACTED]

6. SIGNATURE OF AUTHORITY: [REDACTED]

7. DATE OF SIGNATURE: [REDACTED]

8. SIGNATURE OF INDIVIDUAL: [REDACTED]

9. DATE OF SIGNATURE: [REDACTED]

10. SIGNATURE OF INDIVIDUAL: [REDACTED]

11. DATE OF SIGNATURE: [REDACTED]

12. SIGNATURE OF INDIVIDUAL: [REDACTED]

13. DATE OF SIGNATURE: [REDACTED]

14. SIGNATURE OF INDIVIDUAL: [REDACTED]

15. DATE OF SIGNATURE: [REDACTED]

16. SIGNATURE OF INDIVIDUAL: [REDACTED]

17. DATE OF SIGNATURE: [REDACTED]

18. SIGNATURE OF INDIVIDUAL: [REDACTED]

19. DATE OF SIGNATURE: [REDACTED]

20. SIGNATURE OF INDIVIDUAL: [REDACTED]

21. DATE OF SIGNATURE: [REDACTED]

22. SIGNATURE OF INDIVIDUAL: [REDACTED]

23. DATE OF SIGNATURE: [REDACTED]

24. SIGNATURE OF INDIVIDUAL: [REDACTED]

25. DATE OF SIGNATURE: [REDACTED]

26. SIGNATURE OF INDIVIDUAL: [REDACTED]

FORM 214C, AUG 2009

ISSUED BY: [REDACTED]

DATE: [REDACTED]

SIGNATURE: [REDACTED]

DATE: [REDACTED]

SIGNATURE: [REDACTED]

DATE: [REDACTED]

SIGNATURE: [REDACTED]

DATE: [REDACTED]

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SIGNATURE: [REDACTED]

DATE: [REDACTED]

SIGNATURE: [REDACTED]

DATE: [REDACTED]

SIGNATURE: [REDACTED]

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) PINO, DOMINIC JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20210728		
7a. PLACE OF ENTRY INTO ACTIVE DUTY PUEBLO, COLORADO		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 01ARCSFWD FC			b. STATION WHERE SEPARATED [REDACTED]		
9. COMMAND TO WHICH TRANSFERRED [REDACTED]					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 91B10 WHEELED VEHICLE MECHANIC - 1 YRS 0 MOS//NOTHING FOLLOWS				10. SGLI COVERAGE NONE AMOUNT: \$400,000.00	
				12. RECORD OF SERVICE	
				a. DATE ENTERED AD THIS PERIOD	YEAR(S) MONTH(S) DAY(S)
				b. SEPARATION DATE THIS PERIOD	2016 08 04
				c. NET ACTIVE SERVICE THIS PERIOD	2017 08 13
				d. TOTAL PRIOR ACTIVE SERVICE	0001 00 10
				e. TOTAL PRIOR INACTIVE SERVICE	0000 07 05
				f. FOREIGN SERVICE	0002 05 00
				g. SEA SERVICE	0000 08 21
				h. INITIAL ENTRY TRAINING	0000 00 00
i. EFFECTIVE DATE OF PAY GRADE		2015 03 07			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARCOM COMMENDATION MEDAL W/R DEVICE// NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON// OVERSEAS SERVICE RIBBON//CONT IN BLOCK 18				14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) NONE//NOTHING FOLLOWS	
15a. COMMISSIONED THROUGH SERVICE ACADEMY					
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec 2107b)				YES	X NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)				YES	X NO
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES NO X
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KUWAIT 20161006-20161118// SERVICE IN TURKEY 20161119-20170307//SERVICE IN KUWAIT 20170308-20170412//SERVICE IN IRAQ 20170413-20170529//SERVICE IN KUWAIT 20170529-20170626//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM (SPARTAN SHIELD) IAW 10 USC//SEE ATTACHED CONTINUATION SHEET The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) CO OFFICE OF VETERANS AFFAIRS					
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES NO
21a. MEMBER SIGNATURE PINO, DOMINIC JOSEPH SEP 14 68 207415		b. DATE (YYYYMMDD) 20170706	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) SIERRA, PATRICIA A. 11330902513 PATRICIA A SIERRA, ASST TEAM LEAD		b. DATE (YYYYMMDD) 20170706

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE. GENERATED BY TRANSPROC

MEMBER - 1

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (Continuation Sheet)

