

TELLER COUNTY SHERIFF'S OFFICE

PO Box 27

Divide, CO 80814



| | |
|---------------------------------|--------------------------|
| Position(s) applied for: Deputy | Today's Date: 09/25/2018 |
|---------------------------------|--------------------------|

Instructions: **READ EVERY QUESTION CAREFULLY AND COMPLETE EVERY SECTION.** Answer every question. If a question does not apply to you, indicate with N/A. If you need additional space to respond to any section, go to bottom of page 7, or attach a sheet of paper with the written information.

All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for *permanent* disqualification for employment consideration. If you are hired, any falsification discovered after your Date of Hire is cause for immediate dismissal.

Applicants may be disqualified from employment consideration if application is not fully completed according to instructions. This includes the completion and NOTARIZED signature portion of the "Background Waiver and Release" section on page 10.

**** TYPE OR PRINT IN BLUE INK ****

| | | | |
|--|--------------------|--|---|
| Last Name Taylor III | First Name John | Middle Name Franklin | Alias(es), Nicknames, Maiden Names, Other: N/A |
| Present Mailing Address: (#, street, City, State, Zip Code) [REDACTED] | | Home Phone: N/A Cell Phone: [REDACTED] | |
| Present Physical Address: (#, street, City, State, Zip Code) [REDACTED] | | Work Phone: [REDACTED] Pager #: N/A | |
| Email Address: [REDACTED] | | Social Security #: [REDACTED] | |
| Colorado Resident? [REDACTED] | | Date of Birth: [REDACTED] | |
| U.S. Citizen? [REDACTED] | | Place of Birth (City/State): [REDACTED] | |
| Are you legally entitled to work in the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Have you worked for Teller County in the past? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| If hired, you will be required to furnish proof of your identity and eligibility to work in the U.S. | | Dates: Department: | |
| Are you able to perform the essential functions of the position for which you have applied? [REDACTED] | | Date available to begin work: ASAP | |

FAMILY

List in the order given, showing relationship (parents, spouses, siblings, significant others, steps, etc. Include all former spouses and other close personal relationships. If deceased, indicate next to their name. (Attach additional sheets as needed)

| Relationship | Name: DOB: | Phone #: | Address: City, State, Zip: |
|-----------------------------|------------------------------|---------------------|--|
| Father | [REDACTED] [REDACTED] | [REDACTED] | [REDACTED] |
| Mother | [REDACTED] [REDACTED] | [REDACTED] | [REDACTED] |
| Spouse or Significant Other | [REDACTED] [REDACTED] | [REDACTED] | [REDACTED] |
| Brother(s)/ Sister(s) | Name: N/A DOB: [REDACTED] | Phone #: [REDACTED] | Address: City, State, Zip: [REDACTED] |
| Brother(s)/ Sister(s) | Name: N/A DOB: [REDACTED] | Phone #: [REDACTED] | Address: City, State, Zip: [REDACTED] |
| Step-Mother/ Step-Father | Name: N/A DOB: [REDACTED] | Phone #: [REDACTED] | Address: City, State, Zip: [REDACTED] |
| Others | Name: N/A DOB: [REDACTED] | Phone #: [REDACTED] | Address: City, State, Zip: [REDACTED] |
| Others | Name: N/A DOB: [REDACTED] | Phone #: [REDACTED] | Address: City, State, Zip: [REDACTED] |

RESIDENCES

List all residences in the last ten (10) years, beginning with your current residence address. (Attach additional sheets as needed)

| | | |
|-----------------------------|-------------------------------|---|
| From: Month/Year 12/2015 | Street Address: [REDACTED] | If Rental, Landlord name: N/A |
| To: PRESENT | City/State/Zip [REDACTED] | Landlord Address/Phone # N/A |
| From: Month/Year 09/2013 | Street Address: [REDACTED] | If Rental, Landlord name: Emily Hautea |
| To: 12/2015 | City/State/Zip [REDACTED] | Landlord Address/Phone # [REDACTED] |
| From: Month/Year 10/2009 | Street Address: [REDACTED] | If Rental, Landlord name: Sunflower Management |
| To: 09/2013 | City/State/Zip [REDACTED] | Landlord Address/Phone # [REDACTED] |
| From: Month/Year 08/2007 | Street Address: [REDACTED] | If Rental, Landlord name: N/A |
| To: 10/2009 | City/State/Zip [REDACTED] | Landlord Address/Phone # N/A |
| From: Month/Year N/A | Street Address: | If Rental, Landlord name: |
| To: | City/State/Zip | Landlord Address/Phone # |
| From: Month/Year N/A | Street Address: | If Rental, Landlord name: |
| To: | City/State/Zip | Landlord Address/Phone # |

