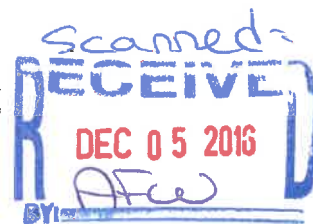


TELLER COUNTY SHERIFF'S OFFICE

PO Box 27
Divide, CO 80814



Position(s) applied for: DISPATCHER / DETENTION OFFICER Today's Date: 11/06/2016

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 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.

**** PRINT IN INK - DO NOT TYPE ****

Last Name <u>WRIGHT</u>	First Name <u>KARA</u>	Middle Name <u>BRIANNE</u>	Alias(es), Nicknames, Maiden Names, Other:
Present Mailing Address: (#, street, City, State, Zip Code) <u>Personal Information</u> <u>COLORADO SPRINGS, CO 80923</u>			Home Phone: _____ Cell Phone: <u>Personal Information</u>
Present Physical Address: (#, street, City, State, Zip Code) <u>Personal Information</u> <u>COLORADO SPRINGS, CO 80923</u>			Work Phone: <u>Personal Information</u> Pager #: _____
Email Address: <u>Personal Information</u>			Social Security #: <u>Personal Information</u>
Colorado Resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Date of Birth: <u>Personal Information</u>
U.S. Citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Place of Birth (City/State): <u>Personal</u>
Are you legally entitled to work in the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If hired, you will be required to furnish proof of your identity and eligibility to work in the U.S.			Have you worked for Teller County in the past? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dates: _____ Department: _____
Are you able to perform the essential functions of the position for which you have applied? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Date available to begin work: <u>01/01/2017</u>

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)

Father	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>
Mother	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State, Zip: <u>Personal Information</u>
Spouse or Significant Other	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>
Brother(s)/ Sister(s)	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>
Brother(s)/ Sister(s)	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>
Step-Mother/ Step-Father	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>
Others <u>STEP-BROTHER</u>	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>
Others <u>STEP-BROTHER</u>	Name: <u>Personal Information</u> DOB: <u>Personal Information</u>	Address: <u>Personal Information</u> City, State: <u>Personal Information</u>

RESIDENCES

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

From: Month/Year 07/2016	Street Address: [Redacted] Personal Information	If Rental, Landlord name: [Redacted] Personal Information
To: PRESENT	City/State/Zip COLORADO SPRINGS, CO 80923	Landlord Address/Phone # [Redacted] Personal Information
From: Month/Year 07/2015	Street Address: [Redacted] Personal Information	If Rental, Landlord name: STETSON MEADOWS APTS
To: 07/2016	City/State/Zip COLORADO SPRINGS, CO 80922	Landlord Address/Phone # [Redacted] Personal Information
From: Month/Year 11/2014	Street Address: [Redacted] Personal Information	If Rental, Landlord name: [Redacted] Personal Information
To: 07/2015	City/State/Zip COLORADO SPRINGS, CO 80910	Landlord Address/Phone # [Redacted] Personal Information
From: Month/Year 01/2014	Street Address: [Redacted] Personal Information	If Rental, Landlord name: EPERNAY APTS
To: 11/2014	City/State/Zip COLORADO SPRINGS, CO 80918	Landlord Address/Phone # [Redacted] Personal Information
From: Month/Year 05/2010	Street Address: [Redacted] Personal Information	If Rental, Landlord name: [Redacted] Personal Information
To: 01/2014	City/State/Zip COLORADO SPRINGS, CO 80920	Landlord Address/Phone # [Redacted] Personal Information
From: Month/Year 07/2006	Street Address: [Redacted] Personal Information	If Rental, Landlord name: LIVE W/ PARENTS
To: 05/2010	City/State/Zip PEYTON, CO 80831	Landlord Address/Phone # [Redacted] Personal Information

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
[Redacted] Personal Information					

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				
Personal Information						

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:

TRAINED IN CAD (COMPUTER-AIDED DISPATCH)
 INTERPERSONAL/INTRAPERSONAL COMMUNICATIONS COURSES, BUSINESS COMMUNICATIONS COURSES
 FLUENT IN SPANISH - READING, WRITING, SPEAKING

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

COMPUTER, COMPUTER-AIDED DISPATCH, TELEPHONE, BRICK RADIO,
 VARIOUS CAMERA SYSTEMS

List any professional licenses or certificates you hold:

COLORADO SPRINGS SECURITY LICENSE - exp 07/08/2017
 AHA FIRSTAID/CPR/AED - exp 02/2018

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

Name and Location of Academy Attended: _____ Date: _____

Are you a certified Peace Officer in any other state? Yes No State: _____

Certificate # _____ Date Issued: _____

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
G4S SECURE SOLUTIONS	SECURITY OFFICER/CONTROLLER (DISPATCH)
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM 02/16 TO CURRENT
456 W. FONTANERO ST.	
CITY, STATE, ZIP CODE	PAY: START \$ 9.00/HR FINAL \$ 15.90/HR
COLORADO SPRINGS, CO 80907	
Confidential Information	REASON FOR LEAVING
	LOOKING TO FURTHER CAREER

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:

THE WORK NUMBER / NO ACCT.

