

Georgette Black

July 18, 2022

RE: Remaining Leave time explanation

Dear Ms. Black,

On your final vacation and sick leave payout check you will notice that it reads a remaining balance for both your vacation and sick leave. This remaining balance is due to a glitch in our software accounting system, which continues to accrue leave times even when an employee is not receiving a paycheck. Due to this glitch your paycheck stub for July 22, 2022, pay period shows the remaining leave balances of the last three (3) paychecks of which you were on Administrative Leave Without Pay; vacation leave accrual at 3.08 hrs. per pay period calculates to 9.24 hours and sick leave accrual at 1.85 per pay period calculating to 5.55 hrs. These accrual totals were deducted, and you were paid out at the remaining vacation and sick leave amounts as of your last hours worked paycheck on May 31, 2022.

These amounts can be seen on the attached page which includes a copy of your May 31, 2022, paycheck stub and your final vacation and sick leave payout check dated July 18, 2022.

If you have any further questions, please contact me at [redacted] or [redacted].

Sincerely,

Monique Garrett
Town of Olathe
Town Clerk/HR & Finance Director



Unemployment Insurance information

Employee Name: Georgette Black

Address:

SS#: Dates of employment: 8/27/2018 - 7/12/2022

Year to Date Salary: Exiting Pay Rate:

Last Day of Employment: July 12, 2022

Reason for Employment Separation:
Resigned on July 12, 2022.

Colorado Unemployment Insurance Contact Information:

[Cdle.colorado.gov/unemployment](https://cdle.colorado.gov/unemployment)
1-800-388-5515 (English)
1-866-422-0402 (Spanish)



Rob Smith

From: Amy Ondos
Sent: Tuesday, July 12, 2022 11:57 AM
To: [redacted] on behalf of Amy Ondos
Subject: FW: Georgette Black -Resignation

FYI

From: Don Sisson >
Sent: Tuesday, July 12, 2022 10:58 AM
To: Amy Ondos >
Cc: Georgette Stroud >; Paul Sukenik >
Subject: Georgette Black -Resignation

Hi Amy,

I am writing to formally submit Georgette Black's official resignation. Please let us/her know when her check for vacation/sick time will be ready.

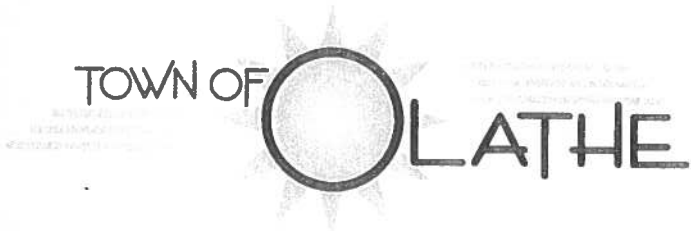
Thanks

Don

Donald C. Sisson
Partner



7100 E Belleview Ave. Suite 101, Greenwood Village, CO 80111
303-567-7981 Main | 720-399-3770 Direct
720-936-5312 Cell | 303-431-3753 Fax
Email: [redacted]



June 23, 2022

Georgette Black

Re: Unpaid Administrative Leave Extension

Georgette,

In an attempt to allow for a full understanding, I'm willing to extend the un-paid administrative leave until July 8th. I hope this will give you and your counsel ample time to review the findings of the investigation.

Sincerely,

Rob Smith
Town of Olathe
Town Administrator



May 24, 2022

Ms. Georgette Black

Dear Ms. Black

You are being placed on unpaid administrative leave with the Town of Olathe, effective immediately. Your leave is for thirty days without pay, and you are not permitted to apply sick leave or paid time off during this period of suspension.

On March 25, 2022, a complaint was filed with Chief Pacheco and an investigation was opened to determine if you violated the Town's Professional Standards, the Town Police Department Policies and the Town of Olathe Polices concerning your conduct towards On April 24, 2022, the Town
was provided with a report suggesting that that your conduct was indeed a violation of following Town policies:

318 Standards of Conduct

318.5.8 Performance

(e) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of this department or subverts the good order, efficiency and discipline of this department or that would tend to discredit any of its members.

318.5.9 Conduct

(f) Discourteous, disrespectful or discriminatory treatment of any member of the public or any member to this department or the City.