EDUCATION/SKILLS

Circle the highest school grade completed: 9 10 11 **12** GED (if GED -- attach copy)

| Name of School | Complete Address | Dates Attended | | Graduated | |
|----------------|---|----------------|---------|-----------|----|
| | | From | To | Yes | No |
| Widefield HS | 615 Widefield Drive Colorado Springs, CO 80911 | 08/2000 | 05/2004 | X | |
| | | | | | |
| | | | | | |

HIGHER EDUCATION: List information below for all colleges or universities attended

| Name & Location of College | Dates Attended | | Credit Hours | Major | Type of Degree | Year Received |
|--|----------------|---------|--------------|-----------------|------------------------|---------------|
| | From | To | | | | |
| Pikes Peak Law Enforcement Academy Colorado Springs, CO | 08/2015 | 12/2015 | N/A | Law Enforcement | P.O.S.T. Certification | 2015 |
| Adams State University Alamosa, CO | 08/2006 | 05/2008 | 30 | Biology | Bachelor of Science | N/A |
| College America Colorado Springs, CO | 09/2004 | 03/2006 | 115 | Biology | Associate of Science | 2006 |
| | | | | | | |

Have you ever been suspended or expelled from any high school or post-secondary school? Yes No
 If "yes", please explain (including school, date and circumstances):

Special Qualifications: List relevant skills, training, college courses & foreign languages which relate to the position applied for:

P.O.S.T. Certification, Taser Certified- X26, X2, OC Certified, Lidar Certified, Radar Certified, Less Lethal Shotgun Certified
 Rifle and Shotgun Certified, Team Leader

List any machines or equipment can you operate that relate to the position applied for:

Lidar and Radar Certified

List any professional licenses or certificates you hold:

P.O.S.T. Certification

Are you a State Certified Peace Officer in Colorado? Yes No Certificate # [REDACTED] Date Issued: [REDACTED]

Name and Location of Academy Attended: [REDACTED] Date [REDACTED]

Are you a certified Peace Officer in any other state? Yes No State: [REDACTED]

Certificate # [REDACTED] Date Issued: [REDACTED]

Are you willing to undergo a physical examination, drug and/or alcohol test(s), psychological screening examination and/or a polygraph test? Yes No if no, explain why:

WORK HISTORY

List ALL employment positions you have held for the past ten (10) years, beginning with your current or most recent job. Include part-time, temporary, voluntary, seasonal, self-employment and military positions. Account for any gaps in employment, including military service and any periods of schooling, unemployment or travel. If self-employed, give firm name and supply business references. Be reminded that resumes may be attached as a supplement to this information, but not as a replacement.

| NAME OF EMPLOYER | JOB TITLE AND DUTIES |
|---|--|
| 24 Hour Fitness | Service Representative |
| ADDRESS 1892 Southgate Road | DATES OF EMPLOYMENT (MO/YR): FROM 11/2017 TO Present |
| CITY, STATE, ZIP CODE Colorado Springs, CO 80906 | PAY: START \$ [REDACTED] FINAL \$ [REDACTED] |
| SUPERVISOR(S) PHONE # [REDACTED] | REASON FOR LEAVING N/A |

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please explain circumstances:

Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes No
 If yes, please explain:

WORK HISTORY - continued

| | | | |
|--|--|--|----------|
| NAME OF EMPLOYER Colorado Springs Police Department | | JOB TITLE AND DUTIES Police Officer | |
| ADDRESS 705 S. Nevada Ave | | DATES OF EMPLOYMENT (MO/YR): FROM 01/2016 TO 08/2017 | |
| CITY, STATE, ZIP CODE Colorado Springs, CO 80903 | | PAY: START \$ | FINAL \$ |
| SUPERVISOR(S) PHONE # | | REASON FOR LEAVING Personal | |

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please explain circumstances:

Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes No
If yes, please explain:

| | | | |
|---|--|---|----------|
| NAME OF EMPLOYER Time Warner Cable | | JOB TITLE AND DUTIES Customer Service Representative | |
| ADDRESS 2221 E. Bijou St | | DATES OF EMPLOYMENT (MO/YR): FROM 06/2011 TO 01/2016 | |
| CITY, STATE, ZIP CODE Colorado Springs, CO 80909 | | PAY: START \$ | FINAL \$ |
| SUPERVISOR(S) PHONE # | | REASON FOR LEAVING Employed with CSPD | |

