

NOTE – The following documents should be returned with your application form.
If you run into a problem getting a document, call

1. Birth certificate
2. High-school transcript (official)
3. College transcript
(if applicable)
4. Military form DD214
5. A copy of a valid driver's license



Las Animas County Sheriff's Department
Personnel Section
200 East First St., Room #110
Trinidad, Colorado 81082
846-2211

EQUAL OPPORTUNITY EMPLOYER

You need not return this portion of the form.

COMMONLY ASKED QUESTIONS

1. Q. What are the qualifications to become a Las Animas County Sheriff's Detention Officer?

A. GENERAL QUALIFICATIONS

21 years of age, a United States citizen, good character, a stable work record and no felony conviction. Be a high-school graduate or GED, preferably with some college.

HEALTH

Vision must be no more than 20/100 in both eyes, correctable to 20/20, no color blindness, normal hearing in both ears. A history of certain major diseases may be disqualifying, and the department may require a consultation with a physician in some instances, depending on past medical history.

DRUG USE

Use of any hard drugs is not acceptable unless a licensed physician prescribed the drug. Marijuana use does not automatically disqualify you.

2. Q. How do I get started in the hiring process for the Las Animas County Sheriff's Department?

You must complete this preliminary questionnaire and return it with a formal application to the front reception desk.

3. Q. What tests will I have to take?

A. Entry-level written examination - time required 2 ¼ hours.

Polygraph examination - 45-60 minutes.

Applicant interview - 30 minutes.

Medical examination - 15 minutes.

Physical agility test - 2 hours.

Department investigators will perform a thorough background check on your work and personal history.

4. Q. What is the starting salary, and when can I expect my first paycheck?

A. The starting salary for Detention Officer is \$7.00 an hour. All Detention Officers start as control room operators.

5. How long is the initial training period?
6 week on the job training, and 6 month probation period.

APPLICANT INFORMATION

TO ALL JOB APPLICANTS:

The information requested below is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Las Animas County is an Equal Opportunity Employer.

Name Henry Trujillo Date 8-16-01

Position applying for Road Deputy

PLEASE CHECK THE CORRECT INFORMATION:

Ethnic information:

Are you:

American Indian or
Alaska Native _____

A veteran of the U.S. armed forces? ___ yes no

Asian or
Pacific Islander _____

A Vietnam Era Veteran? ___ yes no

Refers to persons who served on active duty with the armed forces for more than 180 days between August 5, 1964 and May 5, 1974.

Black _____

Hispanic

White _____

A disabled veteran? ___ yes no

Refers to persons entitled to compensation through the Veterans Administration or whose discharge was due to a disability incurred or aggravated in the line of duty.

Sex ___ Female Male

A member of a Reserve organization? ___ yes no

Age 23

Handicapped? ___ yes no

How did you first learn of this job opportunity?

___ Walk in ___ Job posting ___ Friend Newspaper(which one) ___ Other

Chronicle News

APPLICATION FOR EMPLOYMENT

Las Animas County, Human Resource Department
2000 N. Linden, Trinidad, CO 81082
(719) 846-0434

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for Road Deputy Today's Date 8-16-01

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? As soon as needed

<u>Treviño</u> Last Name	<u>Henry</u> First Name	<u>James</u> Middle Name	<u>[REDACTED]</u> Telephone Number
<u>[REDACTED]</u> Present Street Address	<u>Trinidad</u> City	<u>Co.</u> State	<u>81082</u> Zip Code

Are you 21 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) [REDACTED]

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? N/A

Were you ever employed here? Yes No If yes, when? N/A

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest" Exclude minor traffic violations.) Yes No

If yes, give details I pled guilty to Disorderly Conduct.

(A conviction will not necessarily disqualify an applicant for employment.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain I am presently employed at Wal-Mart.

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma, Degree, Certificate
High School or GEO: <u>Trinidad High School</u> <u>816 West</u> <u>Trinidad Co. 81082</u>	4 yrs	Diploma
College or University: <u>Trinidad State Junior College</u> <u>600 Prospect Trinidad Co. 81082</u>	3 months	Certificate
Subjects Studied: <u>Colorado Law Enforcement Training Academy</u>		
Vocational or Technical: <u>N/A</u>	N/A	N/A
Subjects Studied <u>N/A</u>		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? I am currently certified as a Level 1 Peace Officer.

What machines or equipment can you operate that are related to the job for which you are applying? I can operate a motor vehicle, and fire arms.

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number [REDACTED] Class of License R

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

If yes, give details: N/A

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 or other protected status)

N/A

-- 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.
 Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Wal-Mart	Supervisor	John Locke	
Address	2921 Tougal Drive	Employed	From (mo/yr) 01 / 01	To (mo/yr) present
City, State, Zip Code	Trinidad, Co. 81082	Pay	Start \$ 7.00	Final \$ 7.30
Telephone	(719) 846-7374	Reason for Leaving		
Title	Presently employed			
Duties Change oil, flat repairs, install new tires.				

Name of Employer	Genés Conoco	Supervisor	Marlene Marquez	
Address	404 University	Employed	From (mo/yr) 8 / 99	To (mo/yr) 11 / 00
City, State, Zip Code	Trinidad, Co. 81082	Pay	Start \$ 6.00	Final \$ 6.50
Telephone	[REDACTED]	Reason for Leaving		
Title	not enough hours			
Duties pump gas, service vehicles and operate cash register.				

Name of Employer	Crossroads Managed Care Systems	Supervisor	Michelle Howard	
Address	1004 Carbon Pl.	Employed	From (mo/yr) 2 / 98	To (mo/yr) 4 / 98
City, State, Zip Code	Trinidad, Co. 81082	Pay	Start \$ 1509.00 mo	Final \$ 1509.00 mo
Telephone	(719) 846-4153	Reason for Leaving		
Title	to attend school			
Duties Admit and Discharge clients, supervise the shift, and monitor clients vital statistics throughout the shift.				

Name of Employer		Supervisor		
Address		Employed	From (mo/yr)	To (mo/yr)
City, State, Zip Code		Pay	Start \$	Final \$
Telephone		Reason for Leaving		
Title				
Duties				

REFERENCES:

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

If yes, give names: NIA

Are you presently employed? Yes No ___

If yes, whom do you suggest we contact? John Locke

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

If yes, please explain: NIA

Give three references, not relatives or former employers.

Name	Address	Phone
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

AFFIDAVIT

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 understand that the employer may request an investigative consumer report from a Consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the 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 that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME 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 CAUSE AND WITH OR WITHOUT NOTICE.

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

Signature: Henry Juyilla

Date: 8-16-01

APPLICATION PRELIMINARY QUESTIONNAIRE

CIRCLE ONE

1. Are you a citizen of the United States? YES NO
2. If requested, will you furnish a high school diploma or GED certificate?
How many semester hours? _____ YES NO
3. Will you take a polygraph exam? YES NO
4. Are you now in good health and will you take a physical agility test? YES NO
5. Will you submit to a psychological interview conducted at the expense of the Las Animas County Sheriff's Department? YES NO
6. Are you currently on probation for driving while Intoxicated or any other traffic offense? YES NO
7. Have you been convicted of driving while your license was suspended or without a license within the last five years? YES NO
8. Have you had three or more moving traffic convictions of four points or greater (I.e. speeding, reckless/careless driving) within the last 12 months? YES NO
9. Have you had six or more moving traffic convictions of four points or greater within the last 24 months? YES NO
10. Have you been convicted in the last 10 years of the offenses of driving while intoxicated or under the influence of drugs or the offense of driving while ability was impaired by the use of intoxicants or drugs? YES NO
11. Have you ever committed or been convicted of a felony? YES NO
12. Have you ever used, sold or delivered any illicit drug? YES NO

Note: MARIJUANA USE DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM FURTHER PROCESSING. HOWEVER, YOU MUST BE PREPARED TO EXPLAIN THE CIRCUMSTANCES UNDER WHICH YOU USED IT.

APPLICATION PRELIMINARY QUESTIONNAIRE
CONTINUED

CIRCLE ONE

13. Have you ever been convicted of a crime involving a sex offense?

YES NO

14. Have you ever been dishonorable discharged from military service?

YES NO

ANSWER CODE

To qualify for further processing, you must have answered questions 1-5 with "YES" and questions 6-14 with "NO." After you determine whether or not you qualify for further processing, you may return this form and the formal application.

NAME Henry Trujillo

SOCIAL SECURITY NO. 

SUPPLEMENTAL APPLICATION FORM FOR SHERIFF'S DETENTION OFFICERS
LAS ANIMAS COUNTY SHERIFF'S DEPARTMENT

IMPORTANT - READ BEFORE COMPLETING FORM

This form must be completely filled out and submitted in addition to the regular Las Animas County Sheriff's Department job application form before you will be permitted to take the examination for Detention Officer. Failure to answer any questions will result in disqualification of your application.

Whenever extra space is necessary, use additional sheets of paper to complete your answers (indicate the number of the question to which you are referring on those extra sheets). Any falsification on this form will result in disqualification of your eligibility, or if already appointed, may be verified by a police background investigation and/or a polygraph (lie detector) test. Look over the form completely, including the statement on the last page, before beginning.

1. Full Name: Trujillo Henry James
(Last) (First) (Middle)

2. Social Security Number: [REDACTED]

3. Date of Birth: Month: [REDACTED] Date: [REDACTED] Year: [REDACTED]

4. Place of Birth: City Trinidad County Las Animas State: Colorado

5. Driver's License Number: [REDACTED] State: CO.

6. Have you held driver's license in any other state(s)?
Yes ___ No if yes, which states?

7. Starting with your current address and working back, list all addresses at which you have lived in the last 5 years (include college and military).

Street	City	State	Dates
<u>[REDACTED]</u>	<u>Trinidad</u>	<u>Co.</u>	<u>10-77 - present</u>

8. Have you had jobs other than those which you have already included on the regular application form? Yes No If yes, give name of employer, titles of job, dates employed and reason for leaving (include all part-time and temporary jobs).

Taco Bell, crew member, 1993-1994

Pizza Hut, crew member, 1994-1995

9. Have you ever been fingerprinted for any reason (job application, military, driver's license, etc.)? Yes No If yes, give approximate date, location and agency taking fingerprints.

8-14-01, Colorado Springs Department of Corrections.

10. Have you attended any high schools, colleges or trade schools which you have not already listed in the regular application form? Yes No If yes, give name of school, address and dates of attendance below.

11. How many minor traffic violations have you had in the last 5 years? (Non-accident violations) 0 Describe: N/A

12. List below all traffic accidents which you have been involved in. (Give state, dates and details.) Details should include whether you were ticketed, not ticketed, convicted, not convicted and penalty you received, if any.

N/A

13. Have you ever been fired or forced to resign from any job, or quit because you thought you were about to be fired? Yes ___ No If yes, give employer and details below.

14. Have you ever received any disciplinary actions more serious than a verbal or written reprimand on any job (e.g., suspension)? Yes ___ No If yes, give details below.

15. Do you feel any previous employers would hesitate to give you a good recommendation? Yes ___ No If yes, explain below.

16. Have you ever been refused security clearance, bonding or health, life or automobile insurance? Yes ___ No If yes, give details.

17. Are you presently on probation for any crime? Yes ___ No If yes, explain.

18. List below any and all non-juvenile convictions for crimes other than minor traffic violations. Give dates, location and penalty received. Convictions may be considered due to the sensitive nature of law enforcement, but will not automatically prohibit employment. Factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.

Disorderly Conduct. 1997, Trinidad, Co. Six months
unsupervised probation, pay court costs.

19. Have you made application at any other time for a law enforcement-related job including Las Animas County? Yes No
If yes, give agency, dates and disposition (e.g. appointed, failed, rejected, etc.).

Trinidad Police Department, 2000, No response
from them.

20. Have you ever been employed in a law enforcement-related job before? Yes No . If yes, give employer, title, dates and reason for leaving.

21. Were you ever convicted of an offense under the Uniform Code of Military Justice? Yes No . If yes, explain. Convictions may be considered due to the sensitive nature of law enforcement employment, but will not automatically prohibit employment.