There is a preponderance of evidence to suggest Ms. Black violated the following Town of Olathe policies:

Article XI. Harassment

“Unlawful harassment includes verbal, or physical conduct that has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment. Actions based on an individual's age 40 and over, race, sex, color, religion, national origin, disability, military status, genetic information, or any other applicable status protected by state or local law will not be tolerated. Prohibited behavior may include but is not limited to the following:

- Written form such as cartoons, e-mail, posters, drawings, or photographs.
- Verbal conduct such as epithets, derogatory comments, slurs, or jokes.
- Physical conduct such as assault or blocking and individual's movements

Article IX Employee Conduct

A. General Rules of Conduct

“The Town will not tolerate any prejudice, bias or slurs expressed between employees or between employees and the public. The employee shall be subject to disciplinary action for such conduct.”

While out on administrative leave, you are to remain away from Town Hall, and you are to not interact with other Town employees.

Sincerely,



Sgt Georgette Black

You are hereby provided official notice of the Town of Olathe's intent to send a credibility notification to the District Attorney's Office as mandated by Colorado Revised Statute § 16-2.5-502. Please be advised I will also be providing notice to the Colorado Bureau of Investigation. Pursuant to subsection (2)(d)(II) of the statute, the Town will send the notification to the District Attorney's Office seven (7) days after providing this notice of intent.

You are receiving this notice because you are under an administrative investigation that *if sustained*, would find that you **knowingly made an untruthful statement** which would require disclosure under Colorado law.

Please sign and date one of the copies acknowledging receipt and return the signed copy to the Town Administrator.

Sgt. Georgette Black

Date of Receipt

05/24/22

Chief.

2/23/22

11:11 am

[REDACTED] ([REDACTED])

[REDACTED]

would like a call
back; says she is
filing a civil against
Sgt Black, for rumors
started.

[REDACTED]

FEB 14 2022



Olathe Police Department

420 Horton Avenue, P.O. Box 789, Olathe, CO 81425

Office Phone: (970) 323-4357 Fax: (970) 323-5742

Voluntary Statement Form

I, [REDACTED], am not under arrest for, nor am I being detained for any criminal offenses concerning the events I am about to make known to Officer Sg Black. I volunteer the following information of my own free will, for whatever purpose it may serve.

Name [REDACTED]
Street Address [REDACTED]
Mailing Address [REDACTED]
City/State/Zip [REDACTED]

Date of Birth [REDACTED]
Phone No. [REDACTED]

I would like to request a review on Sg Black for falsifying information given to my family ([REDACTED]) claiming I had been using meth. I have never once used drugs nor have I ever even met Sg Black like she told my father, [REDACTED]. This has caused great family heartache, turmoil and trauma being a mother of 3 children. I have also requested the body cam footage of the conversation with Sg Black and my father. I would also like the department to investigate her claims of my "drug use" and see if there's any documented evidence that I have ever had contact with her. I will also be pursuing civil repercussions for the emotional trauma she has caused my family.

PS - You can drug test me anytime, anywhere at any moment.

[REDACTED]
Signature

2.13.22
Date

Memo:

Ref: [REDACTED]

In the evening of March 6, 2020 [REDACTED] came and spoke with me at the Police Department. [REDACTED] appeared to be nervous. [REDACTED] told me that [REDACTED] had wanted to speak with me about something for a while. [REDACTED] told me [REDACTED] did not feel comfortable with [REDACTED] being [REDACTED] Field Training Officer. [REDACTED] told me that [REDACTED] had touched [REDACTED] leg and touched [REDACTED] arm a few times and [REDACTED] did not feel comfortable with [REDACTED]. [REDACTED] said [REDACTED] didn't want this to be an issue for [REDACTED] at the department. I told [REDACTED] that it was not an issue for [REDACTED] to tell me this and I told [REDACTED] if there were any issues to let us know.

I told [REDACTED] that [REDACTED] would no longer be [REDACTED] training officer. I told [REDACTED] that I would switch [REDACTED] to train with me immediately.

I told [REDACTED] that I would be speaking with [REDACTED] and addressing this issue.

I told [REDACTED] if [REDACTED] does anything like this again to report it immediately. [REDACTED] [REDACTED] said [REDACTED] would do that.

