

Personal		
Name		
Last: HAWN	First: ZACHERIA	Middle: ALLAN
Other names you have been known by: ZACH HAWN		
Current address		
Street: [REDACTED]	Apt/Unit #: [REDACTED]	
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
P.O. Box #: [REDACTED]	City: [REDACTED]	State: [REDACTED] Zip: [REDACTED]
Contact Numbers		
Home: [REDACTED]	Work: [REDACTED]	Cell: [REDACTED] Fax: [REDACTED]
Are you 21 years of age: (required by law) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Email address: [REDACTED]		

References: List five persons not related to you <i>Must have valid phone number of those listed below</i>	
Name: [REDACTED]	Address: [REDACTED]
Occupation: [REDACTED]	Phone #: [REDACTED]
Name: [REDACTED]	Address: [REDACTED]
Occupation: [REDACTED]	Phone #: [REDACTED]
Name: [REDACTED]	Address: [REDACTED]
Occupation: [REDACTED]	Phone #: [REDACTED]
Name: [REDACTED]	Address: [REDACTED]
Occupation: [REDACTED]	Phone #: [REDACTED]
Name: [REDACTED]	Address: [REDACTED]
Occupation: [REDACTED]	Phone #: [REDACTED]

①

Experience and Employment		
Start with most current and list for the last 10 years. Account for ANY periods of unemployment. Attach additional pages if needed.		
From: 3/2015	To: Current	Name of Company: TΞ DESIGNZ /SALTY DAGEZ HAWAII
Supervisor: Self	Address: [REDACTED]	Phone #: [REDACTED]
City, State, Zip: [REDACTED]	Duties/Assignments: CREATING AND DESIGNING CUSTOM AND COMMERCIAL APPAREL. MANAGE STOCK, MARKETS, SALE, BRAND AWARENESS CUSTOMER RELATIONS	Co-Workers: 1) TIFFANI HAHN 2) 3)
Reason for leaving: PURSUE L.E. CAREER AND MOVE BACK HOME		Starting Pay: Final Pay:
From: 10/13	To: 5/2015	Name of Company: LINX
Supervisor: KAMAL/AARON	Address: [REDACTED]	Phone #: [REDACTED]
City, State, Zip: [REDACTED]	Duties/Assignments: SUPERVISED AND ASSISTED IN THE INSTALLATION OF LOW-VOLTAGE ELECTRICAL	Co-Workers: 1) AARON 2) KAMAL 3) MIKE
Reason for leaving: SEPARATION DUE TO WORK INJURY WITH EXTENDED RECOVERY		Starting Pay: \$18.00 HR. Final Pay: \$18.00 HR.
From: 7/13	To: 10/13	Name of Company: LOOKING FOR BETTER EMPLOYMENT TO SUPPORT FAMILY
Supervisor:	Address:	Phone #:
City, State, Zip:	Duties/Assignments:	Co-Workers: 1) 2) 3)
Reason for leaving:		Starting Pay: Final Pay:

4

Experience and Employment		
Start with most current and list for the last 10 years. Account for ANY periods of unemployment. Attach additional pages if needed.		
From: 5/10	To: 5/11	Name of Company: CLEAR/HSS AVIATION
Supervisor: JOHN HAFFER	Phone #: [REDACTED]	
Address: [REDACTED]	Co-Workers: 1) KIM 2) BENJI 3) JOHN	
City, State, Zip: [REDACTED]	Starting Pay: \$10 HR Final Pay: \$10 HR	
Duties/Assignments: CLEAR SUPERVISOR - OVERSAW DAILY BIOMETRIC SECURITY AND EMPLOYEES		
Reason for leaving: CHANGE OF BRANDING NEEDS		
From: 1/10	To: 5/10	Name of Company: ELDORADO SPRING WATER
Supervisor: MIKE	Phone #: [REDACTED]	
Address: [REDACTED]	Co-Workers: 1) 2) 3)	
City, State, Zip: [REDACTED]	Starting Pay: COMMISSION Final Pay:	
Duties/Assignments: RESIDENTIAL SALE TEAM LEAD		
Reason for leaving: NEEDED CONSISTANT INCOME TO SUPPORT FAMILY		
From: 6/09	To: 1/10	Name of Company:
Supervisor:	Phone #:	
Address:	Co-Workers: 1) 2) 3)	
City, State, Zip:	Starting Pay: Final Pay:	
Duties/Assignments:		
Reason for leaving: LOOKING FOR WORK TO SUPPORT FAMILY UTILIZING EDUCATION AND BACKGROUND		

