

Town of Wiggins Colorado Police Department Application

APPLICATION FOR EMPLOYMENT

-2314

The Town of Wiggins is an equal opportunity/affirmative action employer and does not discriminate against any employee or applicant for employment because of race, sex, color, religion, age, national origin or disability.

The Town of Wiggins employs only U.S. Citizens or Aliens who can provide proof of identity and work authorization within 3 working days of employment.

Instructions to Applicants

1. Please print (in ink), typed applications will NOT be considered.
2. Complete one *Application for Employment* per desired position.
3. Complete one *Application Information Sheet* per desired position.
4. Return application and information sheet to: Town of Wiggins ~ 304 Central Ave ~ Wiggins, CO 80654

Job Title as Announced: <u>Police Officer</u>			
Name: Last Name <u>Ericson</u>		First Name <u>Douglas</u>	
Middle Name <u>Lee</u>		Suffix	
Mailing Address: Street Address [REDACTED]		Apt./Unit #	
City [REDACTED]		P.O. Box	
State [REDACTED]		Zip Code [REDACTED]	
First Contact Phone Number: [REDACTED]		Second Contact Phone Number: [REDACTED]	
<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cellular/Pager <input type="checkbox"/> Message Only		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular/Pager <input type="checkbox"/> Message Only	
E-Mail Address: [REDACTED]		Best Time to Contact You: <u>Any</u>	

If you are under 18 years of age, can you provide required proof of your eligibility to work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of position seeking: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approx. Date: _____	Date available: <u>Aug 1st, 2019</u>
Have you ever been employed with us before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approx. Date: _____	Desired salary range: <u>\$41,000 / year</u>
Do you have a spouse, relative or friend currently employed by the Town of Wiggins? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: _____ Relation: _____	List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.) <u>N/A</u>
For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No You will be required to provide documentation to that effect should you be employed.	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: _____ Do you have any history of Brady violations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: _____

Town or Wiggins Colorado Police Department Application

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No GED: Yes No

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:	
Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:	
Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:	

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:	Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:	Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

LICENSES/CERTIFICATION/REGISTRATIONS: If a license/certificate/registration is required for the job for which you are applying, please complete the following. If you need additional space attach a separate sheet of paper using the same format.

Professional/Specialty License Type: <i>Colorado P.O.S.T.</i>	License Number (if applicable): <i>B136439</i>
Expiration Date: <i>10/27/2020</i>	State and/or Agency Granting License: <i>Colorado / Colorado Office Attorney General</i>
Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:
Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:
Professional/Specialty License Type:	License Number (if applicable):
Expiration Date:	State and/or Agency Granting License:

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Town Of Wiggins
304 Central Ave
Wiggins, CO 80654
970-483-6161

Police Department

PERSONAL HISTORY STATEMENT

Please print or type. Must be turned in with completed Employment Application.

PERSONAL The following information is required of you for verification and contact purposes only.

1. Name:

ERICKSON Last Douglas First Lee Middle

Other names you have used or been known by (including nicknames, maiden names, AKA's, etc.):

Doug ERICKSON

2. Please list address at which you can be contacted (home address):

[Redacted] Street City State Zip

3. Please list the local telephone number(s) at which you can be contacted:

[Redacted] Hours you can be contacted: Any
() Hours you can be contacted: _____

4. Birth date:

[Redacted] Month Day Year

5. You must have the proper documentation to fulfill I-9 requirements. (For example, the Immigration & Naturalization Service requires that you provided a Passport or Driver's License and Social Security Card, etc., to fulfill requirements.) Do you have proper I-9 documentation?

Yes No

6. Social Security Number:

[Redacted]

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

7. For the purposes of identification, please provide the following:

5'7" Height 180 Weight Brown Hair Color Blue Eye Color

TAT RF ARM, TAT Right calf, TAT Right Shin, TAT Right upper ARM, TAT Left upper ARM
Scars, tattoos, or other distinguishing marks

RELATIVES AND REFERENCES During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Police Officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A". Please circle the type of phone number.