WORK HISTORY CONT ON SEPARATE PAGE

WORK HISTORY - continued

NAME OF EMPLOYER <i>STRATEGIC ALLIANCE SECURITY</i>	JOB TITLE AND DUTIES <i>SECURITY OFFICER/SUPERVISOR</i>
ADDRESS <i>725 GARDEN OF THE GODS RD</i>	DATES OF EMPLOYMENT (MO/YR): FROM <i>10/14</i> TO <i>02/16</i>
CITY, STATE, ZIP CODE <i>COLORADO SPRINGS, CO 80907</i>	PAY: START \$ <i>9.00/HR</i> FINAL \$ <i>9.50/HR</i>
SUPERVISOR(S) PHONE # Confidential Information	REASON FOR LEAVING <i>LOSS IN HOURS</i>

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 <i>DC STAR SECURITY</i>	JOB TITLE AND DUTIES <i>SECURITY OFFICER/SUPERVISOR</i>
ADDRESS <i>4570 HILTON PKWY</i>	DATES OF EMPLOYMENT (MO/YR): FROM <i>05/14</i> TO <i>10/14</i>
CITY, STATE, ZIP CODE <i>COLORADO SPRINGS, CO 80907</i>	PAY: START \$ <i>8.00/HR</i> FINAL \$ <i>8.00/HR</i>
SUPERVISOR(S) PHONE # Confidential Information	REASON FOR LEAVING <i>DISCREPANCIES WITH OWNER</i>

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 <i>SECURAMERICA</i>	JOB TITLE AND DUTIES <i>SECURITY OFFICER</i>
ADDRESS <i>250 SPECTRUM LOOP</i>	DATES OF EMPLOYMENT (MO/YR): FROM <i>02/14</i> TO <i>05/14</i>
CITY, STATE, ZIP CODE <i>COLORADO SPRINGS, CO 80921</i>	PAY: START \$ <i>9.00/HR</i> FINAL \$ <i>9.00/HR</i>
SUPERVISOR(S) PHONE # Confidential Information	REASON FOR LEAVING <i>UNSATISFIED WITH JOB DUTIES</i>

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
Confidential Information			

FAMILY- continued

Personal Information

WORK HISTORY- continued

NAME OF EMPLOYER AB.M PARKING SERVICES	JOB TITLE AND DUTIES VALET
ADDRESS 7770 MILTON PROBY PKWY	DATES OF EMPLOYMENT (MO/YR): FROM 08/13 TO 02/14
CITY, STATE, ZIP CODE COLORADO SPRINGS, CO 80916	PAY: START \$ 8.00/HR FINAL \$ 8.00/HR
Confidential Information	REASON FOR LEAVING OPPORTUNITY IN SECURITY FIELD
Were you ever discharged, asked to resign, terminated, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	
NAME OF EMPLOYER ASPHALT RECOVERY SPECIALISTS	JOB TITLE AND DUTIES YARD WORKER/OFFICE SPECIALIST
ADDRESS 2725 AKERS DR	DATES OF EMPLOYMENT (MO/YR): FROM 08/12 TO 08/13
CITY, STATE, ZIP CODE COLORADO SPRINGS, CO 80923	PAY: START \$ 8.00/HR FINAL \$ 9.00/HR
Confidential Information	REASON FOR LEAVING LOSS IN HOURS
Were you ever discharged, asked to resign, terminated, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	
NAME OF EMPLOYER HARDING NURSERY	JOB TITLE AND DUTIES SALES ASSOCIATE
ADDRESS 721 N. POWERS BLVD	DATES OF EMPLOYMENT (MO/YR): FROM 05/12 TO 08/12
CITY, STATE, ZIP CODE COLORADO SPRINGS, CO 80915	PAY: START \$ 8.00/HR FINAL \$ 8.00/HR
Confidential Information	REASON FOR LEAVING END OF SEASON (SEASONAL EMPLOYMENT)
Were you ever discharged, asked to resign, terminated, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	
NAME OF EMPLOYER ADAMS STATE COLLEGE	JOB TITLE AND DUTIES EVENT SECURITY
ADDRESS 208 EDMONT BLVD	DATES OF EMPLOYMENT (MO/YR): FROM 08/11 TO 05/12
CITY, STATE, ZIP CODE ALAMOSA, CO 81101	PAY: START \$ 8.00/HR FINAL \$ 8.00/HR
Confidential Information	REASON FOR LEAVING END OF SCHOOL YEAR
Were you ever discharged, asked to resign, terminated, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	

VOLUNTEER SERVICE

From: Month/Year	Name of Employer	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 <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide an explanation:			
From: Month/Year	Name of Employer	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 <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide an explanation:			
From: Month/Year	Name of Employer	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 <input type="checkbox"/> No <input type="checkbox"/>			
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.