②

Experience and Employment - Continued		
From: 1/13	To: 7/13	Name of Company: ZAK DIRT
Supervisor: MIKE SUZAK		Phone #: [REDACTED]
Address: [REDACTED]		Co-Workers: 1) MIKE
City, State, Zip: [REDACTED]		2) NACHO
Duties/Assignments: WORKING IN A CREW OF THREE TO CONSTRUCT BRIDGES		3) Starting Pay: \$18 ⁰⁰ HR Final Pay: \$18 ⁰⁰ HR
Reason for leaving: SEEK BETTER EMPLOYMENT TO SUPPORT FAMILY		
From: 6/12	To: 1/13	Name of Company: CAST IN PLACE CONCRETE
Supervisor: BURKE		Phone #: [REDACTED]
Address: [REDACTED]		Co-Workers: 1) BURKE
City, State, Zip: [REDACTED]		2)
Duties/Assignments: CONSTRUCTION MANAGER. SUPERVISED ALL BUILDING PROJECTS AND CREWS		3) Starting Pay: \$18 ⁰⁰ HR Final Pay:
Reason for leaving: FIND A JOB THAT UTILIZED PROFESSIONAL BACKGROUND		
From: 5/12	To: 6/12	Name of Company: FREEDOM ROOFING
Supervisor: JOHN JONES		Phone #: [REDACTED]
Address: [REDACTED]		Co-Workers: 1) JOHN JONES
City, State, Zip: [REDACTED]		2)
Duties/Assignments: PROJECT MANAGER-OVERSAW ALL PROJECTS FROM START TO FINISH		3) Starting Pay: 36,000 yr. Final Pay:
Reason for leaving: NEEDED CONSISTANT WORK AND SHORTER COMMUTE		

5

Experience and Employment		
Start with most current and list for the last 10 years. Account for ANY periods of unemployment. Attach additional pages if needed.		
From: 10/2005	To: 8/2009	Name of Company: TOWN OF FREDERICK
Supervisor: BOB BEDSAUL	Phone #: [REDACTED]	
Address: [REDACTED]	Co-Workers: 1) SGT. BEDSAUL	
City, State, Zip: [REDACTED]	2) STEVE WAJE	
	3) DONI LOVELESS	
Duties/Assignments: ENFORCE FED., STATE, MUNI LAWS. K9, C.I.T., PROACTIVE COMMUNITY POLICING	Starting Pay: \$39,000 YR. Final Pay: \$41,500	
Reason for leaving: DIFFERENCE IN VISION IN FURTHERING L.E. CAREER		
From:	To:	Name of Company:
Supervisor:	Phone #:	
Address:	Co-Workers: 1)	
City, State, Zip:	2)	
	3)	
Duties/Assignments:	Starting Pay:	
	Final Pay:	
Reason for leaving:		
From:	To:	Name of Company:
Supervisor:	Phone #:	
Address:	Co-Workers: 1)	
City, State, Zip:	2)	
	3)	
Duties/Assignments:	Starting Pay:	
	Final Pay:	
Reason for leaving:		

③

Experience and Employment - Continued		
From: 4/12	To: 6/12	Name of Company:
Supervisor:	Phone #:	
Address:	Co-Workers:	
City, State, Zip:	1)	
	2)	
	3)	
Duties/Assignments:	Starting Pay:	
	Final Pay:	
Reason for leaving: SEEKING EMPLOYMENT TO UTILIZE BACKGROUND AND EDUCATION TO SUPPORT FAMILY		
From: 2/12	To: 4/12	Name of Company: WESTERN STATES SECURITY
Supervisor: BRYCE CRIDER	Phone #:	
Address:	Co-Workers:	
City, State, Zip:	1) BRYCE CRIDER	
	2)	
	3)	
Duties/Assignments: V.P. OPERATIONS - DEVELOP & IMPLEMENT TRAINING, SALES, HIRING, DAILY OPERATIONS	Starting Pay: \$1800 HR.	
	Final Pay:	
Reason for leaving: OWNER WAS NOT PAYING ON A CONSISTANT BASIS.		

