

FREMONT COUNTY SHERIFF'S OFFICE
Application Addendum

I understand this addendum provides additional information to begin a preliminary background investigation required for all positions within the Sheriff's Office.

Full Name: _____
 Social Security Number: _____ Date of Birth: _____
 Driver's License Number: _____ State: _____ Expiration: _____

You must answer each question fully and accurately. The questions contained within this application are not intended to imply illegal preferences or discrimination based on non-job-related factors. If you are applying for a Patrol Deputy position you must be Colorado POST Certified to qualify.

Have you ever had your driver's license suspended or revoked? _____ Yes _____ No
 If yes, what State? _____ When? _____

Have you been convicted of a felony? _____ Yes _____ No

Do you have any domestic violence convictions or other convictions preventing you from possessing a firearm? _____ Yes _____ No

Have you ever been known by or use any other name? _____ Yes _____ No
 If yes, list them here: _____

Did you serve in the United States Military? _____ Yes _____ No
 If yes, what branch? _____
 Type of Discharge: _____ Dates: _____

Are you Colorado POST Certified? If yes, provide copy. _____ Yes _____ No
 Are you at least 21 years of age? _____ Yes _____ No

Disclaimer and Signature

I certify my answers are true and correct to the best of my knowledge. I have not made any intentional misrepresentations or omissions. I understand I may be required to submit to a post-offer, pre-employment drug screening (including detection of marijuana) and physical evaluation. I understand employment with Fremont County is "at will" and there are no guaranteed assurances of future or continued employment. I understand should it be discovered I have provided any misleading information on this application it can result in rejection of my application or termination from employment. I authorize representatives from Fremont County to contact and obtain information from employers, schools, licensing authorities, other references, or through a background investigation process. I have read, understand and my signature shows my consent to these statements.

Signature: _____	Date: _____	
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