22. Is there anything in your background which has not already been mentioned which is necessary for the personnel board to know to make a proper evaluation of your qualifications to be a Detention Officer? (Omit juvenile information.) Yes ___ No If yes, explain and give dates.

23. Have you ever been involved in anything that could open you to blackmail or similar pressure? Yes ___ No If yes, explain.

24. Why do you want to be a Detention Officer? (This question must be answered in your own handwriting - limit your answer to one page.)

I want to be a Road Deputy because, I have been interested in Law Enforcement all my life. It would be an Honor to serve Las Animas County, and to work for the Las Animas County Sheriff's Department. I would like to make a career out of Law Enforcement in my Home town.

I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the Las Animas County Sheriff's Department and its authorized representatives permission to request and review any and all information, documents and reports necessary to verify and investigate the answers given by me in my application for detention officer. I understand that the Las Animas County Sheriff's Department will review such documents and information to determine if I am qualified to become a detention officer.

I understand that should I pass the initial phases of testing, and have any name placed on an eligibility list, I will still be subject to further examination and investigation of my qualifications and suitability for police work before I am actually appointed. I understand that further screening may consist of, but not necessarily be limited to, the following:

- (1) Fingerprinting and FBI and other police record check.
- (2) Polygraph test.
- (3) Background investigations.
- (4) Psychological tests and/or interviews.
- (5) Medical and physical examination.
- (6) A probationary period on the job.

I understand that any falsifications made by me in connection with this application may disqualify me from further consideration, and, if discovered after appointment, may be grounds for my discharge.

I hereby certify that I have read and understand the above statements and agree to their provisions.

Henry Trujillo
Signature

8-16-01
Date

TO BE CONSIDERED FOR EMPLOYMENT WITH THE LAS ANIMAS COUNTY
SHERIFF'S OFFICE. YOU MUST BE WILLING AND ABLE TO WORK ANY
ASSIGNED SHIFT AT ANY TIME

DAY SHIFT 0700-1500 (7:00AM To 3:00PM)
SWING SHIFT 1500-2300 (3:00PM To 11:00PM)
GRAVEYARD 2300-0700 (11:00PM To 7:00AM)

I HAVE READ AND UNDERSTOOD THE ABOVE REQUIREMENT AND AM
WILLING AND ABLE TO WORK ANY SHIFT AT ANY TIME ASSIGNED.

Henry James Trujillo
PRINT FULL NAME

Henry Trujillo
SIGNATURE

9-14-05
DATE

APPLICATION FOR EMPLOYMENT

Las Animas County, Human Resource Department
200 East 1st Street, Room #105
Trinidad, CO 81082
(719) 845.2568
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for Detention Officer / Road Deputy Today's Date 9-14-05

Are you seeking: Full-time X Part-time Temporary employment?

When could you start work? A.S.A.P.

Trujillo Henry James
Last Name First Name Middle Name Telephone Number
Present Street Address City State Zip Code

Are you 18 years of age or older? Yes X No

Social Security # (Optional)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes X No

Have you ever applied here before? Yes X No If yes, when? 01/05

Were you ever employed here? Yes X No If yes, when? 09/01 - 02/02

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no-contest." Exclude minor traffic violations) Yes X No

If yes, give details Disorderly Conduct in 1997

(A conviction will not necessarily disqualify an applicant for employment.)

Are you now or do you expect to be engaged in any other business or employment? Yes X No

If yes, please explain I am currently employed.

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: <u>Trinidad High School</u> <u>816 West</u> <u>Trinidad, Co., 81082</u>	4	Diploma
College or University: <u>T.S.J.C.</u> <u>600 Prospect, Trinidad, Co., 81082</u>		
Subjects Studied: <u>C.L.E.T.A.</u>	1	Certificate
Vocational or Technical:		
Subjects Studied:		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?
Over 3 yrs law enforcement experience.

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

For Driving Jobs **Only**: Do you have a valid driver's license?.....Yes X No

Driver's License Number [REDACTED] Class of License R

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

If yes, give 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 or other protected status.)

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.
Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer <i>Gene's Frontier</i> Address <i>404 University</i> City, State, Zip Code <i>Trinidad, Co, 81082</i> Telephone [REDACTED] Title <i>Attendant</i> Duties <i>Pump fuel, service vehicles, tire service.</i>	Supervisor <i>Gene/Marlene Marquez</i> Employed From (mo/yr) <i>06 / 05</i> To (mo/yr) <i>present</i> Pay Start \$ <i>7.00 hr</i> Final \$ Reason for Leaving <i>presently employed</i>
Name of Employer <i>Trinidad Police Department</i> Address <i>2309 E. Main St.</i> City, State, Zip Code <i>Trinidad, Co, 81082</i> Telephone <i>(719) 846-4441</i> Title <i>Police Officer</i> Duties <i>Patrol, respond to calls for service, investigate various incidents, complete necessary paperwork and reports.</i>	Supervisor <i>Charles Glorioso</i> Employed From (mo/yr) <i>02 / 02</i> To (mo/yr) <i>01 / 05</i> Pay Start \$ <i>14.03 hr.</i> Final \$ <i>15.63 hr.</i> Reason for Leaving <i>Resigned</i>
Name of Employer <i>Las Animas County Sheriff's dep.</i> Address <i>2309 E. Main</i> City, State, Zip Code <i>Trinidad, Co, 81082</i> Telephone <i>(719) 846-2211</i> Title <i>Road Deputy</i> Duties <i>Patrol, respond to calls for service, investigate various incidents, transport inmates to and from court, complete necessary paperwork and reports.</i>	Supervisor <i>James Casias</i> Employed From (mo/yr) <i>09 / 01</i> To (mo/yr) <i>02 / 02</i> Pay Start \$ Final \$ Reason for Leaving <i>Employed by Trinidad Police Department</i>
Name of Employer <i>Wal-Mart</i> Address <i>2921 Topyal Dr.</i> City, State, Zip Code <i>Trinidad, Co, 81082</i> Telephone <i>(719) 846-4477</i> Title <i>TLE Associate</i> Duties <i>Oil changes, tire service.</i>	Supervisor <i>John Locke</i> Employed From (mo/yr) <i>02 / 01</i> To (mo/yr) <i>09 / 01</i> Pay Start \$ <i>7.00 hr.</i> Final \$ <i>7.00 hr.</i> Reason for Leaving <i>Employment with L.A.S.O.</i>

REFERENCES

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

If yes, give names: _____

Are you presently employed?.....Yes X No ___

If yes, whom do you suggest we contact? Marlene Marquez

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

If yes, please explain: _____

Give three references, not relatives or former employers.

Name

Address

Phone

[Redacted Name and Address]

[Redacted Name and Address]

[Redacted Name and Address]

AFFIDAVIT

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 understand that the employer may request an investigative consumer report from a Consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the 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 that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements,

Signature: Henry Trujillo Date: 9-14-05

ARTICLE VII – EMPLOYMENT POLICIES AND PROCEDURES
HIRING PROCEDURES: REGULAR EMPLOYEES

The sheriff's office utilizes a multi-phase hiring procedure, as outlined below:

STEP ONE

Applicants who meet minimum requirements shall complete a formal Application. A criminal history report shall then be secured from CCIC and NCIC.

STEP TWO

Applicants completing step one shall complete a formal written test conducted by the training division.

STEP THREE

Applicants achieving a test score of 80 percent or greater shall be subject to a background investigation at the expense of the sheriff's office.

STEP FOUR

Applicants successfully completing steps one through three may be given a polygraph examination conducted by and at the expense of the sheriff's office.

STEP FIVE

Applicants may be invited to undergo a physical examination that includes a urinalysis drug usage test conducted by and at the expense of the sheriff's office medical division, and may be required to undergo psychological testing.

STEP SIX

Applicants successfully completing steps one through five shall participate in an oral interview conducted by senior sheriff's office staff.

STEP SEVEN

All information and employment recommendations on applicants shall be forwarded to the sheriff. The sheriff shall make the final selection. If more than one applicant is eligible for employment, the sheriff will make the selection on the basis of additional job-related criteria.

APPLICATION PRELIMINARY QUESTIONNAIRE

Circle One

1. Are you a citizen of the United States? Yes No
2. If requested, will you furnish a high school diploma or GED certificate? How many semester hours? _____ Yes No
3. Will you take a polygraph exam? Yes No
4. Are you now in good health and will you take a physical agility test? Yes No
5. Will you submit to a psychological interview conducted at the expense of the Las Animas County Sheriff's Department? Yes No
6. Are you currently on probation for driving while intoxicated or any other traffic offense? Yes No
7. Have you been convicted of driving while your license was suspended or without a license within the last five years? Yes No
8. Have you had three or more moving traffic convictions of four points or greater (i.e. speeding reckless/careless driving) within the last 12 months? Yes No
9. Have you had six or more moving traffic convictions of four points or greater within the last 24 months? Yes No
10. Have you been convicted in the last 10 years of the offenses of driving while intoxicated or under the influence of drugs or the offense of driving while ability was impaired by the use of intoxicants or drugs? Yes No
11. Have you ever committed or been convicted of a felony? Yes No
12. Have you ever used, sold, or delivered any illicit drug? Yes No

NOTE: Marijuana use does not automatically disqualify you from further processing. However, you must be prepared to explain the circumstances under which you used it.

APPLICATION PRELIMINARY QUESTIONNAIRE
Continued

13. Have you ever been convicted of a crime involving a sex offense? Yes No
14. Have you ever been dishonorable discharged? Yes No

Answer Code

To qualify for further processing, you must have answered question 1-5 with "Yes" and Questions 6-14 with "No". After you determine whether or not you qualify for further processing, you may return this form and the formal application.

NAME: Henry Trujillo

SOCIAL SECURITY NO. 

APPLICANT INFORMATION

TO ALL JOB APPLICANTS

The information requested below is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Las Animas County is an Equal Opportunity Employer.

Name Henry Trujillo Date 9-14-05

Position applying for Detention Officer / Road Deputy

PLEASE CHECK THE CORRECT INFORMATION

Ethnic information:

Are you:

American Indian or
Alaska Native _____

A veteran of the U. S. armed forces? ___yes no

Asian or
Pacific Island _____

A Vietnam Era Veteran? ___yes no
Refers to persons who served on active
duty with the armed forces for more than
180 days between August 5, 1964 and
May 5, 1974.

Black _____

Hispanic

White _____

A disabled veteran? ___yes no
Refers to persons entitled to compensation through
the Veterans Administration or whose discharge
was due to a disability incurred or aggravated in the
line of duty.

Sex ___Female Male

A member of a Reserve organization? ___yes no

Age 27

Handicapped ? ___yes no

How did you first learn of this job opportunity?

___Walk in Job posting ___Friend ___Newspaper (which one) ___Other

LAS ANIMAS COUNTY SHERIFF'S OFFICE

IMPORTANT-READ BEFORE COMPLETING FORM

This form must be completely filled out and submitted in addition to the regular Las Animas County Sheriff's Department job application form before you will be permitted to take the examination for Detention Officer. Failure to answer any questions will result in disqualification of your application.

Whenever extra space is necessary, use additional sheets of paper to complete your answers (indicate the number of the question to which you are referring on those extra sheets.) Any falsification on this form will result in disqualification of your eligibility, or if already appointed, may be verified by a police background investigation and/or a polygraph (lie detector) test. Look over the form completely, including the statement on the last page, before beginning.

1. Full Name: Trujillo Henry James
(Last) (First) (Middle)
2. Social Security Number: [REDACTED]
3. Place of Birth: City: Trinidad County: Las Animas State: CO
4. Driver's License Number: [REDACTED] State: CO
5. Have you held driver's license in any other state(s)?
Yes No if yes, which states?
6. Starting with your current address and working back, list all addresses at which you have lived in the last 5 years (include college and military).