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)
PINO, DOMINIC JOSEPH

2. DEPARTMENT, COMPONENT AND BRANCH
ARMY/ARNGUS

3. SOCIAL SECURITY NUMBER

(Specify the item number of the block continued for each entry.)
CONT FROM BLOCK 18: 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//YRRP:2 DAYS//
CONT FROM BLOCK 13: //ARMY RESERVE COMPONENT OVERSEAS TRAINING RIBBON//ARMED FORCES
RESERVE MEDAL W/ M DEVICE//INHERENT RESOLVE CAMPAIGN MEDAL//NOTHING FOLLOWS

21.a. MEMBER SIGNATURE
ESIGNED BY:
PINO.DOMINIC.JOSEPH.1468
207415

b. DATE
(YYYYMMDD)
20170706

22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)
ESIGNED BY: SIERRA.PATRICIA.A.1130902533
PATRICIA A SIERRA, ASST TEAM LEAD

b. DATE
(YYYYMMDD)
20170706

PROFESSIONAL REFERENCES

A "Professional Reference" is a person who, when contacted by the City of Pueblo or designee, can offer testimony related to your work behaviors and qualifications. It is required that you provide at least 3 professional references as part of your employment application with the City of Pueblo. Use this form to account for any professional references that were not previously listed as part of your application.

APPLICANT NAME: Dominic Pino LAST 4 OF SSN: 7386

Professional Reference 1

Name: Jonathon Magaña Title: Assistant Manager

Email: _____ Phone #: [REDACTED]

Business Name: Discount Tire

Relationship:

Supervisor/Manager Co-Worker Other (Describe): _____

Length of relationship: 2 Months Years

Professional Reference 2

Name: SGT Ryan Cornelius Title: Unit Motor Sergeant

Email: Ryan.e.cornelius.mil@mail.mil Phone #: [REDACTED]

Business Name: Colorado Army National Guard

Relationship:

Supervisor/Manager Co-Worker Other (Describe): _____

Length of relationship: 2 Months Years

Professional Reference 3

Name: SFC Shanna Muegge Title: Platoon Sergeant

Email: shannamuegge@yahoo.com Phone #: [REDACTED]

Business Name: Colorado Army National Guard

Relationship:

Supervisor/Manager Co-Worker Other (Describe): _____

Length of relationship: 5 Months Years

SUPPLEMENTAL WORK HISTORY

It is required that all City of Pueblo job applicants account for gaps in their employment (i.e. unemployment, school, etc.) of six months or longer. Use this form to explain any gaps in your employment that were not listed on the "Work History" portion of your application or to provide updated information. Use additional copies of this form if needed.

APPLICANT NAME: Dominic Pino LAST 4 OF SSN: 7386

Did not work due to: <input checked="" type="checkbox"/> Unemployment <input type="checkbox"/> School <input type="checkbox"/> Other	
From: <u>5/2013</u>	To: <u>10/2013</u> Hrs Worked/Week: _____ Monthly \$: _____
Job Title: _____	# of Employees Supervised: _____
Employer: _____	Phone#: _____
Address: _____	
Duties: _____	
Reason for Leaving: <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Resigned in lieu of termination <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other (Explain) _____	

Did not work due to: <input type="checkbox"/> Unemployment <input type="checkbox"/> School <input type="checkbox"/> Other	
From: <u>9/2014</u>	To: <u>11/2018</u> Hrs Worked/Week: <u>36</u> Monthly \$: <u>1500</u>
Job Title: <u>Apprentice Technician</u>	# of Employees Supervised: <u>4</u>
Employer: <u>Discount Tire</u>	Phone#: <u>7195453407</u>
Address: <u>1826 Highway 50 West</u>	
Duties: <u>supervise employees and return cars to customers after service is complete</u>	
Reason for Leaving: <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Resigned in lieu of termination <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input checked="" type="checkbox"/> Other (Explain) <u>Found new job with Colorado Department of Corrections</u>	

Did not work due to: <input type="checkbox"/> Unemployment <input type="checkbox"/> School <input type="checkbox"/> Other	
From: <u>12/2018</u>	To: <u>Current</u> Hrs Worked/Week: <u>40</u> Monthly \$: <u>3517</u>
Job Title: <u>Correctional Officer 1</u>	# of Employees Supervised: <u>0</u>
Employer: <u>Colorado Department of Corrections</u>	Phone#: <u>7195799580</u>
Address: <u>1250 Academy Park Loop</u>	
Duties: <u>Conduct offender counts and supervise offender movement.</u>	
Reason for Leaving: <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Resigned in lieu of termination <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other (Explain) _____	

Applicant Dominic Pino

Approximate dates for finger printing at Denver MEPS – 29July2013

Approximate dates for finger printing at CDOC headquarters – 26October2018

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) PINO, DOMINIC JOSEPH 2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS 3. SOCIAL SECURITY NUMBER [REDACTED]