On March 7, 2020, I came to the Police Department and spoke with [REDACTED]. I told [REDACTED] that I had received a complaint that [REDACTED] had touched [REDACTED] on the leg and the arm. [REDACTED] said [REDACTED] did not feel comfortable with [REDACTED] being [REDACTED] Field Training Officer. I told [REDACTED] that this was not the first time I had to address this issue with [REDACTED]. I told [REDACTED] I understood that it had been last year when I had spoken with [REDACTED] but [REDACTED] cannot just touch coworkers. I told [REDACTED] that this was a serious issue and I would be completing a counselling letter or a write up for this issue. I told [REDACTED] that this behavior could not be tolerated. [REDACTED] said [REDACTED] understood.

In that week I did advise Chief that I would be taking [REDACTED] early due to [REDACTED] not feeling comfortable with [REDACTED] as [REDACTED] FTO. I had to leave during our conversation due to a call.

In that week I did work on a counselling letter for [REDACTED]. I know that I had not completed it when I originally worked on it. I went to return to complete the letter and it was not on my computer. I am not sure what occurred with the letter. I had a number of things that came up in that time frame and was distracted and did not get the letter completed or given to [REDACTED].

There were no other issues reported to me by [REDACTED] about [REDACTED]. They appeared to work well together and spent a lot of time together at the office. I was aware that [REDACTED] stayed after shifts to talk with [REDACTED] on a regular basis. It was disclosed to me that [REDACTED] confided in [REDACTED] about a very personal situation. It appeared that were not only coworkers but friends. I was shocked to hear what [REDACTED] told [REDACTED] due to how [REDACTED] acted with [REDACTED] after this supposed incident occurred.

I have read the report from [REDACTED] and read the article in the Montrose Daily Press. I saw what [REDACTED] said to [REDACTED]. When [REDACTED] came and spoke with

me [REDACTED] did not tell me that [REDACTED] touched [REDACTED] near [REDACTED] crouch or that [REDACTED] had [REDACTED] hand on [REDACTED] inner thigh and moved it up [REDACTED] leg toward [REDACTED] groaning. If [REDACTED] would have disclosed this to me, my reaction would have been much different. I acted on the information that was given to me.

If you have any further questions on this issue please let me know.

[REDACTED]

Sergeant G Black



George Jackson <gjackson@olatheco.us>

Fwd: OL8-Georgette

1 message

Thu, Sep 27, 2018 at 10:22 AM

[REDACTED]

WestCO (Western Colorado Regional Dispatch Center)
434 S. 1st Street | PO Box 790
Montrose CO 81402

970.249.9110 | Office 970.252.4780

www.wcrdc.net



----- Forwarded message -----

From: [REDACTED]
Date: Thu, Sep 27, 2018 at 10:18 AM
Subject: Re: OL8-Georgette
To: [REDACTED]

[REDACTED] - thanks for this information. I have spoke to [REDACTED] (included in this email). There are some very serious reception issues. Olathe has purchased an antenna to help improve the communications at the PD and is also working on grant funding for some additional tower work. In the mean time, please continue to have dispatchers do regular (already established) status checks, if no contact is made please use cell phones, and if no response send MCSO. I like the idea of recording the lack of communication for all units in a radio log. This may help them to establish a pattern of sub-par radio communications helping to secure funding. Per [REDACTED], this is a radio issue and his people are trying to utilize better radio communications.

[REDACTED]

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434 S. 1st Street | PO Box 790
Montrose CO 81402

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www.wcrdc.net



On Wed, Sep 26, 2018 at 1:31 AM [REDACTED] wrote:

We are keeping radio logs, but just wanted to let you know about another incident of Georgette not answering her radio. She went out on a suspicious in Olathe ([REDACTED] at 0051. She then advised [REDACTED] that she was out with 3 at S Horton and Main Street ([REDACTED] at 0106. Amber made several attempts via radio for a status check, and due to her being in contact with 3 people, did not try her cell. I had [REDACTED] ask the SO for backup. MCSO sent 3 deputies and CSP overheard the radio traffic, so they also had a trooper go enroute. At 0117 Georgette called in to dispatch and said that she could hear us calling her but that she was near some metal buildings and had NADA-I'm guessing she meant no signal. She told [REDACTED] that she had tried to stop the 3 individuals and that two of them ran. She did not air any of that information.

It is happening too frequently that she does not answer her radio, and appears very nonchalant when the dispatchers do finally get a hold of her. When I have been working I have been having radio log entries made every time she does not answer her radio. Perhaps it needs to be something everyone is doing anytime any officer does not respond to a status check.

I wanted to make you aware with the concern that something will actually happen to her, and we won't know it, or to officers running to Olathe for back up.