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please explain circumstances:

Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes No
If yes, please explain:

| | | | |
|---|--|--|----------|
| NAME OF EMPLOYER 24 Hour Fitness | | JOB TITLE AND DUTIES Acting Service Manager | |
| ADDRESS 1892 Southgate Rd | | DATES OF EMPLOYMENT (MO/YR): FROM 07/2007 TO 09/2001 | |
| CITY, STATE, ZIP CODE Colorado Springs, CO 80906 | | PAY: START \$ | FINAL \$ |
| SUPERVISOR(S) PHONE # | | REASON FOR LEAVING Personal Growth | |

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please explain circumstances:

Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes No
If yes, please explain:

REFERENCES

List 3-5 individuals who have knowledge of you and your qualifications. Include Co-workers, teachers, etc.

| NAME | RELATIONSHIP | ADDRESS | DAYTIME PHONE NUMBER |
|------------|-----------------|--|----------------------|
| [REDACTED] | Friend | [REDACTED] Colorado Springs, CO 80910 | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] Colorado Springs, CO 80920 | [REDACTED] |
| [REDACTED] | Friend/Coworker | [REDACTED] Colorado Springs, CO 80901 | [REDACTED] |
| [REDACTED] | Friend | [REDACTED] Colorado Springs, CO 80901 | [REDACTED] |
| [REDACTED] | Supervisor | [REDACTED] Colorado Springs, CO 80903 | [REDACTED] |

VOLUNTEER SERVICE

| | | | |
|-------------------------|---------------------------------|-----------|-----------------------|
| From: Month/Year N/A | Name of Employer N/A | Job Title | Name of Supervisor |
| To: Month/Year | Employer Address/City/State/Zip | | Employer phone number |

Briefly describe your duties:

Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes No
If yes, provide an explanation:

| | | | |
|-------------------------|---------------------------------|-----------|-----------------------|
| From: Month/Year N/A | Name of Employer N/A | Job Title | Name of Supervisor |
| To: Month/Year | Employer Address/City/State/Zip | | Employer phone number |

Briefly describe your duties:

Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes No
If yes, provide an explanation:

| | | | |
|-------------------------|---------------------------------|-----------|-----------------------|
| From: Month/Year N/A | Name of Employer N/A | Job Title | Name of Supervisor |
| To: Month/Year | Employer Address/City/State/Zip | | Employer phone number |

Briefly describe your duties:

Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes No
If yes, provide an explanation:

AFFILIATIONS

Are you now, or have you ever been, a member of an organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

If you answered YES to the above question, explain fully your affiliations:

MILITARY SERVICE

Although not required, please attach a copy of your DD214 Discharge Form

Have you served in the U.S. Armed Forces? Yes No Branch of Service _____ Service # _____

Dates of Service: From / / to / / Type of Discharge: _____

Are you a member of any Military Reserve or National Guard? Yes No If yes, please provide details:

Active Duty: Yes No Inactive Reserve: Yes No Standby: Yes No

Have you ever been the subject of a court-martial, judicial or non-judicial disciplinary action while in the Military, National Guard or Military Reserves? Yes No If yes, please provide details: _____

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency.

[REDACTED]

[REDACTED]

[REDACTED]

FINANCIAL - continued

please provide details:

Late payments made to medical bill

LEGAL

Have you ever committed any undetected misdemeanor or felony type offense? Yes No If yes, please provide details below

| Age at time | Crime(s) committed | Explanation of circumstances |
|-------------|--------------------|------------------------------|
| | | |
| | | |
| | | |

Have you ever been arrested or convicted for any crime (including DUI, dismissed charges, plea agreements, deferred judgments and/or deferred sentences)? Yes No If yes, please provide details below

| Date | Law Enforcement Agency | Location | Original Charge | Disposition |
|------|------------------------|----------|-----------------|-------------|
| | | | | |
| | | | | |

Have you ever been placed on court ordered probation as an adult Yes No If yes, please provide details below, including date(s), location(s) and reason(s):

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult? Yes No If yes, please provide details below, including date(s), location(s) and reason(s):

DOMESTIC VIOLENCE

Have you ever been convicted of any crime that, by its nature, could be considered domestic violence? Yes No

Have you ever pled guilty to any offense of which the basis of the original charge involved domestic violence? Yes No

Are you now, or have you ever been subject to a court issued restraining order against an intimate partner or that partner's family? Yes No If yes to any of the above, please provide explanation(s) below.