Street	City	State	Dates
<u>[REDACTED]</u>	<u>Trinidad</u>	<u>CO</u>	
<u>[REDACTED]</u>	<u>Trinidad</u>	<u>CO</u>	

7. Have you had jobs other than those which you have already included on the regular application form? Yes _____ No . If yes, give name of employer, titles of job, dates employed and reason for leaving (include all part-time and temporary jobs).
- _____
- _____
- _____
8. Have you ever been fingerprinted for any reason (job application, military, driver's license, etc.)? Yes No _____ If yes, give approximate date, location and agency taking fingerprints.
February of 2002 for a job. Trinidad Police Department.
- _____
- _____
9. Have you attended any high schools, colleges, or trade schools which you have not already listed in the regular application form? Yes ___ No If yes, give name of school, address, and dates of attendance below.
- _____
- _____
- _____
10. How many minor traffic violations have you had in the last 5 years? (Non-accident violation?) Describe: _____
- _____
11. List below all traffic accidents which you have been involved in. (Give state, dates, and details.) Details should include whether you were ticketed, not ticketed, convicted, not convicted, and penalty you received, if any.
- _____
- _____
12. Have you ever been fired or forced to resign from any job, or quit because you thought you were about to be fired? Yes ___ No If yes, give employer and details below.
- _____
- _____
- _____

13. Have you ever received any disciplinary actions more serious than a verbal or written reprimand on any job (e.g., suspension)? Yes No If yes, give details below.

Suspended at the Police Department.

14. Do you feel any previous employers would hesitate to give you a good recommendation? Yes No If yes, explain below.

15. Have you ever been refused security clearance, bonding or health, life or automobile insurance? Yes No If yes, give details.

16. Are you presently on probation for any crime? Yes No If yes, explain.

17. List below any and all non-juvenile convictions for crimes other than minor traffic violations. Give dates, location, and penalty received. Convictions may be considered due to the sensitive nature of law enforcement, but will not automatically prohibit employment. Factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.

1997, disorderly conduct, probation.

18. Have you made application at any other time for a law enforcement related job including Las Animas County? Yes No If yes, give agency, dates and disposition (e.g., appointed, failed, rejected, etc.).

Trinidad Police Department - appointed
L.A.S.O. appointed

19. Have you ever been employed in a law enforcement-related job before? Yes No _____ If yes, give employer, title, dates, and reasons for leaving.
L.A.S.O. Road Deputy, 09/01 - 02/02, employment with T.P.D.
Trinidad Police Department, 02/02 - 01/05, Resigned.

20. Were you ever convicted of an offense under the Uniform Code of Military Justice? Yes _____ No . If yes, explain. Convictions may be considered due to the sensitive nature of law enforcement employment, but will not automatically prohibit employment.

21. Is there anything in your background that has not already been mentioned which is necessary for the personnel board to know to make proper evaluation of your qualifications to be a Detention Officer? (Omit juvenile information.) Yes _____ No . If yes, explain.

22. Have you ever been involved in anything that could open you to blackmail or similar pressure? Yes _____ No . If yes, explain.

23. Why do you want to be a Detention Officer? (This question must be answered in your own handwriting - limit your answer to one page.)

I am very interested in all aspects of Law Enforcement. I want to establish a career with the L.A.S.O.

I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the Las Animas County Sheriff's Department and its authorized representatives permission to request and review any and all information, documents, and reports necessary to verify and investigate the answers given by me in my application for Detention Officer. I understand that the Las Animas County Sheriff's Department will review such documents and information to determine if I am qualified to become a Detention Officer.

I understand that should I pass the initial phases of testing, and have any name placed on an eligibility list, I will still be subject to further examination and investigation of my qualifications and suitability for police work before I am actually appointed. I understand that further screening may consist of, but not necessarily be limited to, the following:

- (1) Fingerprinting and FBI and other police record check.
- (2) Polygraph test.
- (3) Background investigations.
- (4) Psychological tests and/or interviews.
- (5) Medical and physical examinations.
- (6) A probationary period on the job.

I understand that any falsifications made by me in connection with this application may disqualify me from further consideration, of, if discovered after appointment, may be grounds for my discharge.

I hereby certify that I have read and understand the above statements and agree to their provisions.

Henry Trujillo
Signature

9-14-05
Date



James W. Casias, Sheriff, Las Animas County
Derek J. Navarette, Undersheriff
Ercole D'Ercole III, Jail Administrator
2309 East Main Street
Trinidad, Colorado 81082

Prospective Employee Questionnaire

The purpose of this publication is to assist you in determining if you meet the minimum standards set by the Las Animas County Sheriff's Office for its sworn officers both in Law Enforcement and Detention.

This is not a test, but rather a questionnaire covering the requirements and qualifications necessary to become a certified peace officer or detention officer for Las Animas County.

After completing the questionnaire, please compare your answers with the answer code provided. If you determine you meet the basic requirements, return the completed form and the formal application form to the reception desk. You will be notified of the next step in the process.

Read each question carefully, these questions may be asked again during a detailed interview. Giving any false answers knowingly is just cause for denying or terminating your application.

If, for any reason, you do not understand or if you need clarification of any question in this questionnaire, please call the Labor and Employment Department of Joe Services at (719) 846-9221.

James W. Casias, Sheriff

NOTE – The following documents should be returned with your application form.

- 1. Birth Certificate**
- 2. High School Transcript (Official)**
- 3. College Transcript (if applicable)**
- 4. Military form DD214**
- 5. A copy of a valid Driver's License**



**Las Animas County Sheriff's Office
Personnel Section
2309 East Main Street
Trinidad, CO 81082
719-846-2211**

EQUAL OPPORTUNITY EMPLOYER

Las Animas County Sheriff's Office

Physical Requirements

For Position of Detention Officer

The position of Detention Officer requires 100% usage of all limbs, the ability to work/stand for up to 16 hours per day, sit for long periods of time, participate and successfully complete the Pressure Point Control Tactics course which include numerous Physical "take down" strong arm bar, escort maneuver, wrist locks, leg kicks/strikes, application of pressure points control tactics, knee strikes, cuffing techniques, forearm strikes, etc.

The position also requires the ability to control violent inmates, both male and female. A detention officer is required to be able to lift 50 lbs above the head, carry 100 lbs, drag from 100 to 300 lbs for approximately 40 feet, push and pull 100 lbs, operate machinery, drive a vehicle, crouch or bend over, crawl, squat, kneel, climb stairs, climb ladders, reach overhead, reach over shoulder, reach away from the body.

The Detention Officer is required to have unrestricted use of the hands for computer NCIC (national crime information center) entries, typing, hand written log entries and file entries.

The Detention Officer must be free of any respiratory problems as he/she will be subjected to a variety of cleaning chemicals; chemical defense sprays (mace, pepper spray)

The ability to perform all of the above requirements without restriction is imperative for the safety of the officer and the inmate.

Applicants who show signs of any restriction to the above will not be considered for employment.

Applicants will be required to pass the written exam by a grade score of 80%.

TO BE CONSIDERED FOR EMPLOYMENT WITH THE LAS ANIMAS COUNTY
SHERIFF'S OFFICE. YOU MUST BE WILLING AND ABLE TO WORK ANY
ASSIGNED SHIFT AT ANY TIME

DAY SHIFT 0500-1700 (5:00AM To 5:00PM)
GRAVEYARD 0500-1700 (5:00PM To 5:00AM)

I HAVE READ AND UNDERSTOOD THE ABOVE REQUIREMENT AND AM
WILLING AND ABLE TO WORK ANY SHIFT AT ANY TIME ASSIGNED.

Henry James Trujillo
PRINT FULL NAME

Henry Trujillo
SIGNATURE

10-25-09
DATE

APPLICATION FOR EMPLOYMENT
Las Animas County Sheriff's Office
 2309 East Main Street
 Trinidad, CO 81082
 (719) 846-2211
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for Detention Officer / Deputy Today's Date 10-25-09

Are you seeking: Full-time Part-time _____ Temporary _____ employment?

When could you start work? A.S.A.P.

<u>Trujillo</u>	<u>Henry</u>	<u>James</u>	
Last Name	First Name	Middle Name	Telephone Number
	<u>Trinidad</u>	<u>CO</u>	<u>81082</u>
Present Street Address	City	State	Zip Code

Are you 18 years of age or older?.....Yes No _____
 (If you are hired, you may be required to submit proof of age.)

Social Security # (Optional)

If hired, can you furnish proof you are eligible to work in the U.S.?.....Yes No _____

Have you ever applied here before? Yes No _____ If yes, when? June 2009

Were you ever employed here? Yes No _____ If yes, when? 9/2005 - 6/2009

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no-contest." Exclude minor traffic violations) Yes No _____

If yes, give details Disorderly Conduct

(A conviction will not necessarily disqualify an applicant for employment.)

Are you now or do you expect to be engaged in any other business or employment?....Yes _____ No

If yes, please explain _____

EDUCATION		
List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: <u>Trinidad High School</u>	4	Diploma
College or University: <u>T.S.J.C.</u>		
Subjects Studied: <u>C.L.E.T.A.</u>	1	Certificate
Vocational or Technical:		
Subjects Studied:		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?
C.P.R., First Aid, and Intoxilyzer certified. P.O.S.T. Certified

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

For Driving Jobs Only: Do you have a valid driver's license?.....Yes X No _____

Driver's License Number [REDACTED] Class of License R

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

If yes, give 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 or other protected status.)

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.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer <i>Las Animas County Sheriff's Office</i> Address <i>2309 E. Main</i> City, State, Zip Code <i>Trinidad, Co., 81082</i> Telephone <i>(719) 846-2211</i>	Supervisor <i>James Casias</i> Employed From (mo/yr) <i>09/05</i> To (mo/yr) <i>06/09</i> Pay Start \$ <i>10.00</i> Final \$ <i>14.30</i>
Title <i>Deputy Sheriff</i>	Reason for Leaving <i>Resigned</i>
Duties <i>Respond to calls for service, patrol county, complete necessary reports + paperwork.</i>	
Name of Employer <i>Trinidad Police Department</i> Address <i>2309 E. Main</i> City, State, Zip Code <i>Trinidad, Co., 81082</i> Telephone <i>(719) 846-4441</i>	Supervisor <i>Charles Glorioso</i> Employed From (mo/yr) <i>02/02</i> To (mo/yr) <i>01/05</i> Pay Start \$ <i>14.03</i> Final \$ <i>15.50</i>
Title <i>Police Officer</i>	Reason for Leaving <i>Resigned</i>
Duties <i>Respond to calls for service, patrol the city, complete necessary reports + paperwork.</i>	
Name of Employer Address City, State, Zip Code Telephone Title Duties	Supervisor Employed From (mo/yr) / To (mo/yr) / Pay Start \$ Final \$ Reason for Leaving
Name of Employer Address City, State, Zip Code Telephone Title Duties	Supervisor Employed From (mo/yr) / To (mo/yr) / Pay Start \$ Final \$ Reason for Leaving

REFERENCES

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

If yes, give names: _____

Are you presently employed?.....Yes ___ No X

If yes, whom do you suggest we contact? _____

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

If yes, please explain: _____

Give three references, not relatives or former employers.

Name

Address

Phone



2309 E. Main
2309 E. Main
2309 E. Main



AFFIDAVIT

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 understand that the employer may request an investigative consumer report from a Consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the 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 that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements,

Signature: Henry Turipilla

Date: 10-25-09

ARTICLE VII – EMPLOYMENT POLICIES AND PROCEDURES
HIRING PROCEDURES: REGULAR EMPLOYEES

The Sheriff's Office utilizes a multi-phase hiring procedure, as outlined below:

STEP ONE

Applicants who meet minimum requirements shall complete a formal application. A criminal history report shall then be secured from CCIC and NCIC.

STEP TWO

Applicants completing step one shall complete a formal written test conducted by the training division.

STEP THREE

Applicants achieving a test score of 70 percent or greater shall be subject to a background investigation at the expense of the sheriff's office.

STEP FOUR

Applicants successfully completing steps one through three may be given a polygraph examination conducted by and at the expense of the sheriff's office.

STEP FIVE

Applicants may be invited to undergo a physical examination that includes a urinalysis drug usage test conducted by and at the expense of the sheriff's office medical division, and may be required to undergo psychological testing.