4a. GRADE, RATE OR RANK SPC b. PAY GRADE E04 5. DATE OF BIRTH (YYYYMMDD) [REDACTED] 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20210728

7a. PLACE OF ENTRY INTO ACTIVE DUTY PUEBLO, COLORADO b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0188CSFWD FC b. STATION WHERE SEPARATED [REDACTED]

9. COMMAND TO WHICH TRANSFERRED [REDACTED] 10. SGLI COVERAGE AMOUNT: \$400,000.00 NONE

Table with 4 columns: Record of Service Item, Year(s), Month(s), Day(s). Rows include Date Entered AD, Separation Date, Net Active Service, Total Prior Active/Inactive Service, Foreign/Sea Service, Initial Entry Training, Effective Date of Pay Grade.

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 91B10 WHEELED VEHICLE MECHANIC - 1 YRS 0 MOS//NOTHING FOLLOWS 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARCOM COMMENDATION MEDAL W/R DEVICE// NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON// OVERSEAS SERVICE RIBBON//CONT IN BLOCK 18 14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) NONE//NOTHING FOLLOWS

15a. COMMISSIONED THROUGH SERVICE ACADEMY b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) YES X NO c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA) YES X NO

16. DAYS ACCRUED LEAVE PAID 0 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO X

18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KUWAIT 20161006-20161118// SERVICE IN TURKEY 20161119-20170307//SERVICE IN KUWAIT 20170308-20170412//SERVICE IN IRAQ 20170413-20170529//SERVICE IN KUWAIT 20170529-20170626//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM (SPARTAN SHIELD) IAW 10 USC//SEE ATTACHED CONTINUATION SHEET The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED] b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) CO OFFICE OF VETERANS AFFAIRS X YES NO a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) X YES NO

21a. MEMBER SIGNATURE ESIGNED BY: PINO, DOMINIC, JOSEPH, 1468 207415 b. DATE (YYYYMMDD) 20170706 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: SIERRA, PATRICIA, A. 1130902533 b. DATE (YYYYMMDD) 20170706 PATRICIA A SIERRA, ASST TEAM LEAD

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE

25. SEPARATION AUTHORITY AR 635-200, CHAP 4 26. SEPARATION CODE MBK 27. REENTRY CODE NA

28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE 30. MEMBER REQUESTS COPY 4 (Initials) DJP

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (Continuation Sheet)

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) PINO, DOMINIC JOSEPH	2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUIS	3. SOCIAL SECURITY NUMBER [REDACTED]
---	---	---

(Specify the item number of the block continued for each entry.)
 CONT FROM BLOCK 18: 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//YRRP:2 DAYS//
 CONT FROM BLOCK 13: //ARMY RESERVE COMPONENT OVERSEAS TRAINING RIBBON//ARMED FORCES
 RESERVE MEDAL W/ M DEVICE//INHERENT RESOLVE CAMPAIGN MEDAL//NOTHING FOLLOWS

21.a. MEMBER SIGNATURE SIGNED BY: PINO, DOMINIC, JOSEPH. 1468 207415	b. DATE (YYYYMMDD) 20170706	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) SIGNED BY: SIERRA, PATRICIA, A. 1130902533 PATRICIA A SIERRA, ASST TEAM LEAD	b. DATE (YYYYMMDD) 20170706
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SUPPLEMENTAL WORK HISTORY

It is required that all City of Pueblo job applicants account for gaps in their employment (i.e. unemployment, school, etc.) of six months or longer. Use this form to explain any gaps in your employment that were not listed on the "Work History" portion of your application or to provide updated information. Use additional copies of this form if needed.

APPLICANT NAME: Dominic Pino LAST 4 OF SSN: 7386

Did not work due to: <input checked="" type="checkbox"/> Unemployment <input type="checkbox"/> School <input type="checkbox"/> Other			
From: 8-2011	To: _____	Hrs Worked/Week: _____	Monthly \$: _____
Job Title: _____		# of Employees Supervised: _____	
Employer: _____		Phone#: _____	
Address: _____			
Duties: _____			
Reason for Leaving:	<input type="checkbox"/> Terminated/Fired	<input type="checkbox"/> Resigned in lieu of termination	<input type="checkbox"/> Resigned
	<input type="checkbox"/> Other (Explain) _____		