If living:

[Redacted] Father Address, City, State, Zip Phone Number: Home, Work, Other

[Redacted] Mother Address, City, State, Zip Phone Number: Home, Work, Other

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Father-in-law (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Mother-in-law (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Stepfather (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other
Stepmother (if applicable)	Address, City, State, Zip	Phone Number: Home, Work, Other

Spouse, former Spouse(s), Domestic Partner, former Domestic Partner(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Children, Step Children, former Step Children, Adopted Children (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Brother(s) and Sister(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

Stepbrother(s) and Stepsister(s) (if applicable):

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other
Name	Address, City, State, Zip	Phone Number: Home, Work, Other

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Other relatives with whom you have a close personal relationship:

[REDACTED]

Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name/Relationship	Address, City, State, Zip	Phone Number: Home, Work, Other
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9. Please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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10. Please list 3 to 5 references who have knowledge of you and your qualifications. Exclude relatives and former employers:

[REDACTED]

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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[REDACTED]

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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[REDACTED]

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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[REDACTED]

Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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Name	Address, City, State, Zip	Phone Number: Home, Work, Other
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EDUCATION

11. The Commission of Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regards to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. Institution.
- I passed the G.E.D. (General Educational Development) test.
- I passed the Colorado High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I possess a master's degree.
- I possess a doctorate degree.

12. Please indicate all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

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Name of School	Location of School (City and State)	Dates Attended From / To	School References (Teacher, Counselor, etc.)
Fort Morgan High School	Fort Morgan, Co	08/94 ⁹⁵ 05/99 9-12	Lance Hochanadel
Fort Morgan Middle School	Fort Morgan, Co	08/92 05/95 6-8	Gary Brennan (Ret.)
Green Acres	Fort Morgan, Co	08/85 05/92 K-5	Wayne Wendell (Ret.)

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools; any formal education beyond the high school level.) Yes No
 If "Yes", please explain (include school, date, and circumstances): _____

RESIDENCE Individuals who have been acquainted with you by your residing in different locations are often helpful in providing useful information for the background investigation.

14. Please list all your residences during the last 10 years (list no information prior to your 15th birthday.) Begin with your most current residence.

Address
City, State, Zip

Dates (From/To)

If rented, give name & address of the person responsible for the collection of the rent.



EXPERIENCE AND EMPLOYMENT

15. Would any problem result if your present employer is contacted during the course of the background investigation? Yes No
 If "No", when should such contact be made? _____

16. If you have no prior employment, please explain. _____

17. Have you ever been fired or asked to resign from any place of employment? Yes No
 If "Yes", please give details (include when, where, circumstances). 10-2017 following internal investigation into Policy Violations, admitted to Violations and was terminated for Conduct unbecoming.

18. Have you ever applied for another position requiring peace officer powers? Yes No
 If "Yes", please give details (include when, name of agency, circumstances). 12-2015, Yuma Police Department

19. List any job you held since age 18 that was not listed on the Wiggins application. Include dates of employment, salary, job title, supervisor and phone number, duties, and reason for leaving.

Employer	Dates	Salary	Supervisor	Phone	Duties	Reason for leaving	May we contact them?
Edwards	4/06-10/06	10.25/hr	Angie Edwards-Aker	(470)867-5211	Meat Dept, cut fill meat	More Pay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Schwann's	10/05-06/06	6.00/hr	Garrek/Cem Jim	970-842-5084	Sales + delivery	Away alot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Walmart	5/05-10/05	10.00/hr	Damen Mossman	970-542-2272	Meat Dept, fill shelves, More Pay		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Coca-Cola	12/03-4/05	10.00/hr	Chip Daley	970-336-8412	Sales-Rep, sell + stock	More Pay	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RE-3 School	4/03-12/03	9.00/hr	Mike Bailey	970-867-5633	Maint, Mow, Temp		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
AICO	1/00-3/03	9.00/hr	Robert Queen	NO #	Dept Manager, stock shelves/prter	Store Closed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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MILITARY SERVICE

20. If you are a male under age 26, please provide the following:

Selective Service Number N/A Approximate Date of Registration N/A Address at Time of Registration N/A

21. Have you ever served in the armed forces, National Guard or military reserves? Yes No
If "Yes", please give details (include branch of service, when, where, circumstances).

22. Are you currently participating in any military reserve or National Guard program? Yes No
If "Yes", please give details (include branch of service, when, where, circumstances).

23. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?
 Yes No
If "Yes", please give details (include branch of service, when, where, circumstances). N/A

24. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you. ** Please submit your DD-214 with application packet. **

Name	Address	Phone Number	Years Known (From / To)
<u>N/A</u>			
<u>N/A</u>			

FINANCIAL

25. Have you ever filed for or declared bankruptcy? Yes No
If "Yes", please give details (include when, where, why).

26. Have any of your bills or checks ever been turned over to a collection agency? Yes No
If "Yes", please give details (include when, firms involved, circumstances). Last year or two, doctor bills, unrefiled, Professional finance

27. Have you ever had purchased goods repossessed? Yes No
If "Yes", please give details (include when, firms involved, circumstances).

28. Have your wages ever been garnished? Yes No
If "Yes", please give details (include when, where, why). Bad checks, right out of H.S.