STEP SIX

Applicants successfully completing steps one through five shall participate in an oral interview conducted by senior sheriff's office staff.

STEP SEVEN

All information and employment recommendations on applicants shall be forwarded to the sheriff. The sheriff shall make the final selection. If more than one applicant is eligible for employment, the sheriff will make the selection on the basis of additional job-related criteria.

APPLICATION PRELIMINARY QUESTIONNAIRE

CIRCLE ONE

1. Are you a citizen of the United States? YES NO
2. If requested, will you furnish a high school diploma or GED certificate?
How many semester hours? _____ YES NO
3. Will you take a polygraph exam? YES NO
4. Are you now in good health and will you take a physical agility test? YES NO
5. Will you submit to a psychological interview conducted at the expense of the Las Animas County Sheriff's Department? YES NO
6. Are you currently on probation for driving while Intoxicated or any other traffic offense? YES NO
7. Have you been convicted of driving while your license was suspended or without a license within the last five years? YES NO
8. Have you had three or more moving traffic convictions of four points or greater (i.e. speeding, reckless/careless driving) within the last 12 month? YES NO
9. Have you had six or more moving traffic convictions of four points or greater within the last 24 months? YES NO
10. Have you been convicted in the last 10 years of the offenses of driving while intoxicated or under the influence of drugs or the offense of driving while ability was impaired by the use of intoxicants or drugs? YES NO
11. Have you ever committed or been convicted of a felony? YES NO
12. Have you ever used, sold or delivered any illicit drug? YES NO

Note: MARIJUANA USE DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM FURTHER PROCESSING. HOWEVER, YOU MUST BE PREPARED TO EXPLAIN THE CIRCUMSTANCES UNDER WHICH YOU USED IT.

APPLICATION PRELIMINARY QUESTIONNAIRE
CONTINUED

CIRCLE ONE

13. Have you ever been convicted of a crime involving a sex offense?

YES

NO

14. Have you ever been dishonorable discharged?

YES

NO

ANSWER CODE

To qualify for further processing, you must have answered question 1-5 with "Yes" and Questions 6-14 with "No". After you determine whether or not you qualify for further processing, you may return this form and the formal application.

NAME: Henry Trujillo

SOCIAL SECURITY NO. [REDACTED]

APPLICANT INFORMATION

TO ALL JOB APPLICANTS

The information requested below is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Las Animas County is an Equal Opportunity Employer.

Name Henry Trujillo Date 10-25-09

Position applying for Detention officer / Deputy Sheriff

PLEASE CHECK THE CORRECT INFORMATION

Ethnic information:

Are you:

American Indian or
Alaska Native _____

A veteran of the U. S. armed forces? ___yes Xno

Asian or
Pacific Island _____

A Vietnam Era Veteran? ___yes Xno
Refers to persons who served on active
duty with the armed forces for more than
180 days between August 5, 1964 and
May 5, 1974.

Black _____

Hispanic X

White _____

A disabled veteran? ___yes Xno
Refers to persons entitled to compensation through
the Veterans Administration or whose discharge
was due to a disability incurred or aggravated in the
line of duty.

Sex ___Female XMale

A member of a Reserve organization? ___yes Xno

Age 32

Handicapped? ___yes Xno

How did you first learn of this job opportunity?

___Walk in ___Job posting XFriend ___Newspaper (which one) ___Other

LAS ANIMAS COUNTY SHERIFF'S OFFICE

IMPORTANT-READ BEFORE COMPLETING FORM

This form must be completely filled out and submitted in addition to the regular Las Animas County Sheriff's Office job application form before you will be permitted to take the examination for Detention Officer. Failure to answer any questions will result in disqualification of your application.

Whenever extra space is necessary, use additional sheets of paper to complete your answers (indicate the number of the question to which you are referring on those extra sheets.) Any falsification on this form will result in disqualification of your eligibility, or if already appointed, may be verified by a police background investigation and/or a polygraph (lie detector) test. Look over the form completely, including the statement on the last page, before beginning.

1. Full Name: Trujillo Henry James
(Last) (First) (Middle)

2. Social Security Number: [REDACTED]

3. Place of Birth: City: Trinidad County: Las Animas State: Co

4. Driver's License Number: [REDACTED] State: Co

5. Have you held driver's license in any other state(s)?
Yes ___ No X if yes, which states?

6. Starting with your current address and working back, list all addresses at which you have lived in the last 5 years (include college and military).

Street	City	State	Dates
<u>[REDACTED]</u>	<u>Trinidad</u>	<u>Co</u>	<u>1977-present</u>

7. Have you had jobs other than those which you have already included on the regular application form? Yes _____ No X. If yes, give name of employer, titles of job, dates employed and reason for leaving (include all part-time and temporary jobs).

8. Have you ever been fingerprinted for any reason (job application, military, driver's license, etc.)? Yes X No _____ If yes, give approximate date, location and agency taking fingerprints.

March 2009 May 2009, Trinidad Police Department

9. Have you attended any high schools, colleges, or trade schools which you have not already listed in the regular application form? Yes ___ No X If yes, give name of school, address, and dates of attendance below.

10. How many minor traffic violations have you had in the last 5 years? (Non-accident violation?) 0 Describe: _____

11. List below all traffic accidents which you have been involved in. (Give state, dates, and details.) Details should include whether you were ticketed, not ticketed, convicted, not convicted, and penalty you received, if any.

None

12. Have you ever been fired or forced to resign from any job, or quit because you thought you were about to be fired? Yes X No ___ If yes, give employer and details below.

Las Animas County Sheriff's Office, criminal charges were filed and subsequently defensed.

13. Have you ever received any disciplinary actions more serious than a verbal or written reprimand on any job (e.g., suspension)? Yes No If yes, give details below.

14. Do you feel any previous employers would hesitate to give you a good recommendation? Yes No If yes, explain below.

15. Have you ever been refused security clearance, bonding or health, life or automobile insurance? Yes No If yes, give details.

16. Are you presently on probation for any crime? Yes No If yes, explain.

17. List below any and all non-juvenile convictions for crimes other than minor traffic violations. Give dates, location, and penalty received. Convictions may be considered due to the sensitive nature of law enforcement, but will not automatically prohibit employment. Factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.

Disorderly Conduct - 2006 1997



18. Have you made application at any other time for a law enforcement related job including Las Animas County? Yes No If yes, give agency, dates and disposition (e.g., appointed, failed, rejected, etc.).

L.A.S.O. - 2001 Appointed

T.P.D. - 2001 Appointed in 2002

L.A.S.O. - 2005 Appointed

19. Have you ever been employed in a law enforcement-related job before? Yes No _____ If yes, give employer, title, dates, and reasons for leaving.
L.A.S.D., Deputy, 09/2001 - 02/2002, Employed by T.P.D.
Trinidad Police Dep., Police Officer, 02/2002 - 01/2005, Resigned
L.A.S.D., Deputy, 09/2005 - 06/2009, Resigned

20. Were you ever convicted of an offense under the Uniform Code of Military Justice? Yes _____ No If yes, explain. Convictions may be considered due to the sensitive nature of law enforcement employment, but will not automatically prohibit employment.

21. Is there anything in your background which has not already been mentioned which is necessary for the personnel board to know to make proper evaluation of your qualifications to be a Detention Officer? (Omit juvenile information.) Yes _____ No If yes, explain.

22. Have you ever been involved in anything that could open you to blackmail or similar pressure? Yes _____ No If yes, explain.

23. Why do you want to be a Detention Officer? (This question must be answered in your own handwriting – limit your answer to one page.)

I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the Las Animas County Sheriff's Department and its authorized representatives permission to request and review any and all information, documents, and reports necessary to verify and investigate the answers given by me in my application for Detention Officer. I understand that the Las Animas County Sheriff's Department will review such documents and information to determine if I am qualified to become a Detention Officer.

I understand that should I pass the initial phases of testing, and have my name placed on an eligibility list, I will still be subject to further examination and investigation of my qualifications and suitability for police work before I am actually appointed. I understand that further screening may consist of, but not necessarily be limited to, the following:

- (1) Fingerprinting and FBI and other police record check.
- (2) Polygraph test.
- (3) Background investigations.
- (4) Psychological tests and/or interviews.
- (5) Medical and physical examinations.
- (6) A probationary period on the job.

I understand that any falsifications made by me in connection with this application may disqualify me from further consideration, and, if discovered after appointment, may be grounds for my discharge.

I hereby certify that I have read and understand the above statements and agree to their provisions.

Kenny Trujillo
Signature

10-25-09
Date



James W. Casias, Sheriff, Las Animas County
Derek J. Navarette, Undersheriff
Ercole D'Ercole III, Jail Administrator
2309 East Main Street
Trinidad, Colorado 81082

Prospective Employee Questionnaire

The purpose of this publication is to assist you in determining if you meet the minimum standards set by the Las Animas County Sheriff's Office for its sworn officers both in Law Enforcement and Detention.

This is not a test, but rather a questionnaire covering the requirements and qualifications necessary to become a certified peace officer or detention officer for Las Animas County.

After completing the questionnaire, please compare your answers with the answer code provided. If you determine you meet the basic requirements, return the completed form and the formal application form to the reception desk. You will be notified of the next step in the process.

Read each question carefully, these questions may be asked again during a detailed interview. Giving any false answers knowingly is just cause for denying or terminating your application.

If, for any reason, you do not understand or if you need clarification of any question in this questionnaire, please call the Labor and Employment Department of Joe Services at (719) 846-9221.

James W. Casias, Sheriff

NOTE – The following documents should be returned with your application form.

- 1. Birth Certificate**
- 2. High School Transcript (Official)**
- 3. College Transcript (if applicable)**
- 4. Military form DD214**
- 5. A copy of a valid Driver's License**



**Las Animas County Sheriff's Office
Personnel Section
2309 East Main Street
Trinidad, CO 81082
719-846-2211**

EQUAL OPPORTUNITY EMPLOYER

Las Animas County Sheriff's Office

Physical Requirements

For Position of Detention Officer

The position of Detention Officer requires 100% usage of all limbs, the ability to work/stand for up to 16 hours per day, sit for long periods of time, participate and successfully complete the Pressure Point Control Tactics course which include numerous Physical "take down" strong arm bar, escort maneuver, wrist locks, leg kicks/strikes, application of pressure points control tactics, knee strikes, cuffing techniques, forearm strikes, etc.

The position also requires the ability to control violent inmates, both male and female. A detention officer is required to be able to lift 50 lbs above the head, carry 100 lbs, drag from 100 to 300 lbs for approximately 40 feet, push and pull 100 lbs, operate machinery, drive a vehicle, crouch or bend over, crawl, squat, kneel, climb stairs, climb ladders, reach overhead, reach over shoulder, reach away from the body.

The Detention Officer is required to have unrestricted use of the hands for computer NCIC (national crime information center) entries, typing, hand written log entries and file entries.

The Detention Officer must be free of any respiratory problems as he/she will be subjected to a variety of cleaning chemicals; chemical defense sprays (mace, pepper spray)

The ability to perform all of the above requirements without restriction is imperative for the safety of the officer and the inmate.

Applicants who show signs of any restriction to the above will not be considered for employment.

Applicants will be required to pass the written exam by a grade score of 80%.

TO BE CONSIDERED FOR EMPLOYMENT WITH THE LAS ANIMAS COUNTY SHERIFF'S OFFICE. YOU MUST BE WILLING AND ABLE TO WORK ANY ASSIGNED SHIFT AT ANY TIME

DAY SHIFT 0500-1700 (5:00AM To 5:00PM)
GRAVEYARD 0500-1700 (5:00PM To 5:00AM)

I HAVE READ AND UNDERSTOOD THE ABOVE REQUIREMENT AND AM WILLING AND ABLE TO WORK ANY SHIFT AT ANY TIME ASSIGNED.

Henry James Trujillo
PRINT FULL NAME

Henry Trujillo
SIGNATURE

5-10-10
DATE

APPLICATION FOR EMPLOYMENT

Las Animas County Sheriff's Office

2309 East Main Street

Trinidad, CO 81082

(719) 846-2211

An Equal Opportunity Employer



We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for Deputy Today's Date 5-10-10

Are you seeking: Full-time Part-time _____ Temporary _____ employment?