Have you ever filed for or declared bankruptcy? Yes No If yes, please provide details: _____

Personal Information

Have your wages ever been garnished? Yes No If yes, please provide details: _____

Personal Information

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
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Personal Information

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):

Personal Information

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:

Personal Information

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

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

Have you ever used any form of marijuana or illegal drugs or narcotics while employed by a law enforcement agency? Yes No

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
IDENTIFICATION CARD	CO	01/02/2021	Confidential Information

Confidential Information

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
Confidential Information			

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
GEICO	COLORADO SPRINGS, CO	Personal Information	5/13/2017

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

* ATTACHED BEHIND IS FAMILY CON't AND WORK HISTORY CON't

NAME OF EMPLOYER HEIDRICH'S COLORADO TREE FARM	JOB TITLE AND DUTIES YARD HELPER
ADDRESS 7440 TEMPLETON GAP RD	DATES OF EMPLOYMENT (MO/YR): FROM 05/11 TO 07/11
CITY, STATE, ZIP CODE COLORADO SPRINGS, CO 80923	PAY: START \$ 7.25/HR FINAL \$ 7.25/HR
Confidential Information	REASON FOR LEAVING SCHEDULING CONFLICT (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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	

NAME OF EMPLOYER UNIVERSITY OF WYOMING	JOB TITLE AND DUTIES CAR DETAILER
ADDRESS 1000 E. UNIVERSITY AVE	DATES OF EMPLOYMENT (MO/YR): FROM 02/11 TO 05/11
CITY, STATE, ZIP CODE LARAMIE, WY 82071	PAY: START \$ 8.00/HR FINAL \$ 8.00/HR
Supervisor(s) [Redacted] PHONE # [Redacted]	REASON FOR LEAVING END OF SCHOOL YEAR
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	

NAME OF EMPLOYER CULVER'S	JOB TITLE AND DUTIES CREW MEMBER
ADDRESS 7220 N. MERIDIAN RD	DATES OF EMPLOYMENT (MO/YR): FROM 02/10 TO 08/10
CITY, STATE, ZIP CODE FALCON, CO 80831	PAY: START \$ 7.25/HR FINAL \$ 7.25/HR
Supervisor(s) [Redacted] PHONE # [Redacted]	REASON FOR LEAVING BEGINNING OF SCHOOL YEAR
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	

NAME OF EMPLOYER ANIMAL HOSPITAL OF FALCON	JOB TITLE AND DUTIES VETERINARY ASSISTANT
ADDRESS 11860 SWINGLINE RD	DATES OF EMPLOYMENT (MO/YR): FROM 08/06 TO 12/09
CITY, STATE, ZIP CODE FALCON, CO 80831	PAY: START \$ 6.80/HR FINAL \$ 7.00/HR
Supervisor(s) [Redacted] PHONE # [Redacted]	REASON FOR LEAVING EXPANDING EMPLOYMENT EXPERIENCE
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:	



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?

It was not until a few years ago that I discovered I was interested in a career in law enforcement. Since then, I have been searching for the right place to start and learn the most. Through my many different security experiences, being a controller (dispatcher) has by far been the most challenging, but also the most rewarding. This has led me to seek out the right place to start a dispatching career with a local law enforcement agency. Having an in-depth knowledge of the area is important for a dispatcher so that the responders are kept track of properly, for their safety and for efficiency. Though I may not have extensive knowledge of the Teller County area, I am a very quick learner. This pertains to locations, distances, times, etc., as well as common occurrences and habits of both responders and other dispatchers. It is important to know who you are working with, so that you both work coherently.

Patience, a clear mind, and the ability to multitask are key qualities of the best dispatchers. My experience in the security and dispatch field, as well as all customer service fields, have helped to strengthen these qualities for me. This experience has also helped me learn to stay calm and to concentrate on the situation at hand. While there is no way to prepare yourself for what tragedies and disasters with which you may have to deal, it is possible to control the way the situation is handled. Discipline and attention to detail are key-qualities I believe I can maintain in any situation.