29. Have you had debts or financial obligations four or more months in arrears in the last five years? Yes No

30. Within the past five years, has any property owned, or partially owned by you been the subject of a lien? Yes No

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LEGAL

31. If you have ever been arrested, convicted or ticketed for any crime, please list:

Approximate Date	Police Agency	Circumstances
2003	Brush, P.D.	Failure to yield Road
2008	Fort Morgan P.D.	Day at large

32. Have you ever been placed on court probation, or sentenced to jail as an adult? Yes No
If "Yes", please give details (include when, where, why).

33. Were you ever required to appear before a court as a juvenile for an act that would have been a crime if committed by an adult?
 Yes No
If "Yes", please give details (include when, where, why).

34. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
If "Yes", please give details (include date, law enforcement agency, circumstances).

35. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action (excluding dissolution of marriages)?
 Yes No If "Yes", please give details (include when, where, names and location of court, circumstances).

36. Have you ever been the subject of a restraining order? Yes No
If "Yes", please give details (include when, where, why).

DRUG USE

37. Have you ever used marijuana? Yes No
When was the last time? 12/2018 prior to that 2001

38. With the exception of marijuana, have you ever used any illegal drugs, including non-prescribed steroids? Yes No
What was the drug used? When was the last time?

39. Have you sold, manufactured or distributed any drug, including marijuana, at any time? Yes No
If "Yes", please explain.

40. When was the last time you used any prescription medication that was not prescribed to you, if ever?
Please explain. 10 yrs ago took a pain pill for my teeth

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MOTOR VEHICLE OPERATION Operation of a motor vehicle is an integral part of the position of Police Officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

41. Colorado driver's license number: [redacted] Expiration Date: [redacted]

42. Please list other states where you have been licensed to operate a motor vehicle.

State: _____ Name under which license was granted: _____

State: _____ Name under which license was granted: _____

(Continued on Next Page)

State: _____ Name under which license was granted: _____

43. Have you ever been refused a driver's license by any state? Yes No

If "Yes", please explain (include when, where, why). _____

44. Colorado law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Please list the current liability insurance you have with your motor vehicle(s).

Company & Address Policy Number Expiration Date

Looking for New Provider

If you are bonded or have deposited \$35,000 to meet your motor vehicle finance responsibility, please indicate.

Bond \$35,000

45. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation Location (City) Approximate Date Indicate whether fined or action taken on driver's license

46. Have you ever been involved as a driver in a motor vehicle accident within the past 5 years? Yes No

If "Yes", please give details for each accident.

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

Date: _____ Location: _____ Injury Non-injury

Police Investigation? Yes No Police Agency: _____

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47. Has your license ever been suspended, revoked, denied or your driving privilege restricted in any manner? Yes No
If "Yes", please give details (include what, when, where, why). Suspended, Child Support, 2018

48. If there is anything you wish to discuss about your driving record, please do so. Clean Record other than suspension and tickets mentioned.

GENERAL INFORMATION

49. Have you ever been refused automobile insurance for any reason other than failure to pay a premium? Yes No
If "Yes", please give details (include company name and address, date, and reason(s)).

50. Have you ever applied for a permit to carry a concealed weapon? Yes No
If "Yes", please provide the following information:

Permit granted? Yes No Date: _____

Name of law enforcement agency: Morgan County Sheriff's Office

Purpose: Prior to becoming POST, while working in Jail. No longer have Card

I hereby certify that all statements made in the Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal. I understand that all statements made by me are subject to verification by a polygraph examination, voice stress analyzer exam and/or a detailed background investigation.

Signature in full

7-9-19
Date

Print full name

Douglas Lee Erickson

Town of Wiggins Colorado Police Department Application

It is the policy of the Town of Wiggins to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Name: Erickson Douglas Lee Date: 7-9-19
Last First Middle

Position applied for: Police Officer

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

Gender:

- Male
- Female

Race/Ethnicity

- African American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Two or more races

Vietnam Veteran

Disabled Veteran

Mental or Physical Disability

How did you hear of this position?

- Town of Wiggins Website / Channel 16
- Newspaper (Please Specify) _____
- Friend/Relative
- Other Governmental Agency or Academy/School/College
- Job Service
- Other Spoke with Sgt. Ferguson on 4th of July

Town of Wiggins Colorado Police Department Application

EMPLOYMENT HISTORY: List your employment history of the position(s) held for the last 10 years. Start with the most recent job, including part-time, temporary, and volunteer jobs. If more than one position was held with a given organization, list each position as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the Town of Wiggins and/or may be removed from a job after hire.