When could you start work? As soon as needed

<u>Trujillo</u>	<u>Henry</u>	<u>James</u>	
Last Name	First Name	Middle Name	Telephone Number
	<u>Trinidad</u>	<u>Co</u>	<u>81082</u>
Present Street Address	City	State	Zip Code

Are you 18 years of age or older?.....Yes No _____
(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) 

If hired, can you furnish proof you are eligible to work in the U.S.?.....Yes No _____

Have you ever applied here before? Yes No _____ If yes, when? June 2009

Were you ever employed here? Yes No _____ If yes, when? 9/2005 - 6/2009

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no-contest." Exclude minor traffic violations) Yes No _____

If yes, give details Disorderly Conduct

(A conviction will not necessarily disqualify an applicant for employment.)

Are you now or do you expect to be engaged in any other business or employment?....Yes No _____

If yes, please explain Currently employeed at Duran Oil

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/Degree/Certificate
High School or GED: <u>Trinidad High School</u>		
College or University: <u>Trinidad State Junior College</u>	4	Diploma
Subjects Studied: <u>C.L.E.T.A.</u>		
	1	Certificate
Vocational or Technical:		
Subjects Studied:		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?
Colorado P.O. S.T., CPR + First Aid certified.

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

For Driving Jobs Only: Do you have a valid driver's license?.....Yes X No _____

Driver's License Number [REDACTED] Class of License R

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

If yes, give 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 or other protected status.)

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.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer <i>Duran Oil</i>	Supervisor <i>Jim Garlutzo</i>
Address <i>426 N. Chestnut</i>	Employed From (mo/yr) <i>11 / 09</i> To (mo/yr) <i>Present</i>
City, State, Zip Code <i>Trinidad, Co., 81082</i>	Pay Start \$ <i>8.00 hr</i> Final \$ <i>8.00 hr</i>
Telephone	Reason for Leaving <i>Presently employed</i>
Title <i>Car Wash Attendant</i>	Duties <i>Maintain cleanliness of Car Wash, Monitor and replace various chemicals.</i>
Name of Employer <i>Las Animas County Sheriff's Office</i>	Supervisor <i>Sheriff James Casias</i>
Address <i>2309 E. Main</i>	Employed From (mo/yr) <i>09 / 05</i> To (mo/yr) <i>06 / 09</i>
City, State, Zip Code <i>Trinidad, Co., 81082</i>	Pay Start \$ <i>10.00</i> Final \$ <i>14.30</i>
Telephone <i>(719) - 846-2211</i>	Reason for Leaving <i>Resigned</i>
Title <i>Deputy</i>	Duties <i>Respond to calls for service, patrol County, Complete necessary paperwork + reports.</i>
Name of Employer <i>Trinidad Police Department</i>	Supervisor <i>Charles Glorioso</i>
Address <i>2309 E. Main</i>	Employed From (mo/yr) <i>02 / 02</i> To (mo/yr) <i>01 / 05</i>
City, State, Zip Code <i>Trinidad, Co., 81082</i>	Pay Start \$ <i>14.03</i> Final \$ <i>15.50</i>
Telephone <i>(719) - 846-4441</i>	Reason for Leaving <i>Resigned</i>
Title <i>Police Officer</i>	Duties <i>Respond to calls for service, Patrol the City, Complete necessary paperwork + reports.</i>
Name of Employer	Supervisor
Address	Employed From (mo/yr) / To (mo/yr) /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	Reason for Leaving
Title	
Duties	

ARTICLE VII – EMPLOYMENT POLICIES AND PROCEDURES
HIRING PROCEDURES: REGULAR EMPLOYEES

The Sheriff's Office utilizes a multi-phase hiring procedure, as outlined below:

STEP ONE

Applicants who meet minimum requirements shall complete a formal application. A criminal history report shall then be secured from CCIC and NCIC.

STEP TWO

Applicants completing step one shall complete a formal written test conducted by the training division.

STEP THREE

Applicants achieving a test score of 70 percent or greater shall be subject to a background investigation at the expense of the sheriff's office.

STEP FOUR

Applicants successfully completing steps one through three may be given a polygraph examination conducted by and at the expense of the sheriff's office.

STEP FIVE

Applicants may be invited to undergo a physical examination that includes a urinalysis drug usage test conducted by and at the expense of the sheriff's office medical division, and may be required to undergo psychological testing.

STEP SIX

Applicants successfully completing steps one through five shall participate in an oral interview conducted by senior sheriff's office staff.

STEP SEVEN

All information and employment recommendations on applicants shall be forwarded to the sheriff. The sheriff shall make the final selection. If more than one applicant is eligible for employment, the sheriff will make the selection on the basis of additional job-related criteria.

APPLICATION PRELIMINARY QUESTIONNAIRE

CIRCLE ONE

- | | | |
|--|--------------------------------------|-------------------------------------|
| 1. Are you a citizen of the United States? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 2. If requested, will you furnish a high school diploma or GED certificate?
How many semester hours? _____ | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 3. Will you take a polygraph exam? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 4. Are you now in good health and will you take a physical agility test? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 5. Will you submit to a psychological interview conducted at the expense of the Las Animas County Sheriff's Department? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 6. Are you currently on probation for driving while Intoxicated or any other traffic offense? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 7. Have you been convicted of driving while your license was suspended or without a license within the last five years? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 8. Have you had three or more moving traffic convictions of four points or greater (i.e. speeding, reckless/careless driving) within the last 12 month? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 9. Have you had six or more moving traffic convictions of four points or greater within the last 24 months? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 10. Have you been convicted in the last 10 years of the offenses of driving while intoxicated or under the influence of drugs or the offense of driving while ability was impaired by the use of intoxicants or drugs? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 11. Have you ever committed or been convicted of a felony? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| 12. Have you ever used, sold or delivered any illicit drug? | <input type="radio"/> YES | <input checked="" type="radio"/> NO |

Note: MARIJUANA USE DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM FURTHER PROCESSING. HOWEVER, YOU MUST BE PREPARED TO EXPLAIN THE CIRCUMSTANCES UNDER WHICH YOU USED IT.

APPLICATION PRELIMINARY QUESTIONNAIRE
CONTINUED

CIRCLE ONE

13. Have you ever been convicted of a crime involving a sex offense?

YES

NO

14. Have you ever been dishonorable discharged?

YES

NO

ANSWER CODE

To qualify for further processing, you must have answered question 1-5 with "Yes" and Questions 6-14 with "No". After you determine whether or not you qualify for further processing, you may return this form and the formal application.

NAME: Henry Trujillo

SOCIAL SECURITY NO. 

APPLICANT INFORMATION

TO ALL JOB APPLICANTS

The information requested below is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Las Animas County is an Equal Opportunity Employer.

Name Henry Trujillo Date 5-10-10

Position applying for Deputy

PLEASE CHECK THE CORRECT INFORMATION

Ethnic information:

Are you:

American Indian or
Alaska Native _____

A veteran of the U. S. armed forces? ___yes no

Asian or
Pacific Island _____

A Vietnam Era Veteran? ___yes no
Refers to persons who served on active
duty with the armed forces for more than
180 days between August 5, 1964 and
May 5, 1974.

Black _____

Hispanic

White _____

A disabled veteran? ___yes no
Refers to persons entitled to compensation through
the Veterans Administration or whose discharge
was due to a disability incurred or aggravated in the
line of duty.

Sex ___Female Male

A member of a Reserve organization? ___yes no

Age _____

Handicapped? ___yes no

How did you first learn of this job opportunity?

___Walk in ___Job posting Friend ___Newspaper (which one) ___Other

LAS ANIMAS COUNTY SHERIFF'S OFFICE

IMPORTANT-READ BEFORE COMPLETING FORM

This form must be completely filled out and submitted in addition to the regular Las Animas County Sheriff's Office job application form before you will be permitted to take the examination for Detention Officer. Failure to answer any questions will result in disqualification of your application.

Whenever extra space is necessary, use additional sheets of paper to complete your answers (indicate the number of the question to which you are referring on those extra sheets.) Any falsification on this form will result in disqualification of your eligibility, or if already appointed, may be verified by a police background investigation and/or a polygraph (lie detector) test. Look over the form completely, including the statement on the last page, before beginning.

1. Full Name: Trujillo Henry James
(Last) (First) (Middle)

2. Social Security Number: [REDACTED]

3. Place of Birth: City: Trinidad County: Las Animas State: Co

4. Driver's License Number: [REDACTED] State: Co

5. Have you held driver's license in any other state(s)?
Yes No if yes, which states?

6. Starting with your current address and working back, list all addresses at which you have lived in the last 5 years (include college and military).

Street	City	State	Dates
<u>[REDACTED]</u>	<u>Trinidad</u>	<u>Co</u>	<u>1977-Present</u>

7. Have you had jobs other than those which you have already included on the regular application form? Yes _____ No X. If yes, give name of employer, titles of job, dates employed and reason for leaving (include all part-time and temporary jobs).

8. Have you ever been fingerprinted for any reason (job application, military, driver's license, etc.)? Yes X No _____ If yes, give approximate date, location and agency taking fingerprints.

May 2009, Trinidad Police Department

9. Have you attended any high schools, colleges, or trade schools which you have not already listed in the regular application form? Yes ___ No X If yes, give name of school, address, and dates of attendance below.

10. How many minor traffic violations have you had in the last 5 years? (Non-accident violation?) 0 Describe: _____

11. List below all traffic accidents which you have been involved in. (Give state, dates, and details.) Details should include whether you were ticketed, not ticketed, convicted, not convicted, and penalty you received, if any.

None

12. Have you ever been fired or forced to resign from any job, or quit because you thought you were about to be fired? Yes X No ___ If yes, give employer and details below.

Las Animas County Sheriff's Office, charges were filed and subsequently deferred.

13. Have you ever received any disciplinary actions more serious than a verbal or written reprimand on any job (e.g., suspension)? Yes No If yes, give details below.

14. Do you feel any previous employers would hesitate to give you a good recommendation? Yes No If yes, explain below.

15. Have you ever been refused security clearance, bonding or health, life or automobile insurance? Yes No If yes, give details.

16. Are you presently on probation for any crime? Yes No If yes, explain.

17. List below any and all non-juvenile convictions for crimes other than minor traffic violations. Give dates, location, and penalty received. Convictions may be considered due to the sensitive nature of law enforcement, but will not automatically prohibit employment. Factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.

Disorderly Conduct - 1997



18. Have you made application at any other time for a law enforcement related job including Las Animas County? Yes No If yes, give agency, dates and disposition (e.g., appointed, failed, rejected, etc.).

L.A.S.O. - 2001 Appointed

T.P.D. - 2001 Appointed in 2002

L.A.S.O. - 2005 Appointed

19. Have you ever been employed in a law enforcement-related job before? Yes No _____ If yes, give employer, title, dates, and reasons for leaving.

L.A.S.O. Deputy 09/2001 - 02/2002, Employed by T.P.D.
Trinidad Police Dep. Police Officer, 02/2002 - 01/2005, Resigned
L.A.S.O. Deputy, 09/2005 - 06/2009, Resigned

20. Were you ever convicted of an offense under the Uniform Code of Military Justice? Yes _____ No If yes, explain. Convictions may be considered due to the sensitive nature of law enforcement employment, but will not automatically prohibit employment.

21. Is there anything in your background which has not already been mentioned which is necessary for the personnel board to know to make proper evaluation of your qualifications to be a Detention Officer? (Omit juvenile information.) Yes _____ No If yes, explain.

22. Have you ever been involved in anything that could open you to blackmail or similar pressure? Yes _____ No If yes, explain.

23. Why do you want to be a Detention Officer? (This question must be answered in your own handwriting – limit your answer to one page.)