[REDACTED]
[REDACTED]
WestCO (Western Colorado Regional Dispatch Center)

434 S. 1st Street | PO Box 790

Montrose CO 81402

[REDACTED]
970.249.9110 | Office 970.252.4781

[REDACTED]
www.wcrdc.net



State of Colorado



THE BOARD ON PEACE OFFICER STANDARDS AND TRAINING
AWARDS THIS CERTIFICATE
TO

GEORGETTE JANEEN STROUD

May 25, 2010
Date

B- 14996
Number

For fulfilling the prescribed requirements for certification. This certificate expires three years from date of issuance unless the certificate holder meets the requirements for continued certification as established by law and the P.O.S.T. Board.

Bill Ritter Jr.
Governor

John W. Sutters
Attorney General, Board Chairperson



Olathe Police Department

420 Horton Ave., P O Box 789, Olathe, CO 81425 · Phone (970) 323-4357 · Fax (970) 323-5742

Month Day Year

On 01 / 16 / 2018

I have been issued a copy of the Olathe Police Department Policy and Procedure Manual.

I will make myself familiar with the contents by reading the manual in its entirety and requesting clarification, as needed, by asking questions of administrative staff. This will be completed within three months of receiving the manual.

I will retain this copy of the Olathe Police Department Policy and Procedure Manual, in good condition and refer to it as needed.

Signature

A black rectangular redaction box covers the signature of the individual.

Printed Name GEORGETTE STROW



Personnel

Personnel Update for Olathe Police Department

Add a New Employee

Colorado POST will receive this request for approval.

Name Stroud, Georgette J

PID [Redacted]

If this is not the right person, search again.

EMPLOYMENT INFORMATION

Organization Olathe Police Department

* Hire Date 12/21/2017

* Title/Rank ~~Parole~~ Officer

Employment Type Sworn Officer

Appointment Type Part Time

Supervisor [Redacted] (Chief)

Comments Attempted to add this officer last week and Form 6 came through blank. 2nd attempt.

EMPLOYMENT DOCUMENTS

* Click blue question mark for a link to PDF Form 6 *No document has been attached*

Upload



Acknowledgement of Receipt of Town of Olathe Personnel Policies and Procedure Handbook

To be completed by employee and returned to the Human Resources Department

This acknowledges that I have received a copy of the Town of Olathe's Personnel Policies and Procedure Handbook dated 12/04/2018. I understand that this handbook is only a guide to the ordinances, resolutions, and other laws applicable to my employment, and that this Handbook is neither an express nor implied contract for employment; and that the Town remains free to make such changes in its personnel policies, including but not limited to any matters addressed in this Handbook, without prior notice and in its sole discretion.

I understand that it is my responsibility to read and become familiar with its contents. I agree to abide by the above, as conditions of my employment, as well as all written policies, rules, and regulations that are in effect or that may become effective during my employment.

Georgette Black
Print Name

[Signature]
Employee

12/09/18
Date

Job Description

I have read and understand the job description for the position of _____

This job description is intended to describe the main duties and responsibilities required of the position. The Town of Olathe reserves the right to change or revise job duties and responsibilities as the need arises.

Initials



Acknowledgement of Receipt of Town of Olathe Personnel Policies and Procedure Handbook

To be completed by employee and returned to the Human Resource Department

This acknowledges that I have received a copy of the Town of Olathe's Personnel Policies and Procedure Handbook dated Dec. 2020. I understand that this Handbook is only a guide to the ordinances, resolutions, and other laws applicable to my employment, and that this Handbook is neither an express nor implied contract for employment; and that the Town remains free to make such changes in its personnel policies, including but not limited to any matters addressed in this Handbook, without prior notice and in its sole discretion.

I understand that it is my responsibility to read and become familiar with its contents. I agree to abide by the above, as conditions of my employment, as well as all written policies, rules, and regulations that are in effect or that may become effective during my employment.

Georgette Black _____ 8/19/21
Printed Name Date

[Signature] _____ 8/19/21
Employee Signature Date

TOWN OF OLATHE

JOB TITLE: Police Officer
DEPARTMENT: Police Department
SALARY RANGE: Depends on qualifications
POSITION TYPE: Full – Time, regular employee with benefit package

Position Summary:

A Police Officer performs a variety of technical and law enforcement duties to insure the safety and welfare of the community in compliance with Federal, State, and Town laws.