Current or Last Employer: Rotech		Address: 412 E. Burlington, Ft. Morgan		Previous Names Used: Doug Erickson	
Job Title: PST		Supervisor's Name: Frank Martinez	Telephone Number: 970-867-1137	No. Supervised by you:	
Date Employed (mo/yr) 03/2019	Starting Salary: \$ 16.⁰⁰ per hour	Ending or Current Salary: \$ 16.⁰⁰ per hour	Reason for Leaving: Still Employed	May We Contact Employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date Separated (mo/yr)	Major Job Duties: Set up patients with oxygen, deliver oxygen, Complete paperwork, answer phones, Make and take patient orders				
Full Time Years Months 4					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer: Brady's Repair		Address: 8154 CR 3, Joes Colorado 80822		Previous Names Used: Doug Erickson	
Job Title: Mechanic		Supervisor's Name: Brady White	Telephone Number: 719-688-3877	No. Supervised by you:	
Date Employed (mo/yr) 08/2018	Starting Salary: \$ 16.⁰⁰ per hour	Ending Salary: \$ 16.⁰⁰ per Job Hour	Reason for Leaving: Ran out of work		
Date Separated (mo/yr) 02/2019	Major Job Duties: Mechanic on Cars, Truck, Trailers, Semi's, Large Small engine repair. Use tablet for diagrams.				
Full Time Years Months 6					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer: Rudy's GTO		Address: 608 E. 8th Ave, Yuma, Co 80759		Previous Names Used: Doug Erickson	
Job Title: Tire Tech		Supervisor's Name: Mike Grimes	Telephone Number: 970-848-5478	No. Supervised by you:	
Date Employed (mo/yr) 05/2018	Starting Salary: \$ 12.⁰⁰ per hour	Ending Salary: \$ 13.⁰⁰ per hour	Reason for Leaving: More Pay		
Date Separated (mo/yr) 08/2018	Major Job Duties: Replace, Repair tires on Cars, Trucks, Semi's, Tractors, Implements, Create tickets for services rendered.				
Full Time Years Months 3					
Part Time Years Months					
If part time, number of hours worked per week:					

Town of Wiggins Colorado Police Department Application

EMPLOYMENT HISTORY: List your employment history of the position(s) held for the last 10 years. Start with the most recent job, including part-time, temporary, and volunteer jobs. If more than one position was held with a given organization, list each position as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the Town of Wiggins and/or may be removed from a job after hire.

Current or Last Employer: City of Yuma		Address: 216 E. 3RD AVE, YUMA, CO, 80759		Previous Names Used: Doug Erickson	
Job Title: Police Officer		Supervisor's Name: Chief Jan Lynch	Telephone Number: 970-848-5441	No. Supervised by you:	
Date Employed (mo/yr) 01/2015	Starting Salary: \$42,000 per Year	Ending or Current Salary: \$44,000 per Year	Reason for Leaving: Will Discuss	May We Contact Employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated (mo/yr) 10/2017	Major Job Duties: Enforce State + Local Laws, Write tickets, write warrants, Investigate Crimes, Patrol Community, Work with school staff as S.R.O, Enter Arrest into E-Fore, TRACKPLAN-Report training + POST, Work on grants for equipment, DUI and check for ticket enforcement, attend public events, Help with National Night out. Train department in Arrest Control Evidence Tech. Any other duties as assigned.				
Full Time Years Months 2 9					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer: Morgan County		Address: 801 E. Beaver, Ft. Morgan, Co, 80701		Previous Names Used: Doug Erickson	
Job Title: Deputy Sheriff		Supervisor's Name: Jim Crane	Telephone Number: 970-542-3445	No. Supervised by you:	
Date Employed (mo/yr) 05/2011	Starting Salary: \$32,000 per Year	Ending Salary: \$36,000 per Year	Reason for Leaving: Move to be closer to family		
Date Separated (mo/yr) 01/2015	Major Job Duties: Control Inmate population, enforce facility Rules, Issue writeups and charges as necessary, Book inmates into system, escort to court, Transport juveniles, Court security, Any other duties as assigned, Field Training officer				
Full Time Years Months 3 8					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer: Geo Group		Address: 3001 N. Juniper Hudson, Co, 80642		Previous Names Used: Doug Erickson	
Job Title: Correctional Officer		Supervisor's Name: Terri Way	Telephone Number: 303-536-2600	No. Supervised by you:	
Date Employed (mo/yr) 05/2010	Starting Salary: \$13.00 per hour	Ending Salary: \$13.00 per hour	Reason for Leaving: Less Travel, More Pay		
Date Separated (mo/yr) 04/2011	Major Job Duties: Control Inmate population, enforce facility Rules, Issue writeups, Inventory and store property, Transport Inmates, Special Response Team, Cell extraction Team, Train New staff in PACT + other policies, Any other duties as assigned.				
Full Time Years Months 9					
Part Time Years Months					
If part time, number of hours worked per week:					