REFERENCES

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

If yes, give names: _____

Are you presently employed?.....Yes X No ___

If yes, whom do you suggest we contact? Jim Garlutzo

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

If yes, please explain: _____

Give three references, not relatives or former employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
-------------	----------------	--------------



2309 E. Main
 2309 E. Main
 2309 E. Main



AFFIDAVIT

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 understand that the employer may request an investigative consumer report from a Consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the 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 that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements,

Signature: Henry Trujillo

Date: 5-10-10

I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the Las Animas County Sheriff's Department and its authorized representatives permission to request and review any and all information, documents, and reports necessary to verify and investigate the answers given by me in my application for Detention Officer. I understand that the Las Animas County Sheriff's Department will review such documents and information to determine if I am qualified to become a Detention Officer.

I understand that should I pass the initial phases of testing, and have any name placed on an eligibility list, I will still be subject to further examination and investigation of my qualifications and suitability for police work before I am actually appointed. I understand that further screening may consist of, but not necessarily be limited to, the following:

- (1) Fingerprinting and FBI and other police record check.
- (2) Polygraph test.
- (3) Background investigations.
- (4) Psychological tests and/or interviews.
- (5) Medical and physical examinations.
- (6) A probationary period on the job.

I understand that any falsifications made by me in connection with this application may disqualify me from further consideration, of, if discovered after appointment, may be grounds for my discharge.

I hereby certify that I have read and understand the above statements and agree to their provisions.


Signature

5-10-10
Date

PAYROLL STATUS CHANGE	EFFECTIVE DATE 01/01/2022
------------------------------	------------------------------

NAME: HENRY TRUJILLO PAYROLL #:

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB	LT. OF PATROL OPS	LT OF PATROL OPS
DEPARTMENT	SHERIFF	SHERIFF
SHIFT		
PAY	\$36093.29/YR \$1503.89/PP \$17.36/HR.	\$63,000/YR \$2625/PP \$30.29/HR

REASON FOR CHANGE

<input type="checkbox"/> HIRED <input type="checkbox"/> REHIRED <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE	<input type="checkbox"/> LENGTH OF SERVICE INCREASE <input type="checkbox"/> REEVALUATION OF CURRENT JOB <input type="checkbox"/> PROBATION PERIOD COMPLETED <input type="checkbox"/> _____
--	--	--

COMMENTS, IF NECESSARY \$12.93 per hour wage increase

EMPLOYEE SIGNATURE *Henry Trujillo*

AUTHORIZED BY *Doreen...*
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

- COPIES TO:
- 1. PAYROLL
 - 2. PERSONNEL
 - 3. DEPARTMENT HEAD

COMMISSIONER


COMMISSIONER

COLORADO ⁵⁰ DL

DRIVER LICENSE



1 TRUJILLO
2 HENRY, JAMES
3 TRINIDAD, CO 81082
4a Iss 10/05/2018
4b Exp [REDACTED]
5 DO [REDACTED] Previous Type A
6a Endorsements
6b Restrictions NONE
6c Vehicle Classifications R
15 Sex M 16 Hgt 5'-09"
18 Eyes BRO 17 Wgt 190 lb
19 Hair BRO

James Trujillo 

H. J. TRUJILLO 10/05/2018



Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2019</div>	
<p style="text-align: center;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>					
1 Your first name and middle initial <i>Henry J</i>		Last name <i>Trejillo</i>		2 Your social security number <div style="background-color: black; color: black;">[REDACTED]</div>	
Home address (number and street or rural route) <div style="background-color: black; color: black;">[REDACTED]</div>			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code <i>Trinidad, Co, 81082</i>			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5 <i>0</i>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <i>0</i>	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 					
If you meet both conditions, write "Exempt" here. ▶ <i>7</i>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>H. Trejillo</i>			Date ▶ <i>1-16-19</i>		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

PAYROLL STATUS CHANGE	EFFECTIVE DATE <i>09/01/18</i>
------------------------------	-----------------------------------

NAME: *Trujillo, Henry* PAYROLL #: _____

CHANGE OF ADDRESS/PHONE	STREET		
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB	<i>Patrol Sgt.</i>	<i>Lt. of Patrol operations</i>
DEPARTMENT		
SHIFT		
PAY	<i>\$2710.96 Mo / \$15.64 HR</i>	<i>\$2734.34 Mo / \$15.78 HR</i>

REASON FOR CHANGE		
<input type="checkbox"/> HIRED	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> <i>Title change - Lt. replaces Investigator / Sgt.</i>	
COMMENTS, IF NECESSARY		

EMPLOYEE SIGNATURE *H. Trujillo*

AUTHORIZED BY: *Daniel M...*
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

COMMISSIONER

COMMISSIONER

PAYROLL STATUS CHANGE	EFFECTIVE DATE 06/01/18
------------------------------	----------------------------

NAME: Trujillo, Henry PAYROLL #: _____

CHANGE OF ADDRESS/PHONE	STREET		
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		Road Sgt.
DEPARTMENT		
SHIFT		
PAY	\$2601.52 MO/\$15.01 HR/\$31,218.24 YR	\$2710.96 MO/\$15.64 HR/\$32,531.52 YR

REASON FOR CHANGE

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input checked="" type="checkbox"/> PROMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input checked="" type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | |
| <input type="checkbox"/> TRANSFER | | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY

EMPLOYEE SIGNATURE *Henry Trujillo*

AUTHORIZED BY: *[Signature]*
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

COMMISSIONER

COMMISSIONER

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial <i>Henry J</i>			Last name <i>Trujillo</i>		
Home address (number and street or rural route) [Redacted]			2 Your social security number [Redacted]		
City or town, state, and ZIP code <i>Trinidad, Co, 81082</i>			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5 <i>0</i>		
6 Additional amount, if any, you want withheld from each paycheck			6 \$ <i>0</i>		
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.			[Redacted]		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <i>[Signature]</i>			Date <i>3-14-18</i>		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

PAYROLL STATUS CHANGE	EFFECTIVE DATE <u>02/01/18</u>
------------------------------	-----------------------------------

NAME: Trujillo, Henry PAYROLL #: _____

CHANGE OF ADDRESS/PHONE	STREET		
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB	<u>Deputy Sheriff</u>	<u>Road Sgt.</u>
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE		
<input type="checkbox"/> HIRED	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	
<input type="checkbox"/> TRANSFER		<input type="checkbox"/> _____
COMMENTS, IF NECESSARY		

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: [Signature]
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

COMMISSIONER

COMMISSIONER

PAYROLL STATUS CHANGE

EFFECTIVE DATE

9/24/2017

NAME: Henry J. Trujillo

PAYROLL #:

CHANGE OF ADDRESS/PHONE	STREET		
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB		Road Deputy
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE

- HIRED
- REHIRED
- PROMOTION
- DEMOTION
- TRANSFER
- RESIGNATION
- RETIREMENT
- LAYOFF
- DISCHARGE
- LENGTH OF SERVICE INCREASE
- REEVALUATION OF CURRENT JOB
- PROBATION PERIOD COMPLETED

replace Smith

COMMENTS, IF NECESSARY

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: [Signature]
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

COMMISSIONER

COMMISSIONER

PAYROLL STATUS CHANGE	EFFECTIVE DATE 01/31/16
------------------------------	-----------------------------------

NAME: Trujillo, Henry **PAYROLL #:** _____

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	
<input type="checkbox"/> TRANSFER		<input type="checkbox"/> _____

COMMENTS, IF NECESSARY _____

EMPLOYEE SIGNATURE *Henry Trujillo* _____

AUTHORIZED BY: *James [Signature]*
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

COMMISSIONER

COMMISSIONER

- COPIES TO:
- 1 PAYROLL
 - 2 PERSONNEL
 - 3 DEPARTMENT HEAD



MEMORANDUM

To: Sheriff James Casias
From: Sgt. Henry Trujillo
Date: January 17th, 2016
Ref: Voluntary resignation

This letter is to inform you that I will be voluntarily resigning my position with the Las Animas County Sheriff's Office. I will be taking employment elsewhere. My last day of employment will be January 31st, 2016. I would like to thank you and Undersheriff Navarette for the opportunity which was given to me to be a part of the Sheriff's Office. My time here has been beneficial and it will always be an integral part of my life. If it were not for a significant increase in wages, I would not be leaving. I wish you and the department all the best. And again, thank you.

Henry Trujillo

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exemptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Marriage income. If you have a large amount of marriage income, such as interest or dividends, consider making estimated tax payments using Form 1041-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be the most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	_____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2016

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial <i>Henry J</i>	Last name <i>Trujillo</i>	2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <i>Trinidad, Co., 81082</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <i>0</i> 6 \$ <i>0</i>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) <i>Henry Trujillo</i>	Date ▶ <i>1-5-16</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)
10 Employer identification number (EIN)	

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em; margin: 0;">2015</h1>
1 Your first name and middle initial Henry J		2 Your social security number [REDACTED]
Last name Trujillo		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Home address (number and street or rural route) [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
City or town, state, and ZIP code Trinidad, Co., 81082		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck 6 \$ <u>0</u>		
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Henry Trujillo</i>		Date ▶ 1-7-15
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2014
1 Your first name and middle initial Last name Henry J Trujillo		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Trinidad, Co, 81082		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u> 6 \$ <u>0</u>
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) <i>[Signature]</i>		Date ▶ <u>1-19-14</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

PAYROLL STATUS CHANGE	EFFECTIVE DATE 01/ 01 /2013
------------------------------	---------------------------------------

NAME: HENRY TRUJILLO **PAYROLL #:** _____

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		D.O.B.
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT	SHERIFF	SHERIFF
SHIFT		
PAY	\$31738.08/YR \$2644.84/MO \$15.26/HR.	\$32531.54/YR \$1355.48/PP \$15.64/HR.

REASON FOR CHANGE

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | |
| <input type="checkbox"/> TRANSFER | | <input type="checkbox"/> <u>2.5 % WAGE INCREASE</u> |

COMMENTS, IF NECESSARY

EMPLOYEE SIGNATURE *Henry Trujillo*

AUTHORIZED BY: *James R. ...*
 DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
 COMMISSIONER

- COPIES TO:
1. PAYROLL
 2. PERSONNEL
 3. DEPARTMENT HEAD

 COMMISSIONER

 COMMISSIONER

 COMMISSIONER

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2013

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial <i>Henry J</i>		Last name <i>Trujillo</i>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code <i>Trinidad, Co, 81082</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		0	
6 Additional amount, if any, you want withheld from each paycheck		6 \$		0	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Henry Trujillo</i>				Date ▶ <i>1-31-13</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return)

Henry James Trujillo

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Exempt payee
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code
Trinidad, Co., 81082

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number [redacted]
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the Instructions on page 4.