LITIGATION

Are you now, or have you ever been, the plaintiff or defendant of or named in any civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another police agency. Yes No If yes, please explain fully below, including date(s), location(s) and reason(s):

LIQUOR/DRUG USE

Describe your use of intoxicating liquors:

Occasionally, I consume a social drink with friends, not to exceed two drinks, one time per month.

Have you ever used marijuana, hashish, or a derivative of marijuana? Yes No
If yes, how many times, and when was the last time?

One time in 2006
Two times in 2004

Have you ever used any form or illegal drugs or narcotics (drugs not prescribed by your physician)? Yes No
If yes, how many times, and when was the last time?

VEHICLE OPERATOR'S LICENSE INFORMATION

Provide the following information concerning your vehicle operator's license(s) (Driver's, CDL, etc.)

| License Type | State of Issue | Expiration Date | License Number |
|--------------|----------------|-----------------|----------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| | | | |
| | | | |

Have you ever been denied issuance of a driver's license by any state, or have you ever had a driver's license suspended or revoked? Yes No If yes, provide details, including date(s), reason, length of suspension, etc.

01/2006- Costilla County-Colorado- No Points on a License

Have you been involved as a driver in a motor vehicle accident within the last five (5) years? Yes No

If yes, provide approximate dates, charges, disposition, locations, etc. below

| Date | Investigating Agency Offense/Charge | Disposition | Accident Location | Injury? | |
|------|--|-------------|-------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

TRAFFIC OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons, ticket or infraction notice (exclude parking violations). Include all traffic citations, occurrences as an adult and as a juvenile. Use a separate sheet of paper if needed.

| Date | Citing Policy/Military Agency | Offense / Charge | Disposition |
|---------|-------------------------------|------------------|-------------|
| 09/2005 | CSPD | Speeding | 4 Points |
| 01/2006 | CSPD | Speeding | 4 Points |
| 08/2006 | Costilla County | Speeding | 4 Points |

Are there any further comments you would like to make regarding your driving record? Yes No

If yes, please provide comments:

Colorado Law requires operators and owners of motor vehicles to be covered by automobile insurance.

Please list below the current liability insurance you have with your motor vehicle.

| Insurance Company | Address | Policy Number | Expiration Date |
|-------------------|---|---------------|-----------------|
| Allstate | 425 N. Circle Drive Colorado Springs, CO 80909 | [REDACTED] | 03/09/2019 |
| | | | |
| | | | |

Have you ever been denied automobile insurance for any reason, other than failure to pay premiums? Yes No

If yes, please explain, providing company name, address, date and

Additional space to provide for answers to application questions

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Why are you seeking employment with the Teller County Sheriff's Office? And, why do you feel qualified for the position for which you have applied?

Through completing two law enforcement academies, as well as through my time as a police officer for one year and eight months, I have witnessed the impact police officers have on the lives of the people we protect. I am seeking employment because I am passionate about protecting our citizens through upholding the values and principles of the Teller County Sheriff's Office. My ability to adapt to the ever-changing environment of this profession provides me with the necessary skills for me to be successful. I am confident that my knowledge, skills, and experience provide me with the necessary qualifications to be a valuable asset to the Teller County Sheriff's Office.

APPLICANT CERTIFICATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information, misrepresentations and/or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. 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 I may be required to successfully pass a physical examination, drug and/or alcohol screening examination, polygraph examination and/or a psychological screening examination. I hereby consent to a pre- and/or post-employment drug and/or alcohol screen as a condition of employment, if required. 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 AND AGREE THAT NEITHER THIS APPLICATION, NOR ANY VERBAL STATEMENTS BY MANAGEMENT, NOR ANY SUBSEQUENT EMPLOYMENT CREATES AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE OF EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND AND AGREE THAT THE FIRST TWELVE (12) MONTHS OF EMPLOYMENT WITH TELLER COUNTY IS CONSIDERED AN INTRODUCTORY PERIOD AND THAT AN ELECTED OFFICIAL/DEPARTMENT HEAD MAY TERMINATE THE SERVICES OF AN INTRODUCTORY EMPLOYEE, WITHOUT CAUSE, IF IT IS DETERMINED THAT A NEW EMPLOYEE IS NOT SUITED TO THE POSITION AND ITS OVERALL RESPONSIBILITIES.