Essential Functions:

Reports directly to the Chief of Police or in the absence of the Chief or the Interim Chief will report directly to the Town Administrator.

Duties include control of traffic, prevention of crime and disturbance of the peace, and arrest of suspected violators of Town, State, or Federal laws.

Responds to emergency situations where injury or deaths are serious risks to community citizens or to others.

Must interact with the public, employees and the Board of Trustees in a professional and courteous manner.

Writes and files daily activity reports.

Works with and assists other Town departments as required or requested.

Responsible for maintaining the Police Department equipment and tools in good working condition.

Utilizes proper safety precautions and devices related to all work performed.

Trains with other officers in programs designed to improve their professional skills and job proficiency.

Police Officer
Page Two

Maintains knowledge of current developments in law enforcement techniques and applications using sources such as technical publications and professional affiliations.

Other departmental duties as assigned or required.

Physical Demands:

The position requires direct contact with the citizens of the Town requiring an appropriate appearance and proper physical conditioning.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee is required to stand, walk, run, use hands and fingers to handle or operate objects, controls or tools of the job, reach with hands and arms, climb or balance, stoop, kneel, crouch or crawl, and taste or smell.

The employee is required to physically monitor different activities in all types of weather, which may require standing long periods of time in the sun and rain.

The employee must occasionally lift or assist in lifting and / or moving more than 50 pounds.

Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to focus.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee works in both a normal office environment and in outside weather conditions. The employee occasionally is exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, in the normal course of business.

The noise level in the work environment is sometimes loud, in field or outdoor settings.

Qualifications Required:

Must have a high school diploma or G.E.D. equivalent.

Must have a valid Colorado driver's license.

Ability to operate standard office equipment including computer knowledge to access various law enforcement programs and agency data centers.

Obtain and maintain Colorado P.O.S.T. certification.

Ability to effectively use oral and written communication in the performance of duties and responsibilities.

The Town of Olathe reserves the right to change or revise job duties and responsibilities as the need arises. This job description does not constitute a written or implied contract of employment.

The Town of Olathe is an Equal Opportunity Employer.

Town of Olathe



Issued: 3/28/2019
Expires:
Sergeant

Georgette J
Black

LAW



B-14996 CO 92 125-5792

Colorado

The person identified on the front of this card is a statutory
and/or POST certified peace officer in the State of
Colorado as approved by the signature authority board
and as such is authorized to carry a concealed firearm
pursuant to CRS 16-2.5-101 through 152 and 18 USC 926b.

CO_LEO



Please Return To:
Town of Olathe
420 Horton Avenue
Olathe, CO 81425

DOB: _____

Education

List name and address of schools.

		Number of Years Completed	Diploma/Degree/Certificate
High School or GED	Montrose High School 600 S. Selig Ave Montrose	4	Diploma
College or University	Colorado Mesa University North Ave Grand Junction	4	BS Social Sciences
Subjects Studied	Social Science, Political Science		
Vocational or Technical	Delta Montrose VETEC Delta CO	4 mon	Certif.
Subjects Studied	POST Academy / Farm Ranch Management	6 yrs	Certif.

Special Skills

What skills or additional training do you have that are related to the job for which you are applying?

Post Cert. officer, Instructor. I9000 Intox, Train Nlu
Trainer, 100+ hrs Post Training

What machines or equipment can you operate that are related to the job for which you are applying?

Patrol Vehicle, Computer, Copier, radar
pistol, rifle, shot gun,

For driving jobs ONLY: Do you have a valid driver's license? Yes No

Driver's License Number 022255792 Class of License C State CO

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, provide details.

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

FFA advisory Board, President BCCA
Freshman class rep. Mesa State College - ~~one~~
4H leader, Cub Scouts leader, Coach for softball
baseball + field, FOP member, youth bowling
Sec. + coach.

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Include part-time positions held. **DO NOT** leave this section blank or write "see resume."