Sign Here

Signature of U.S. person

Henry Trujillo

Date ▶ *7-7-08*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2012</h1>
1 Your first name and middle initial <i>Henry J</i>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <i>Trinidad, Co. 81082</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <i>0</i>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <i>0</i>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Henry J Trujillo</i>		Date ▶ <i>2-2-12</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		

PAYROLL STATUS CHANGE

EFFECTIVE DATE
03-16-12

NAME: Trujillo, Henry

PAYROLL #:

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB	Road Deputy	Road Sergeant
DEPARTMENT		
SHIFT		
PAY	\$14.64 Hr / \$2538.05 Mo / \$30456.63 Yr	\$15.26 Hr / \$2644.84 Mo / \$31.728.08 Yr

REASON FOR CHANGE

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input checked="" type="checkbox"/> PROMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | |
| <input type="checkbox"/> TRANSFER | | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY _____

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: James [Signature]
 DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
 COMMISSIONER

- COPIES TO:
- 1 PAYROLL
 - 2 PERSONNEL
 - 3 DEPARTMENT HEAD

 COMMISSIONER

 COMMISSIONER

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, **How Do I Adjust My Tax Withholding**, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, **Estimated Tax for Individuals**. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, **Supplemental Form W-4 Instructions for Nonresident Aliens**, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 <h1 style="font-size: 2em; margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Henry J		2 Your social security number <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>
Last name Trujillo		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Home address (number and street or rural route) <div style="background-color: black; width: 100%; height: 1.2em; margin: 5px 0;"></div>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
City or town, state, and ZIP code Trinidad, Co. 81082		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 0
6 Additional amount, if any, you want withheld from each paycheck		6 \$ 0
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7 0
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) Henry Trujillo		Date 1-16-11
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		

PAYROLL STATUS CHANGE	EFFECTIVE DATE 05/28/2010
------------------------------	-------------------------------------

NAME: Henry J. Trujillo PAYROLL #: 00847

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	
	CITY, STATE, ZIP		
	TELEPHONE XXXXXXXXXX		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		Road Deputy
DEPARTMENT		
SHIFT	-	
PAY		

REASON FOR CHANGE

<input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> REHIRED <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE	<input type="checkbox"/> LENGTH OF SERVICE INCREASE <input type="checkbox"/> REEVALUATION OF CURRENT JOB <input type="checkbox"/> PROBATION PERIOD COMPLETED <input type="checkbox"/> <u>REPLACE: Dingus</u>
--	--	---

COMMENTS, IF NECESSARY _____

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY Jane [Signature]
DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
COMMISSIONER

- COPIES TO
- 1. PAYROLL
 - 2. PERSONNEL
 - 3. DEPARTMENT HEAD

COMMISSIONER

COMMISSIONER

PAYROLL STATUS CHANGE	EFFECTIVE DATE 06/01/09
------------------------------	-----------------------------------

NAME: Trujillo, Henry PAYROLL #: 00847

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE		
<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> UNION CONTRACT
<input type="checkbox"/> TRANSFER		<input type="checkbox"/> _____
COMMENTS, IF NECESSARY _____		

EMPLOYEE SIGNATURE *Henry Trujillo*

AUTHORIZED BY *[Signature]* DEPARTMENT HEAD APPROVED BY: _____ COMMISSIONER

COPIES TO: 1. PAYROLL
2. PERSONNEL
3. DEPARTMENT HEAD

REVISD 6.6.02

_____ COMMISSIONER

_____ COMMISSIONER

_____ COMMISSIONER

June 1, 2009

To: Sheriff Casias

From: Henry Trujillo

Ref: Letter of resignation

Dear sir,

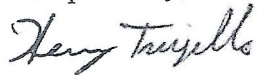
I am writing this letter to inform you of my resignation from my position of Deputy Sheriff, with the Las Animas County Sheriff's Office.

I would like to thank you and Undersheriff Navarette for the opportunity to work at our agency. Both of you have always been very helpful and kind, and I will miss working with both of you.

My time here has been a great learning experience and I hope to possibly work here again someday.

Again thank you very much, and God bless.

Respectfully,

A handwritten signature in cursive script that reads "Henry Trujillo".

Henry Trujillo

PAYROLL STATUS CHANGE	EFFECTIVE DATE 01/ 01 /2009
------------------------------	--------------------------------

NAME: HENRY TRUJILLO PAYROLL #:

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		D.O.B.
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT	SHERIFF	SHERIFF
SHIFT		
PAY	\$29339.44/YR \$2444.95/MO \$14.11/HR.	\$29859.44/YR \$2488.29/MO \$14.36/HR.

REASON FOR CHANGE

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | |
| <input type="checkbox"/> TRANSFER | | <input type="checkbox"/> \$.25/HR. INCREASE _____ |

COMMENTS, IF NECESSARY _____

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: James Barrera
 DEPARTMENT HEAD/ELECTED OFFICIAL

APPROVED BY: _____
 COMMISSIONER

- COPIES TO:
1. PAYROLL
 2. PERSONNEL
 3. DEPARTMENT HEAD

 COMMISSIONER

 COMMISSIONER

ENTERED

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	<u> 0 </u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2009</h1>				
1 Type or print your first name and middle initial. Last name <i>Henry J</i> <i>Trujillo</i>		2 Your social security number <div style="background-color: black; width: 100%; height: 1.2em;"></div>				
Home address (number and street or rural route) <div style="background-color: black; width: 100%; height: 1.2em;"></div>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>				
City or town, state, and ZIP code <i>Trinidad, Co. 81082</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> <tr> <td>6</td> <td>\$ 0</td> </tr> </table>	5	0	6	\$ 0
5	0					
6	\$ 0					
6 Additional amount, if any, you want withheld from each paycheck						
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability If you meet both conditions, write "Exempt" here. ▶ 7						
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.						
Employee's signature <small>(Form is not valid unless you sign it.)</small> ▶ <i>Henry Trujillo</i>		Date ▶ <i>1-5-09</i>				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)				
		10 Employer identification number (EIN)				

PAYROLL STATUS CHANGE	EFFECTIVE DATE 01/01/2008
------------------------------	------------------------------

NAME: HENRY TRUJILLO **PAYROLL #:** _____

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO
	CITY, STATE, ZIP		D.O.B.
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT	SHERIFF	SHERIFF
SHIFT		
PAY	\$28211/YR \$2350.92/MO \$13.56/HR.	\$29339.44/YR \$2444.95/MO \$14.11/HR.

REASON FOR CHANGE

<input type="checkbox"/> HIRED	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	
<input type="checkbox"/> TRANSFER		<input type="checkbox"/> <u>4% WAGE INCREASE</u>

COMMENTS, IF NECESSARY _____

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: [Signature] DEPARTMENT HEAD/ELECTED OFFICIAL APPROVED BY: _____ COMMISSIONER

COPIES TO: 1 PAYROLL
 2 PERSONNEL _____ COMMISSIONER
 3 DEPARTMENT HEAD

REVISED 6.25.02 _____ COMMISSIONER

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job, or
- You are married, have only one job, and your spouse does not work, or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G _____

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 on page 2.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0047 2008
<p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>		
1 First name, last name, and middle initial Henry J Trujillo	2 Your social security number [REDACTED]	
3 Home address (street, apartment or other unit, and postal code) [REDACTED]	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 0 6 \$ 0
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 		
If you meet both conditions, write "Exempt" here. ▶ 7		
Employee's signature I declare that I am an individual and that the information on this form is true, correct, and complete. Henry Trujillo		Date 12-31-07
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)		9 Office code (optional) 10 Employer identification number (EIN)

PAYROLL STATUS CHANGE	EFFECTIVE DATE 05 / 16 / 07
------------------------------	--------------------------------

NAME: Trujillo, Henry, PAYROLL #: 00847

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY STATE ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB	Detention Officer	Road Deputy
DEPARTMENT	Detention	Road
SHIFT		
PAY	\$ 2104.27	\$ 2350.92

REASON FOR CHANGE		
<input type="checkbox"/> HIRED	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> UNION CONTRACT
<input checked="" type="checkbox"/> TRANSFER		<input type="checkbox"/> _____
COMMENTS, IF NECESSARY <u>Replacing Christopher J. Dingus</u>		

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: James A. Davis DEPARTMENT HEAD APPROVED BY: _____ COMMISSIONER

COPIES TO: 1 PAYROLL
2 PERSONNEL
1 DEPARTMENT HEAD

REVISOR 6 5 02

_____ COMMISSIONER

_____ COMMISSIONER

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child. • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2007
1 Type or print your first name and middle initial. Henry J		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Trinidad, Co., 81082		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 0 6 \$ 0
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶ Henry Tarrillo		Date ▶ 1-24-07
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

PAYROLL STATUS CHANGE	EFFECTIVE DATE 01/ 01 /2007
------------------------------	--------------------------------

NAME: HENRY TRUJILLO PAYROLL #: _____

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		D.O.B.
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT	DETENTION	DETENTION
SHIFT		
PAY	\$24419.20/YR \$2034.94/MO \$11.74/HR.	\$25251.20/YR \$2104.27/MO \$12.14/HR.

REASON FOR CHANGE

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | |
| <input type="checkbox"/> TRANSFER | | <input type="checkbox"/> <u> \$0.40/HR WAGE INCREASE </u> |

COMMENTS, IF NECESSARY _____

EMPLOYEE SIGNATURE Henry Trujillo

AUTHORIZED BY: [Signature] APPROVED BY: _____
 DEPARTMENT HEAD/ELECTED OFFICIAL COMMISSIONER

COPIES TO: 1. PAYROLL
 2. PERSONNEL
 3. DEPARTMENT HEAD

 COMMISSIONER

 COMMISSIONER

 COMMISSIONER

PAYROLL STATUS CHANGE	EFFECTIVE DATE <i>04/01/106</i>
------------------------------	------------------------------------

NAME: *Trujillo, Henry* PAYROLL #: *00847*

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT		
SHIFT		
PAY	<i>19.00 Hourly</i>	<i>\$2034.94 Mo.</i>

REASON FOR CHANGE		
<input type="checkbox"/> HIRED	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> LAYOFF	<input checked="" type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> UNION CONTRACT
<input type="checkbox"/> TRANSFER		<input type="checkbox"/> _____
COMMENTS, IF NECESSARY _____		

X EMPLOYEE SIGNATURE *Henry Trujillo*

AUTHORIZED BY: *[Signature]*
DEPARTMENT HEAD

APPROVED BY: _____
COMMISSIONER

- COPIES TO:
- 1. PAYROLL
 - 2. PERSONNEL
 - 3. DEPARTMENT HEAD

COMMISSIONER

COMMISSIONER

PAYROLL STATUS CHANGE	EFFECTIVE DATE <i>9-23-05</i>
------------------------------	----------------------------------

NAME: *Henry Trujillo* PAYROLL #: *00847*

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		D.O.B.
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		<i>Detention Officer</i>
DEPARTMENT		<i>Sheriff's Office</i>
SHIFT		<i>Greensand</i>
PAY		<i>\$9.00</i> 2 yrs completion of probation

REASON FOR CHANGE

- | | | |
|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | |
| <input type="checkbox"/> TRANSFER | | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY *Replaced Dominick Wenzel*

EMPLOYEE SIGNATURE _____

AUTHORIZED BY: *[Signature]*
 DEPARTMENT HEAD/ELECTED OFFICIAL
Sgt Eric W. Enck

APPROVED BY: _____
 COMMISSIONER

- COPIES TO:
- 1. PAYROLL
 - 2. PERSONNEL
 - 3. DEPARTMENT HEAD

 COMMISSIONER

 COMMISSIONER

Form W-4 (2005)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent</p> <p>B Enter "1" if: }</p> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</p> <p>F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p>G Child Tax Credit (including additional child tax credit):</p> <ul style="list-style-type: none"> • If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child. • If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. <p>H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)</p> <p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	<p style="text-align: right;">A _____</p> <p style="text-align: right;">B _____</p> <p style="text-align: right;">C _____</p> <p style="text-align: right;">D _____</p> <p style="text-align: right;">E _____</p> <p style="text-align: right;">F _____</p> <p style="text-align: right;">G _____</p> <p style="text-align: right;">H _____</p>
---	---

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form W-4</p> <p>Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0010</p> <h1 style="font-size: 2em;">2005</h1>
<p>1 Type or print your first name and middle initial <u>Henry J</u> Last name <u>Treville</u></p>		<p>2 Your social security number XXXXXXXXXX</p>
<p>Home address (number and street or rural route) XXXXXXXXXX</p>		<p>3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code <u>Tomball, Co 77352</u></p>		<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 <u>2</u></p>		<p>6 \$ <u>8</u></p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		
<p>7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. <p>If you meet both conditions, write "Exempt" here ▶ <u>7</u></p>		
<p>Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.</p>		
<p>Employee's signature (Form is not valid unless you sign it.) <u>H. Treville</u></p>		<p>Date <u>9-19-05</u></p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional)</p>
		<p>10 Employer identification number (EIN)</p>

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 16, 2003. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions** for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 919, especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):
 • If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.
 • If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. G _____

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. ▶ H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2002
▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.				
1 Type or print your first name and middle initial <i>Henry J</i>		Last name <i>Trujillo</i>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <i>Tucson CO 85702</i>		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u>0</u>
7 I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 EXEMPT				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)		9 Office code (optional)	10 Employer identification number	

PAYROLL STATUS CHANGE

EFFECTIVE DATE
2/21/06

NAME: Trujillo, Hesty J

PAYROLL #: 00747

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM	TO
	(DOES NOT APPLY TO NEW EMPLOYEE)	
JOB		
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE

- HIRED
- REHIRED
- PROMOTION
- DEMOTION
- TRANSFER
- MERIT INCREASE
- RESIGNATION
- RETIREMENT
- LAYOFF
- DISCHARGE
- LENGTH OF SERVICE INCREASE
- REEVALUATION OF CURRENT JOB
- PROBATION PERIOD COMPLETED
- UNION CONTRACT

COMMENTS, IF NECESSARY Hired By Trinidad Police

Dept.