* PLEASE SEE ADDITIONAL SHEETS * ①-⑤

Do you possess current, valid Colorado POST certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Academy attended: AIMS C.C.	SCHEDULING RE-CERT W/ FLAT ROCK	
If not POST certified, are you currently enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of certification:	Certificate #	
Do you possess a law enforcement certificate from any other state? If yes, list below.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I am currently or have previously been employed as a law enforcement officer and have attached a current copy of my annual performance evaluation or most recent performance evaluation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>You must attach a copy of your Colorado POST certification/POST certification from another state to this application</u>		

Education			
List names and addresses (City/State) of schools attended			
High School / G.E.D.:	City/State	Graduation / Diploma / Certificate	
1) SKYLINE H.S.	LONGMONT CO	1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2)		2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3)		3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University: Major	Minor / City/State	Graduation / Diploma / Certificate	
1) AIMS C.C.		1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, total credit / hours:	
2)		2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, total credit hours:	
3)		3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, total credit hours:	
4)		4) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, total credits hours:	
5)		5) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, total credits hours:	
Vocational / Technical:	City/State	Graduation / Diploma / Certificate	
1)		1) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2)		2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3)		3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	City/State	Graduation / Diploma / Certificate	
1)		1) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2)		2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3)		3) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Experience	
Have you ever served in the U.S. Armed Forces?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Branch: NAVY
Date served from: 1998	Date served to: 2001
Are you a member of the Reserves or National Guard?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Branch:
Duties performed and acquired skills:	
Were you subject to any court martial, non-judicial punishment (article 15 or Captain's Mast), or letter of reprimand while in the military? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain. WANTED TO EXIT MILITARY TO BE HOME W/ NEW WIFE AND CHILD. (This will not automatically disqualify your application) HAVE ALWAYS REGRETTED MY IMMATURE DECISION	
Type of discharge? (Attach DD214) OTH	

Legal		
Have you ever been arrested, charged, or convicted of any crime in this state or any other as a juvenile or an adult? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list all offenses below (attach additional pages if necessary.) (This will not automatically disqualify your application)		
Approximate Date	Law Enforcement Agency	Charge(s)
SEPTEMBER 2009	LOUISVILLE P.D.	DWA
Explain circumstances		Case sealed? NO
I WAS HAVING A MEDICAL EMERGENCY AND DROVE SELF TO HOSPITAL 100% SOBER SINCE 9/2013		
Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?
Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?
Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?
Have you ever committed a criminal act that you could have been arrested for? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain. DRIVING AFTER CONSUMING ALCOHOL. 100% SOBER SINCE 9/2013 (This will not automatically disqualify your application)		
Are you currently or have you previously been a party to a civil action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, explain when, where, and why. (This will not automatically disqualify your application)		
Have you ever had a complaint made against you by a customer, child, parent, citizen, neighbor, or co-worker? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain when, where, and why. PEOPLE WOULD COMPLAIN AFTER L.E. CONTACT ON OCCASION (This will not automatically disqualify your application)		
Have you ever been the subject of a restraining order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes explain when, where, and why. (This will not automatically disqualify your application)		
Have you ever slept on the job without permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, explain when, where, and why.		

Legal - Continued

(The fact you have been charged with a crime will not automatically disqualify you.)

<p>Have you ever used company materials (tools, supplies, equipment, facilities, etc.) for personal gain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain when, why, and approximate cost.</p>
<p>Have you ever purposefully damaged or destroyed company, public, or private property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain when, where, and why.</p>
<p>Have you ever accepted a gratuity, money, or materials from someone when it was against policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain when, where, and why.</p>
<p>Have you ever taken anything from a person, business, vehicles, etc. without permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain when, where, and why.</p>
<p>Have you ever used physical force to take something from someone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain when, where, and why.</p>
<p>Have you ever committed an act of domestic violence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain when, where, who was involved and provide details of the incident.</p>
<p>Have you ever used physical force against a child, whether yours or someone else's? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain when, where, who was involved and provide details of the incident.</p>

Drug Use					
Have you ever used any illegal drugs? (please check all that apply)					
Drug	Yes	No	Date first used	Date Last used	Used only once?
Marijuana	X		1997	2016 USED FULL SPECTRUM CBD BALM	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish, Hashish Oil		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine/Crack		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Barbiturates		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Amphetamines/Ecstasy		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamines/Inhalants		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD, Mushrooms or other Hallucinogens		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
PCP		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin or other Opiates		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids		X			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		X			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever used prescription drugs belonging to someone else or deliberately abused any prescription medications? Yes No

If yes, explain.