Name, Address and Phone of Employer West Co Dispatch 434 S. 1st St. Montrose CO 81401 249-9110	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
	5/17	present	\$45 ⁰⁰	\$450 ⁰⁰
Title Dispatcher	Duties Dispatch offices; take calls from public enter calls into CAD			
Supervisor Mandy Stolbinger	Reason for Leaving not leaving			

Name, Address and Phone of Employer Montrose Police Dept 434 S. 1st St. Montrose CO 252-5200	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
	5/14	5/17	\$50,000	\$50,000
Title Police Officer	Duties Police Officer - Post officer			
Supervisor Tom Chunn-Chief	Reason for Leaving other employment			

Name, Address and Phone of Employer Delta County Sheriff's Office 500 Palmer St Delta CO 81416	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
	5/08	5/14	\$18.34	\$21.00
Title Patrol Deputy	Duties Correction Deputy Patrol Deputy - Post office			
Supervisor Fred McKee	Reason for Leaving other employment			

Name, Address and Phone of Employer Delta County School Dist. 7655 2075 Rd Delta CO 81416 970874-4433	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
	9/01	9/12	\$75 ⁰⁰	\$85 ⁰⁰
Title Sub Teacher	Duties Follow and create lesson plans - teach students in various subjects			
Supervisor Derek Carlson	Reason for Leaving other employment			

References

Have you worked or attended school under any other names? Yes No

If yes, give names: Georgette Cox

Are you presently employed? Yes No

May we contact your current employer? Yes No

If yes, whom do you suggest we contact? [REDACTED]

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain. _____

Give three (3) references. Please do not list relatives or former employers.

Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize that investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE OLATHE POLICE DEPARTMENT / TOWN OF OLATHE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE OLATHE POLICE DEPARTMENT / TOWN OF OLATHE AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to the above statements.

Signature: _____ Date: 9/25/17

This application for employment will remain active only for the position applied for.

Please return this application by the advertised deadline, no late applications will be accepted.

Mail To: Olathe Police Department, P.O. Box 789, Olathe, CO 81425

Hand Deliver: Olathe Police Department, 420 Horton Ave., Olathe, CO 81425



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) STRoup		First Name (Given Name) Georgette		Middle Initial J	Other Last Names Used (if any) Cox	
Address (Street Number and Name)			Apt. Number	City or Town	State CO	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address			Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____	QR Code - Section 1 Do Not Write In This Space
OR	
2. Form I-94 Admission Number: _____	
OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Sign: _____	Today's Date (mm/dd/yyyy) 12/08/2017
-------------	--

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code	

Employer Completes Next Page

COLORADO ¹/₅ DL 

DRIVER LICENSE



1 BLACK
2 GEORGETTE JANEEN
8
3 DOB
4a Iss
4d Customer Identifier
4b Exp
5 DD
15 Sex
16 Hgt
18 Eyes
17 Wgt
19 Hair
9a Endorsements
12 Restrictions
9 Vehicle Classifications

NONE
R



COLORADO USA

DRIVER LICENSE

DL



1 STROUD
2 GEORGETTE JANEEN

3 DOB [REDACTED]
4a Customer Identifier 4b [REDACTED]
5 DO [REDACTED]
6 [REDACTED]
15 Sex F
16 Eyes [REDACTED]
17 Hair [REDACTED]

8a Endorsements
12 Restrictions C
9 Vehicle Classifications R



6-1 STROUD 12/07/97

Social Security Administration Important Information

Social Security Administration
SOCIAL SECURITY
1805 PAVILION DR
MONTROSE, CO 81401-5378
Date: August 23, 2018

GEORGETTE JANEEN BLACK

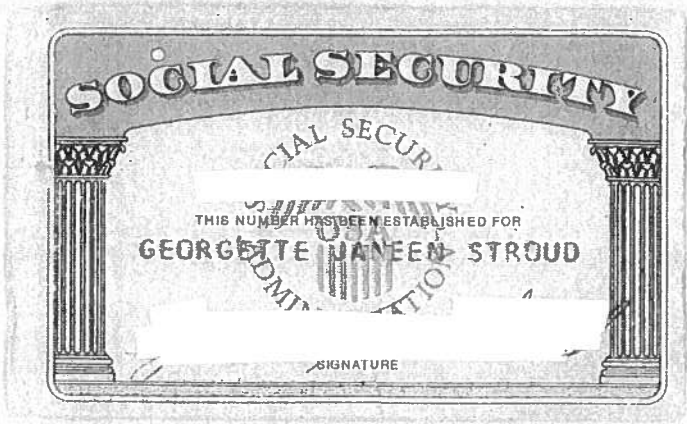
This is a receipt to show that you applied for a Social Security card on August 23, 2018. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.



Field Office Manager



SOCIAL SECURITY

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

GEORGETTE JANEEN STROUD

SOCIAL SECURITY ADMINISTRATION

SIGNATURE