Did not work due to: <input type="checkbox"/> Unemployment <input checked="" type="checkbox"/> School <input type="checkbox"/> Other			
From: <u>5-2011</u>	To: <u>5-2012</u>	Hrs Worked/Week: _____	Monthly \$: _____
Job Title: _____		# of Employees Supervised: _____	
Employer: _____		Phone#: _____	
Address: _____			
Duties: _____			
Reason for Leaving:	<input type="checkbox"/> Terminated/Fired	<input type="checkbox"/> Resigned in lieu of termination	<input type="checkbox"/> Resigned
	<input type="checkbox"/> Other (Explain) _____		

Did not work due to: <input type="checkbox"/> Unemployment <input checked="" type="checkbox"/> School <input type="checkbox"/> Other			
From: <u>8-2012</u>	To: <u>5-2013</u>	Hrs Worked/Week: _____	Monthly \$: _____
Job Title: _____		# of Employees Supervised: _____	
Employer: _____		Phone#: _____	
Address: _____			
Duties: _____			
Reason for Leaving:	<input type="checkbox"/> Terminated/Fired	<input type="checkbox"/> Resigned in lieu of termination	<input type="checkbox"/> Resigned
	<input type="checkbox"/> Other (Explain) _____		

Dan Archibeque
Chairman



Sharon Bonner
Vice Chair

Manuel Alcalá
Administrator

Civil Service Commission
301 West B Street, Pueblo, CO 81003
Phone: 719-553-2635 Fax: 719-553-2685 civilservice@pueblo.us

Guy Kennedy
Commissioner

AUTHORIZATION FOR RELEASE OF INFORMATION

I, Dominic Pigo, as an applicant for employment with the City of Pueblo, Colorado, hereby authorize full disclosure of the following described records and information concerning me to any duly authorized agent or other representative of the City of Pueblo for the purposes of determining suitability, fitness and/or eligibility for employment.

I authorize any agency of the City of Pueblo, which conducts this investigation, to disclose all information obtained during this investigation to any other agency of the City of Pueblo for the purposes stated herein.

I authorize and consent to full and complete disclosure of the following records and information: educational, financial, credit, business, tax, utility, past or present employment, health care, hospital, medical, workers' compensation, polygraph, criminal, civil, traffic, other court records, and any other records or information concerning my history.

I authorize and consent to full and complete disclosure of all records and information provided by me to any person for purposes of and in relation to my application for or prospective employment with the City.

I authorize and consent to full and complete disclosure of all records and information with respect to any pre-employment examination which may be required of me including polygraph examination, blood or urine drug screening, medical examination, and/or psychological examination.

I understand that some or all of those records may contain information concerning me, which would be personal, confidential, privileged or protected from disclosure without this authorization.

I understand that certain sources of such records or information may require an additional, separate or specific release, which I agree to sign and deliver to the City of Pueblo.

I hereby release the City of Pueblo, Colorado, or any of its agents, employees or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Pueblo, Colorado.

I understand that all information obtained during this investigation will be used by the City of Pueblo solely for its official use and only for the purposes stated herein, and that such information will not be disclosed to me or any other person except as required by law, provided, however, any admission or disclosure of felony criminal activity will be disclosed and reported to the appropriate law enforcement authority.

Photocopies of this authorization, which include a copy of my signature, shall be as valid as the original.

Signature of Applicant

8-29-2019

Date Signed

Social Security Number

Date of Birth

SUPPLEMENTAL WORK HISTORY

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APPLICANT NAME: Dominic Pino LAST 4 OF SSN: 7396

Did not work due to: <input type="checkbox"/> Unemployment <input checked="" type="checkbox"/> School <input type="checkbox"/> Other			
From: <u>5-11</u>	To: <u>5-12</u>	Hrs Worked/Week: _____	Monthly \$: _____
Job Title: _____		# of Employees Supervised: _____	
Employer: _____		Phone#: _____	
Address: _____			
Duties: _____			
Reason for Leaving:	<input type="checkbox"/> Terminated/Fired	<input type="checkbox"/> Resigned in lieu of termination	<input type="checkbox"/> Resigned
	<input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Layoff	

Did not work due to: <input type="checkbox"/> Unemployment <input type="checkbox"/> School <input checked="" type="checkbox"/> Other			
From: <u>8-12</u>	To: <u>8-14</u>	Hrs Worked/Week: _____	Monthly \$: _____
Job Title: _____		# of Employees Supervised: _____	
Employer: _____		Phone#: _____	
Address: _____			
Duties: <u>military training (boot camp, AIT)</u>			
Reason for Leaving:	<input type="checkbox"/> Terminated/Fired	<input type="checkbox"/> Resigned in lieu of termination	<input type="checkbox"/> Resigned
	<input checked="" type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Layoff	

Did not work due to: <input type="checkbox"/> Unemployment <input type="checkbox"/> School <input type="checkbox"/> Other			
From: _____	To: _____	Hrs Worked/Week: _____	Monthly \$: _____
Job Title: _____		# of Employees Supervised: _____	
Employer: _____		Phone#: _____	
Address: _____			
Duties: _____			
Reason for Leaving:	<input type="checkbox"/> Terminated/Fired	<input type="checkbox"/> Resigned in lieu of termination	<input type="checkbox"/> Resigned
	<input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Layoff	

INFORMED CONSENT – PHYSICAL ABILITIES TESTING – APPLICANT FOR ENTRY LEVEL POLICE OFFICER

Name: Dominic Pino

Social Security #: [REDACTED] Date of Birth: [REDACTED]

Mailing Address: [REDACTED]

Phone #: [REDACTED]


I, the undersigned, hereby give informed consent to participate and engage in physical fitness tests including but not limited to: stair climb with equipment, obstacle climb over, obstacle climb under, obstacle jump over, victim removal, trigger pull and stair descent with equipment. The purpose of the testing is to ascertain my level of physical fitness for job task performance capability. I understand that there are inherent risks associated with any physical activity, and there are inherent risks specifically associated with the testing including but not limited to slipping, tripping, falling and collision. I further understand that certain detrimental physiological changes may occur during such testing. These changes could include heat related illnesses, orthopedic injuries, abnormal cardiovascular conditions (heartbeat, blood pressure) and in rare instances, a heart attack or risk of death.

Neither the City Pueblo, Colorado, nor its employees, has any method to verify the physical condition of any applicant prior to participation in the testing. Therefore, the City of Pueblo, Colorado, does not assume any responsibility for your health condition or the effects that the physical testing could have relative to your health and/or any known or unknown health. I understand that it is my sole responsibility to determine whether I am physically able to perform the testing. I further understand that I am responsible for monitoring my own condition throughout the testing and should any unusual symptoms occur, I will cease my participation and inform the monitor.

I hereby release and hold harmless the City of Pueblo, Colorado, and their officers, officials, employees, agents and assigns, in both their official and individual capacities, from any and all claims, of any nature, relating to or arising out of the testing, including but not limited to claims for personal injury or death. In the event of a medical problem, I further acknowledge that any medical care that may be required is my personal financial responsibility.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of this testing. I also affirm that my questions regarding the tests have been answered to my satisfaction.

Signed this 14 day of September, 2020.


Applicant's Signature

COLORADO USA

DL



DRIVER LICENSE



Dominic J Pino ♥

1 PINO
2 DOMINIC JOSEPH
3 [REDACTED]

3 DOB 4a Iss 9a Endorsements
[REDACTED] 05/22/2018

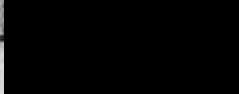
4d Customer Identifier 4b Exp 12 Restrictions
07-215-0989 05/22/2023 NONE

5 DD Previous Type 8 Vehicle Classifications
2068487 A R

15 Sex 16 Hgt
M 5'-07"
18 Eyes 17 Wgt
BRO 170 lb

19 Hair
BLK

D



Otero Junior College

La Junta, Colorado

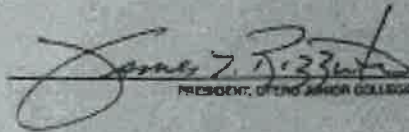


This is to certify that **Dominic Joseph Pino**
has completed the course of study prescribed by the State Board
for Community Colleges and Occupational Education and upon the
recommendations of the Faculty of Otero Junior College for the

Academic Title of Associate of Applied Science - Automotive

Given at La Junta, Colorado, this fourth day of May,

Two thousand and thirteen.


PRESIDENT, OTERO JUNIOR COLLEGE


CHARLES STATE ACHES FOR COMMUNITY
COLLEGES AND OCCUPATIONAL EDUCATION

PRESIDENT, COLORADO COMMUNITY COLLEGE
AND OCCUPATIONAL EDUCATION SYSTEM

John Hall Junior-Senior High School

Walsenburg, Colorado

Having completed the Regular Course of Study as required by
Auerlano School District Re-1

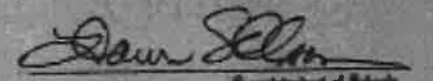
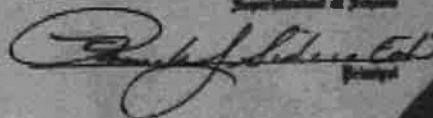
Dominic Joseph Pino

is entitled to receive this

Diploma

Given this twenty-first day of May, Two thousand eleven.


President of Board of Education
Sandra J. Potter
Secretary of Board of Education


Superintendent of Schools

Principal