Have you ever sold, distributed or shared illegal drugs?
 Yes No

If yes, explain.

Do you currently associate with anyone who you know uses illegal drugs?
 Yes No

If yes, explain.

Have you ever refused to submit to a drug screen as a potential job applicant? Yes No

Would you take a drug screening test as a part of this selection process? Yes No

[Empty box]

Motor Vehicle Operation			
Current DL number	State of Issue	Expiration Date	Name under which DL was granted
[REDACTED]	CO	12/18/2026? WAITING FOR REPLACEMENT	ZACHERIA A. HAHN

List all other states where you have been licensed	
State of issue	DL number
1)	1)
2)	2)
3)	3)

List all traffic citations you have received in the past 5 years			
Original Violation	Plea	Location	Approximate Date
SPEEDING		WASHINGTON STATE	2016

Has your driver's license ever been suspended, revoked, or denied? Yes No

If yes, explain.
REVOKED IN 2009 DUI

As a driver, have you been involved in any motor vehicle accidents within the last 5 years?
 Yes No

If yes, include where, when, and action taken.

Motor Vehicle Operation - Continued

Have you ever driven a motor vehicle while impaired by either drugs or alcohol? Yes No

If yes, explain when, where, and the circumstances.
9/2009 DROVE SELF TO HOSPITAL AFTER MEDICAL EMERGENCY
100% SOBER SINCE 9/2013

Have you ever been arrested for driving while impaired or under the influence of either drugs or alcohol?

Yes No

If yes, explain when, and where.
9/2009 DROVE SELF TO HOSPITAL AFTER MEDICAL EMERGENCY
(This will not automatically disqualify your application) 100% SOBER SINCE 9/2013

Has your car insurance ever been cancelled or been placed into a high-risk category?

Yes No

If yes, explain when, and why.

Have you ever been involved in a hit and run? Yes No

If yes, explain.

Have you ever applied to work for Severance Police Department in the past? Yes No

If yes, explain position applied for and date you applied.

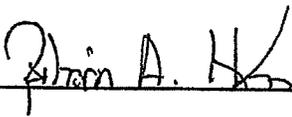
Are there any restrictions on your license? Yes No

If yes, explain.

General Information
Please list all other law enforcement agencies you have applied within the last 12 months

Agency you applied with	Date	Current status in application process	Reason you were not hired
1) HUDSON MARSHALL	3/2019	WAS NEVER CONTACTED AFTER APPLICATION	
2)			
3)			
4)			
5)			
6)			
8)			
9)			
10)			

By signing below indicates you personally completed each page of this form and that all statements made are true to the best of your knowledge. Signature indicates you understand misstatements of any of the information provided will result in disqualification.



Signature

4/24/2019

Date

TOWN OF SEVERANCE

AUTHORIZATION TO RELEASE INFORMATION

I am an applicant for a position with the Town of Severance. I am required to furnish information that the Town may use in determining my qualifications for that position. In this connection, I hereby expressly authorize the release of any and all information that I have or will furnish to the Town, or which the town may independently have or acquire concerning me, including information of a confidential or privileged nature. I further authorize the Town to conduct a criminal history or credit investigation of me.

I hereby release, indemnify and hold harmless the Town of Severance, its agents, officials, and employees, and any other organization, company or institution or person furnishing information to the Town of Severance as expressly authorized above from and against any liability for injury or damage including attorney's fees, which may result from release of information as authorized hereby.

Print Full Name: ZACHERIA A. HAHN

Present Mailing Address: 
City State Zip

Home Phone Number: 

Drivers License #  State of Issuance: CO

Zacharia A. Hahn
Applicant's Signature

4/24/2019
Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires