



# OFFICE OF THE SUMMIT COUNTY SHERIFF

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## Application Directions

Thank you for your interest in becoming a member of the Summit County Sheriff's Office team. The following pages consist of the initial application for employment with the Sheriff's Office. Please note the following:

This application must be legible and complete in order to be accepted. If we are unable to read your application, we will not process it.

If selected, you will be added to the testing roster and will be informed of the date and time of your testing. Candidates selected to move forward after the testing day will be notified by phone or e-mail.

You are expected to attend the testing if placed on the roster. If you are not able to attend testing, you may elect to have your application held for the next hiring process, but if you withdraw from a second process you will need to resubmit an application to be considered.

Completed applications may be mailed directly to the Sheriff's Office at P.O. Box 210, Breckenridge, CO, 80424 to the attention of the Training Division. They may also be scanned and emailed to [RecruitPatrol@summitcountyco.gov](mailto:RecruitPatrol@summitcountyco.gov) or [RecruitDetentions@summitcountyco.gov](mailto:RecruitDetentions@summitcountyco.gov). Please be sure to e-mail the appropriate division.

To ensure your application is accepted, please make certain to follow these directions. If you have any questions about the directions please contact Patrol Field Training Lieutenant Kevin Igo or Detentions Field Training Lieutenant Cynthia Gilbert.

Thank you and we look forward to speaking with you further about this opportunity.

For more information, you can also visit our web page at [www.summitsheriffco.com](http://www.summitsheriffco.com).

Thank you,

Lieutenant Kevin Igo  
Operations Division  
[Kevin.Igo@SummitCountyCO.gov](mailto:Kevin.Igo@SummitCountyCO.gov)  
970-423-8961

Lieutenant Cynthia Gilbert  
Detentions Division  
[Cynthia.Gilbert@SummitCountyCO.gov](mailto:Cynthia.Gilbert@SummitCountyCO.gov)  
970-423-8933



## SUMMIT COUNTY SHERIFF'S OFFICE

### Deputy Application

Mail to: Training Division: PO Box 210, Breckenridge CO, 80424

Email to: [RecruitPatrol@summitcountyco.gov](mailto:RecruitPatrol@summitcountyco.gov) OR [RecruitDetentions@summitcountyco.gov](mailto:RecruitDetentions@summitcountyco.gov)

Summit County is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin. Summit County only hires individuals authorized to be employed in the United States.

NAME (please type or print): \_\_\_\_\_  
Last First MI Email address

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Alternate Phone:( ) \_\_\_\_\_

**Position applying for:** Patrol (POST Certified) OR Patrol Cadet (Non POST Certified)  
**I am 21 years of age I am 21 years of age**  
Detentions Community Service Officer  
**I am 18 years of age I am 21 years of age**

**RELATED EXPERIENCE:** In order to be eligible for testing for **PATROL DEPUTY** you must meet one of the following:

I am currently Colorado POST certified Certification # \_\_\_\_\_ (Attach copy of certification)

I am eligible for Colorado POST certification (**You must meet one of the two criteria below**)

I have graduated from \_\_\_\_\_ (Name of academy). My test is scheduled for \_\_\_\_\_ (date)

I am certified in another state Certification # \_\_\_\_\_ State \_\_\_\_\_ (Attach copy of certification)

I am currently enrolled in a POST academy (enrolled at the time of application and will be actively attending at the time of interview).  
Name of Academy \_\_\_\_\_ Anticipated Grad Date \_\_\_\_\_

Other information you feel would be helpful in considering you for employment: \_\_\_\_\_

**EDUCATION:** Please select the highest grade completed. 12 13 14 15 16 16+

High School \_\_\_\_\_ City/State \_\_\_\_\_ GED or Diploma: Yes No

College/University \_\_\_\_\_ City/State \_\_\_\_\_ Degree & Major \_\_\_\_\_

**EMPLOYMENT HISTORY:** List your work history below. **Start with your present, or most recent, position and go backward through your adult work experience at least 2 years.** Include military service and volunteer work in your work history in chronological order. Identify by month and year any period of unemployment of six months or more. Also, explain the circumstances for any positions from which you have been fired or terminated. **This section MUST be complete.** Attach additional sheets if necessary.

**Current or Most Recent Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name  
From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed  
\_\_\_\_\_  
City/state  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone Number of Supervisor  
\_\_\_\_\_  
Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month)

May we contact this employer?

Yes No

Reason for Leaving  
or wanting to leave \_\_\_\_\_

**Previous Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name  
From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed  
\_\_\_\_\_  
City/state  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone Number of Supervisor  
\_\_\_\_\_  
Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month)

May we contact this employer?

Yes No

Reason for Leaving  
or wanting to leave \_\_\_\_\_

**Previous Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name  
From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed  
\_\_\_\_\_  
City/state  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone Number of Supervisor  
\_\_\_\_\_  
Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month)

May we contact this employer?

Yes No

Reason for Leaving  
or wanting to leave \_\_\_\_\_

**Previous Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name  
From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed  
\_\_\_\_\_  
City/state  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone Number of Supervisor  
\_\_\_\_\_  
Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month)

May we contact this employer?

Yes No

Reason for Leaving  
or wanting to leave \_\_\_\_\_

**Previous Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Company Name City/state Phone Number of Supervisor  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Date Employed Job Title Supervisor Name  
 DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month) Reason for Leaving  
 May we contact this employer? Yes No or wanting to leave \_\_\_\_\_

**Please make copies of this page if more space is required for listing employers**

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**MILITARY EXPERIENCE:**

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ Discharge Classification: \_\_\_\_\_

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**DRIVING RECORD:** You are applying for a position that will require driving. Please complete the following.

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Expiration date: \_\_\_\_\_ List type, date, and disposition of all traffic violations within past 5 years.  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Are you related to anyone currently employed by the County of Summit? If yes, provide name and relationship.**

Name/s \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

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**Please list the most recent agencies you have applied with and your status with each agency:**

Agency	Status	Poly/Psych Completed	Disqualified

**Screening Checklist for Deputy Applicants**

I, \_\_\_\_\_ (*print name*), am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates and family, and agree to allow a representative of the Summit County Sheriff's Office to review my driving record, credit history, criminal records and history, and military records. I understand that I will submit to a pre-employment polygraph examination, psychological evaluation, physical evaluations and a urinalysis drug test. I am aware that failure to fully submit to these listed reviews and evaluations will be grounds for disqualification from the selection process.

Signature \_\_\_\_\_

*(I acknowledge this is accepted as a digital signature)*

**AN IMPORTANT MESSAGE ABOUT TRUTHFULNESS...**

One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Summit County Sheriff's Office has an unwavering stand on untruthfulness and dishonesty that can result in the dismissal of an employee who engages in such misconduct.

The same standard applies in the hiring and selection process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct. **If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Summit County Sheriff's Office.** Information regarding a candidate's disqualification may also be made available to other law enforcement agencies with an authorized request.

**Please circle the correct answer to the following questions. If you answer "yes" to any question you MUST provide additional information about the circumstances, including dates. Attach additional pages if necessary. Answering "Yes" will not automatically bar an applicant from employment; however, you must provide detailed information about each "Yes" response.**

**Failure to provide the information requested will disqualify you from the process.** The relationship of the conviction to the job, as well as the severity and the passage of time, will all be considered.

Have you ever:

- |   |     |    |
|---|-----|----|
| 1. Been convicted by any court of a felony or misdemeanor or entered a guilty or nolo contendere plea?                        | Yes | No |
| 2. Used any illegal drugs in the last 2 years?  | Yes | No |
| 3. Sold any illegal drug at any time in your life?  | Yes | No |
| 4. Falsified any document, form, testimony, or pleading as an officer of the court or as a witness?                           | Yes | No |
| 5. Omitted, misstated or falsely stated any information, in writing or orally, during an application process with any agency? | Yes | No |
| 6. Have you ever been terminated or asked to resign from a job?   | Yes | No |

Write a short paragraph explaining: a) why you are interested in becoming a deputy and b) why you are applying with the Summit County Sheriff's Office.

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**Where did you hear that the Summit County Sheriff's Office was hiring?**

Internet (website : \_\_\_\_\_)      Social Media      Newspaper      Word of mouth      Other: \_\_\_\_\_

**AFFIDAVIT:**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I authorize the Summit County Sheriff's Office to conduct a background investigation pertaining to my suitability for employment, which may include a criminal history check. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed could be cause for termination and this employer shall not be liable in any respect for such action or termination.

I understand that any false statement in this document or willful misrepresentation will result in disqualification from the application process. If the misrepresentation is discovered after hiring, I may be subject to an inquiry and appropriate administrative or disciplinary actions, up to and including termination.

As an applicant for employment with the Summit County Sheriff's Office, I understand that, if hired, I must comply with the Employee Drug and Alcohol Policy. Additionally, I agree to submit to a physical exam, pre-employment drug screening test, a polygraph test, and other tests as required by the Summit County Sheriff's Office.

NOTE: Applications, whether mailed or emailed must have signature to be accepted.

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Applicant Signature *(I acknowledge this is accepted as a digital signature)*      Date

Social Security Number \_\_\_\_\_