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

Signature: _____

Date: _____

9/25/18

This application for employment will remain active for a period of one (1) year from the date of receipt by Teller County Human Resources.

The application will be considered INCOMPLETE WITHOUT the resume and supporting documents listed below.

You may send an electronic copy of your application via email, HOWEVER, our email IS NOT secure
THE HARD COPY OF ORIGINAL APPLICATION, WITH ORIGINAL SIGNATURE, MUST BE SUBMITTED TO:

Teller County Human Resources 112 North 'A' St., PO Box 959 Cripple Creek, CO 80813

Phone: (719) 689-2988 Fax: (719)-686-7900 Email: HR@co.teller.co.us
Hours of Operation: Monday-Friday 8:00am-5:00pm except Federal Holidays

YOU MUST ALSO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

Birth Certificate Social Security Card Driver's License
Automobile Insurance Card College Degree(s) / Diploma(s) / Transcripts

And if applicable: POST Certificate Certified Copy of DD214 Marriage Dissolution(s) Name Change forms

It is the applicant's responsibility to verify that all documents are received by Human Resources.



Objectives

Hardworking individual looking for an entry-level law enforcement officer position that will use communication skills, problem sensitivity, and reasoning skills to better serve the community and the agency.

Experience

24 Hour Fitness- Customer Service Representative- Colorado Springs, Colorado

November 2017- Present

- Responsible for delivering the 24 Hour Fitness Service Promise; contribute to running a clean, friendly and well maintained club, and executing the team member basics of being on time and complying with the dress code
- Responsible for assisting and directing members/guests
- Monitoring incoming inquiries and ensuring proper check in procedures are followed

Colorado Springs Police Department- Police Officer- Colorado Springs, Colorado

January 2016- August 2017

- Interviewed witnesses, suspects, and victims gathering pertinent information. Coordinated appropriate and effective responses quickly and in a calm professional manner
- Enforced all traffic laws, by conducting stops and crash investigation. Ticketing and reporting each incident in a timely and precise manner
- Proactively surveyed patrol areas for possible dangers and evidence to prepare for appropriate back up when needed
- Prepared cases as needed to appear, and testify in court as witness or arresting officer
- Successfully mediated domestic disturbances and protected victims from harm. Built relationships with citizens which allowed for effective diffusing techniques and negotiation as needed
- Firearms qualified, OC/Pepper Spray qualified, Baton certified, and Taser certified
- FEMA ICS 100, 300, and 700 Certificates

Time Warner Cable- Customer Service Agent Lead- Colorado Springs, Colorado

June 2011- January 2016

- Actively and consistently support all efforts to simplify and enhance the customer experience
- Professionally, accurately, and effectively handled customer requests, including changes to customer records, credits, payments, additions of service/products and billing inquiries.
- Effectively addressed customer questions, complaints and concerns within the scope of responsibility.
- Responded to calls promptly and efficiently as outlined by the required call handling metrics, to include productive time, schedule adherence, handle time, after call work, etc.



John Taylor III
Colorado Springs, Colorado

- Identified opportunities to sell additional Charter products and services during customer interactions and applies appropriate fees as necessary.
- Facilitated customer issue escalations to local management/support as required. Determined necessity for Field visits.

24 Hour Fitness- Assistant Service Manager- Colorado Springs, Colorado

July 2007-May 2011

- Assisted the SM or GM with training and development of a strong team of Sales Advisors that delivers on company goals and reflects its values
- Responsible for obtaining qualified leads through internal and external marketing efforts, setting appointments, and enrolling new members by using company sponsored presentation tools
- Responsible for delivering an inviting, friendly and supportive experience to our members and guests, and executing the team member basics of being on time and in compliance with the dress code
- Responsible for the successful attainment of individual and department targets while exhibiting behaviors that align with our vision of passion, inspiration and empowering our members to live fit and healthy lives Models the 24 Hour Fitness core leadership values to ensure high-level member and team member satisfaction

Toys R Us- Warehouse Sales Associate- Colorado Springs, Colorado

January 2008- December 2008

- Verify merchandise was received correctly.
- Process merchandise through inventory system and stock product.
- Ensure product is stored properly and safely.

Education

College America- Associates of Science Degree in Medical Specialties- Colorado Springs Campus

- Maintained a 3.5 GPA