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Previous Employer: <u>Cornell</u>		Address: <u>901 Industrial Park RD. Brush, Co</u>		Previous Names Used: <u>Doug Erickson</u>	
Job Title: <u>Correctional Officer</u>		Supervisor's Name: <u>Terry Anding</u>	Telephone Number: <u>970-842-0800</u>	No. Supervised by you:	
Date Employed (mo/yr) <u>03/2009</u>	Starting Salary: <u>\$ 12.⁰⁰ per hour</u>	Ending Salary: <u>\$ 12.⁰⁰ per hour</u>	Reason for Leaving: <u>Facility Closing, Geo Layout</u>		
Date Separated (mo/yr) <u>03/2010</u>	Major Job Duties: <u>Control inmate population, enforce facility rules, Issue writups, Transport Inmates, Emergency Response Team, Train New staff in use of force, PACT, Any other duties as assigned.</u>				
Full Time Years Months <u>1</u>					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer: <u>Walgreens</u>		Address: <u>111 E Platte, Ft Morgan, Co, 80701</u>		Previous Names Used: <u>Doug Erickson</u>	
Job Title: <u>Executive Assistant</u>		Supervisor's Name: <u>Stephen Harris</u>	Telephone Number: <u>970-542-9345</u>	No. Supervised by you: <u>6-10</u>	
Date Employed (mo/yr) <u>10/2004</u>	Starting Salary: <u>\$ 18.⁰⁰ per hour</u>	Ending Salary: <u>\$ 18.⁰⁰ per hour</u>	Reason for Leaving: <u>Transferred me to long distance store</u>		
Date Separated (mo/yr) <u>03/2009</u>	Major Job Duties: <u>Day to Day managing of store, Cash handling, building displays, stocking shelf, Ordering, Training, Hiring & firing.</u>				
Full Time Years Months <u>2 5</u>					
Part Time Years Months					
If part time, number of hours worked per week:					

SPECIALIZED SKILLS: Please list skills / equipment operated.

OTHER QUALIFICATIONS: Please list any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills. Field Training Officer, School Resource officer, Crisis Intervention Team, Youth Crisis Intervention, Detective and Criminal Investigator Training, Liquor and Tobacco trained, Active shooter + Lone wolf trained, Kinesthetic Interview training, SFST, ARIDE, Colorado Notary, worked with Post on training Grant for Puma PD training equip.
- See Attached Training History -

Summarize special job-related skills and qualification:


<input checked="" type="checkbox"/> PC/MAC	<input checked="" type="checkbox"/> Spreadsheet Software <u>xcel</u>	<input checked="" type="checkbox"/> POST Certified	<input type="checkbox"/>
<input type="checkbox"/> Typewriter	<input checked="" type="checkbox"/> Word Processing Software <u>word, ms</u>	<input type="checkbox"/> Commercial Driver License (CDL)	<input type="checkbox"/>
WPM _____	<input checked="" type="checkbox"/> Database Software <u>excel, ms</u>	<input type="checkbox"/> CPR	<input type="checkbox"/>
	<input checked="" type="checkbox"/> PowerPoint	<input type="checkbox"/> First Aid	<input type="checkbox"/>

Town of Wiggins Colorado Police Department Application

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name: <i>Jay Serl</i>	Business/Occupation: <i>Sergeant Yuma Police Dept.</i>	Relationship: <i>Friend / Co-worker</i>
Address (Street, City, State, Zip Code): [REDACTED]		Phone: [REDACTED]
Name: <i>Robert McMurtry</i>	Business/Occupation: <i>Maine Judicial Marshals Service</i>	Relationship: <i>Friend / Academy Inst.</i>
Address (Street, City, State, Zip Code): [REDACTED]		Phone: [REDACTED]
Name: <i>Tracey Gengenbach-Hess</i>	Business/Occupation: <i>Wray Hospital</i>	Relationship: <i>Friend</i>
Address (Street, City, State, Zip Code): [REDACTED]		Phone: <i>970-630-9227</i>

CERTIFICATION: I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature: 	Date: <i>07-09-19</i>
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FOR AGENCY USE ONLY	
Application Received:	Application Entered:
Application Reviewed: <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept:	
Second Review of Application: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	