LEAVE OF ABSENCE

FROM: | |
TO: | |

CHARGED TO VACATION YES NO

ADVANCE PAY AUTHORIZED YES NO

OTHER, EXPLAIN:

AUTHORIZED BY Louie D. Herold APPROVED BY _____

- COPIES TO:
- 1. PAYROLL
 - 2. PERSONNEL
 - 3. DEPARTMENT HEAD

PAYROLL STATUS CHANGE

EFFECTIVE DATE

01/01/02

NAME: Trujillo, Henry JPAYROLL #: 00347

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM	TO
	(DOES NOT APPLY TO NEW EMPLOYEE)	
JOB		
DEPARTMENT		
SHIFT		
PAY	<u>\$ 1803.90 Mo.</u>	<u>\$ 1912.23 Mo.</u>

REASON FOR CHANGE

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> UNION CONTRACT |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY _____

LEAVE OF ABSENCE	CHARGED TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADVANCE PAY AUTHORIZED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FROM:	OTHER, EXPLAIN:		
TO:				

AUTHORIZED BY *Low D. Long* APPROVED BY _____COPIES TO
1. PAYROLL
2. PERSONNEL
3. DEPARTMENT HEAD

February 12, 2002

TO: Sheriff Louis Girodo
Las Animas County Sheriff's Department
2309 E. Main Trinidad, Co. 81082

FROM: Dep. Henry Trujillo

SUBJECT: Letter of resignation

Dear Sir,

I am writing this letter to inform you of my two-week notice of voluntary termination of my employment with the Las Animas County Sheriff's Department. I would like to thank you for the opportunity to be employed by the Las Animas County Sheriff's Department. I have been offered a position at the Trinidad Police Department, which becomes effective on 2/27/02. My last day of employment at the Las Animas County Sheriff's Department will be on 2/26/02. This date will allow for the two-week notice. If it were not for monetary and beneficial purposes, I would not terminate my employment with the Las Animas County Sheriff's Department. Once again I would like to express my sincere gratitude to you and all the employees at the Las Animas County Sheriff's Department for all of the help that I received from within the department. My time at the department was a rewarding and memorable experience that has enhanced my Law Enforcement career. Thank You.

Sincerely,

Henry James Trujillo
Henry James Trujillo

CC: Undersheriff Jess Gibson
Captain James Casias

2-13-02
LJ

PAYROLL STATUS CHANGE

EFFECTIVE DATE
01/01/02

NAME: Trujillo, Henry J PAYROLL #: 00347

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB		
DEPARTMENT		
SHIFT		
PAY	\$ 1803.90 Mo.	\$ 1912.23 Mo

REASON FOR CHANGE

<input type="checkbox"/> HIRED	<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> REHIRED	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> REEVALUATION OF CURRENT JOB
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> PROBATION PERIOD COMPLETED
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> UNION CONTRACT
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> _____

COMMENTS, IF NECESSARY _____

LEAVE OF ABSENCE	CHARGED TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADVANCE PAY AUTHORIZED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER, EXPLAIN:			
FROM:	/ /			
TO:	/ /			

AUTHORIZED BY *Low D. Hernandez* APPROVED BY _____

- COPIES TO:
- 1 PAYROLL
 - 2 PERSONNEL
 - 3 DEPARTMENT HEAD

PAYROLL STATUS CHANGE EFFECTIVE DATE 09/04/01

NAME: Henry Trujillo PAYROLL #: 00847

NEW ADDRESS	STREET	[REDACTED]	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.	[REDACTED]
	CITY, STATE, ZIP	Trinidad, Co. 81082		DATE OF BIRTH	[REDACTED]
	TELEPHONE	[REDACTED]			

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB		Road Deputy
DEPARTMENT		Sheriff
SHIFT		
PAY	\$9.00 Hourly until Field Training is complete-then wage will be \$1803.90 Monthly	

REASON FOR CHANGE

HIRED
 RESIGNATION
 LENGTH OF SERVICE INCREASE
 REHIRED
 RETIREMENT
 REEVALUATION OF CURRENT JOB
 PROMOTION
 LAYOFF
 PROBATION PERIOD COMPLETED
 DEMOTION
 DISCHARGE
 UNION CONTRACT
 TRANSFER

COMMENTS, IF NECESSARY Replacement for Deputy Derek Marzette
Promotion of Deputy Eric Ferron to Sgt - Mr Trujillo
to fill deputy slot

AUTHORIZED BY: [Signature] DEPARTMENT HEAD APPROVED BY: _____ COMMISSIONER

COPIES TO: 1. PAYROLL
 2. PERSONNEL
 3. DEPARTMENT HEAD

_____ COMMISSIONER
 _____ COMMISSIONER

PAYROLL STATUS CHANGE

EFFECTIVE DATE

10/16/01

NAME: Trujillo, Henry

PAYROLL #: 00847

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM	TO
	(DOES NOT APPLY TO NEW EMPLOYEE)	
JOB	FTC Training	Complete
DEPARTMENT		
SHIFT		
PAY	\$19.00 Hourly	1303.90 Mo

REASON FOR CHANGE

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> RETIREMENT | <input checked="" type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> UNION CONTRACT |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY _____

LEAVE OF ABSENCE	CHARGED TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADVANCE PAY AUTHORIZED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER, EXPLAIN:			
	FROM:			
TO:				

AUTHORIZED BY: Scott Trujillo APPROVED BY: _____

- COPIES TO:
1. PAYROLL
 2. PERSONNEL
 3. DEPARTMENT HEAD

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 19, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$xxx and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, *How Do I Adjust My Tax Withholding?* for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$xxx,xxx (Single) or \$xxx,xxx (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if: } • You are single and have only one job; or **B** _____
• You are married, have only one job, and your spouse does not work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$x,xxx of child or dependent care expenses for which you plan to claim a credit **F** _____
 (Note: Do not include child support payments. See Pub. 503, *Child and Dependent Care Expenses*, for details.)

G **Child Tax Credit (including additional child tax credit):**
• If your total income will be between \$xx,xxx and \$xx,xxx (\$xx,xxx and \$xx,xxx if married), enter "1" for each eligible child.
• If your total income will be between \$xx,xxx and \$xx,xxx (\$xx,xxx and \$xxx,xxx if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H** _____

For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
• If you are single, have more than one job and your combined earnings from all jobs exceed \$xx,xxx, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$xx,xxx, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010 <h1 style="font-size: 2em;">2001</h1>
1 Type or print your first name and middle initial Henry J		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.
City or town, state, and ZIP code Trinidad Co. 81082		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>1</u> 6 \$ <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		[REDACTED]
7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature (Form is not valid unless you sign it.) <u>Henry James Trujillo</u>		Date <u>9-4-01</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Las Animas County, I am required to furnish information concerning my moral, physical, and educational qualifications. In this regard, I hereby authorize Las Animas County to make any and all appropriate inquiries regarding the above enumerated qualifications. Moreover, I authorize those persons or organizations selected by Las Animas County to release any and all information of a confidential or privileged nature.

I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested.

Signed Henry Trevillo

Dated 9-4-01

Subscribed and sworn to before me this 4th day of September 2001.

(seal)

Kimberly A. Chavez
Notary Public

My Commission Expires:

05-21-02

******* NOTE: This authorization must be signed before a notary. If you do not know a notary, contact the Accounting Department.**

**LAS ANIMAS COUNTY
PERSONAL INFORMATION SHEET**

DATE: 9-19-05

NAME: Henry James Trujillo

Also, give any other names, including maiden, you have used or been known by:

ADDRESS: [REDACTED]

PHONE: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

ETHNIC GROUP: (circle one) White Black Hispanic Asian Indian

MARITAL STATUS: (circle one) SINGLE MARRIED

DATE OF BIRTH: 10-3-77

PLACE OF BIRTH: Trinidad, Co

DATE OF HIRE: 9-23 05

Signed: Henry Trujillo

"PLEASE FILL OUT THE FOLLOWING INFORMATION. THIS
IS NEEDED FOR EACH EMPLOYEE TO BUILD OUR FILES
FOR THE COMPUTER."

NAME: *Henry James Trujillo*

ADDRESS: [REDACTED]

PHONE: [REDACTED]

SOCIAL SECURITY # : [REDACTED]

ETHNIC GROUP:

"CIRCLE ONE" WHITE BLACK HISPANIC ASIAN INDIAN

MARITAL STATUS:

"CIRCLE ONE" SINGLE MARRIED

DATE OF BIRTH: *10-3-77*

DATE OF HIRE: *9-4-01*

To be typewritten or printed legibly with black ink.

DATE
Month 9 Day 4 Year 01

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

Fill out this form completely and accurately. All statements on this form are subject to verification. Incorrect statements may bar or remove you from employment.

PERSONAL

1. Name Henry James Trujillo [REDACTED]
First Middle Last Social Security
2. Give any other names, including maiden, you have used or been known by, and attach a statement giving reasons(if none, so state). None
3. Weight 180 Height 5'9" Hair brown Eyes brown
4. Address [REDACTED] Trinidad Co. 81082
Number Street City State Zip Code
5. Birthdate [REDACTED] Birthplace Trinidad Co. Las Animas
Month Day Year City State County
6. United States Citizen Yes No Natural Born Naturalized

Signed Henry Trujillo
Dated 9-4-01

STATE OF
COLORADO

DRIVER LICENSE ADULT

[Handwritten signature]

Endorse R
Class Voter

M 5'09" 160 BRO BRO P
Sex Ht Wt Hair Eyes Donor Prev

Birth Date: [REDACTED]
Expires: [REDACTED]

Registrations: *Henry Trujillo*
Son
HENRY JAMES TRUJILLO

Issue Date: 10-09-1998 TRINIDAD CO B1082

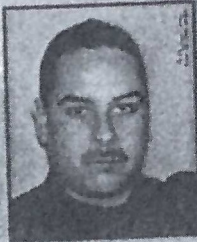
SOCIAL SECURITY

[REDACTED]

THE NUMBER HAS BEEN ISSUED TO:
HENRY J TRUJILLO

Henry Trujillo

Colorado Driver License



Expires: [REDACTED]
Class: H Issued: 11-06-2003
End: [REDACTED] DOB: [REDACTED]
Rest: [REDACTED] Previous Type: A
Ht: 5'00" Wt: 180 Eyes: BRO Sex: M
Vote: [REDACTED]

Henry Trujillo

HENRY JAMES TRUJILLO
[REDACTED]
TRINIDAD, CO 81082



<p>COLORED POST <small>PEACE OFFICER STANDARDS and TRAINING</small></p>	<p>Department of Law 1525 Sherman St. 5 flr. Denver, CO 80203 303-866-5692</p>
<p>Trujillo, Henry J</p>	
<p>Date of birth: [REDACTED] POST Certification: B6108</p>	<p>PID # [REDACTED]</p>

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Las Animas County, I am required to furnish information concerning my moral, physical, and educational qualifications. In this regard, I hereby authorize Las Animas County to make any and all appropriate inquiries regarding the above-enumerated qualifications. Moreover, I authorize those persons or organizations selected by Las Animas County to release any and all information of a confidential or privileged nature.

I hereby release you, your organization or others from liability or damage that may result from furnishing the information requested.

Signed *Henry Trumble*

Dated 9-19-05

Subscribed and sworn to before me this 19th day of September 2005.

(SEAL)

Kimberly A. Clark
Notary Public

My Commission Expires:

5/23/2006

*******NOTE: This authorization must be signed before a notary public. If you do not know a notary, contact the Accounting Department.**