The best way to learn a job position properly and to turn it into a career, is to start with the right agency. Teller County is just the right mix of rural and urban areas, with a wide variety of people and events. In my few encounters with Teller County deputies, I have heard nothing but good about the department: administration who cares but is strict; officers and first responders who know the people and the community; dispatchers who are compassionate but efficient. All of these qualities make a favorable work environment, one in which I would truly like to begin my career in law enforcement and dispatching. I look forward to the opportunity to learn from and work for 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: _____

Personal Information

Date: 11/06/2016

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

(If a resume is required for the position, the application will be considered incomplete without the resume)

You may send an electronic copy of your application via fax or email, however

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

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.





TELLER COUNTY SHERIFF'S OFFICE

Background Waiver and Release

To Whom It May Concern:

I hereby swear or affirm that my application (and resume) for employment contains no misrepresentations, falsifications, omissions, or concealment of material fact, and that all information and statements contained herein are true and complete to the best of my knowledge and belief. I am aware that all information and statements contained herein are subject to investigation; and should investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected, my name removed from eligibility with the Teller County Sheriff's Office, Divide, Colorado, and I may be subject to discharge from employment based all or in part on such information statements.

I also hereby authorize any representative of the Teller County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your file pertaining to my employment, personnel records, professional standards / Internal Affairs records, criminal history records, driving records, military records and credit or educational records. This includes, but is not limited to, academic achievement records, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary files which are deemed to be confidential and/or sealed. This also includes referenced information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Teller County Sheriff's Office. Consent is granted to the Teller County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Teller County Sheriff's Office.

I hereby release you as custodian of such records, and any educational institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. (Colorado Revised Statute 8-2-114 provides immunity from civil liability for employers disclosing information under the provisions outlined in the statute).

Should there be any questions as to this request, you may contact me as indicated below.

Full Name (Print): KARA BRIANNE WRIGHT

Current Address: [Redacted]
Home Phone #: [Redacted]
Date of Birth: [Redacted]
Date: 11/20/16

Personal Information

Signed under oath before me on this 14th day of November, 2016

SHARON A. PARKIN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20054049193
MY COMMISSION EXPIRES DECEMBER 14, 2019

Sharon A. Parkin
Notary Public



**Notices About Pre-Employment Credit Reports, Investigative Consumer Reports
And Background Checks**

In connection with your application for employment with the Teller County Sheriff's Office (the "TCSO"), this will notify you that the TCSO obtains a credit agency consumer report for every applicant for the position you are seeking, who receives a job offer, to ensure each such applicant's fitness to serve as an employee of the TCSO. Attached to this Notice is a summary of your rights under applicable federal law. If the TCSO uses information from the report, in whole or in part, making an adverse decision regarding your application, you will receive a notice about the credit reporting company, confirmation that the credit reporting company is not responsible for any adverse action the TCSO takes, and that the credit reporting company is unable to provide you with specific reasons for the action, and a notice about your rights under applicable law to obtain a free copy of your credit report from the credit reporting company within sixty (60) days and your right to dispute the accuracy or completeness of any information in a consumer report.

The TCSO may also use a credit agency to do a reference check, known as an investigative consumer report, as part of the pre-employment screening process. Investigative consumer reports are reports credit agencies prepare about someone's character, general reputation, personal characteristics or mode of living that are obtained through personal interviews with such people as neighbors, friends and associates and reviewing records and public records, including but not limited to employment records, background reports, efficiency ratings, complaints, grievances, real and personal property records, criminal records and court records. This information may be obtained by contacting your previous employers and/or references you or others provide us. You have the right under the federal Fair Credit Reporting Act (FCRA) to request the additional information from any investigative consumer report, including: (1) a complete and accurate disclosure of the nature and scope of the investigation, and (2) the Federal Trade Commission's summary of consumer rights under the FCRA.

The TCSO will also use the authorization you provide as part of your application to check criminal records and driving records. If driving is part of the position you have been offered, the County will check driving records to confirm you are properly licensed for the driving that is part of your position.

If you are hired, this authorization shall remain on file and shall serve as an ongoing authorization for the TCSO to procure background and credit information at any time during your employment.

**Authorization to Obtain Credit Reports and Investigative Consumer Reports
and to Check Criminal Records and Driving Records**

Signature: _____ Date: 11/06/2016

Name (please print) _____

Applicant's Signature _____

City/State/Zip _____

Social Security Number _____

Any other legal name _____

Driver's License Number _____

Personal Information

Redaction Log

Reason	Page (# of occurrences)	Description
Confidential Information	3 (1)	This information is confidential
	4 (4)	
	5 (4)	
	8 (3)	
	9 (4)	
Personal Information	1 (24)	Personal information is not releasable.
	2 (15)	
	5 (1)	
	6 (1)	
	7 (4)	
	8 (1)	
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	13 (1)	
	14 (1)	

Redaction Log

Reason	Page (# of occurrences)	Description
Personal Information	2 (1) 3 (1)	Personal information is not releasable.