

POSSE APPLICATION



Prowers County Sheriff's Office

103 E. Oak Street, Lamar, Colorado 81052

719-336-8050 719-336-7900 fax

Sheriff Sam Zordel

Applicant: _____

Sponsored By: _____

Sheriff: _____

Executive Board Approval

_____	_____
_____	_____
_____	_____
_____	_____

Name

Rank



Date of Application: _____

Executive Board Meeting: _____

General Meeting: _____

Prowers County Sheriff's Posse

Membership Application

Instructions: Answer all questions completely. If the question is "Not Applicable" write "N/A". Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank page on back of this form for extra details on any questions or questions for which you do not have sufficient space. You are hereby informed that the correctness of All Statements Made Herein Will Be Subject To Investigation.

Have you read and do you understand the instructions? Yes No

Personal Background

Full Name: _____ Nicknames: _____

SSN: _____ Date of Birth: _____ Place of birth: _____

Address: _____ Years at residence: _____
(street, city, state, zip)

Home Phone: _____ Work Phone: _____ Other Phone: _____

Marital Status: _____ Dependants: _____

Name of Spouse: _____ Date of Marriage: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Employer: _____
(Name & Address)

May we contact your employer? Y N if not – Reason: _____

Colorado Drivers License #: _____ Class DL: _____

Education

High School Attended: _____ Dates: _____

Graduate? _____ Year: _____ GED or Equivalent? _____

Trade School Attended: _____ Graduate/Certificate: _____
Year: _____

College Attended: _____

Major: _____ Minor: _____ Dates: _____ Graduate? _____

Degree(s) received: _____

Military Service? _____ Branch: _____ Rank: _____

MOS: _____ Secondary MOS: _____

Type of Discharge: _____ Are you required to Register with Selective Service? _____

Dates of Service: _____ Are you registered? _____ Date: _____

Are you currently participating in the National Guard or Reserves? _____

Qualifications / Skills

Are you P.O.S.T. certified? Y N if yes, date of certificate: _____

Type of certificate: _____ Certification #: _____

Do you speak any foreign languages fluently? _____

Other Skills / Training _____

Prowers County Sheriff's Posse Membership Application

Personal History

Have you ever been arrested? Y N if yes, Date of Arrest:

Reason for arrest:

Have you ever been charged or convicted of a felony? Y N

If yes, Date and Case Number:

Have you ever been charged or convicted of any other crimes? Y N

If yes, Dates and Case Numbers:

Have you ever been charged with Domestic Violence? Y N

If yes, Date and Case Number

Has your driver's license ever been suspended, revoked, or denied? Y N

If yes, Explain: (to include dates of suspension and re-instatement, and reason for suspension)

Have you ever used narcotics? Y N if yes, last date used:

Have you ever used alcohol? Y N if yes, last date used:

Have you ever used or experimented with illegal drugs? Y N if yes, last date used:

Have you ever engaged in the activities of selling, manufacturing, purchasing, furnishing, cultivating, Possession, or carrying or holding for another person, any types of illegal substances or drugs, to include Marijuana? Y N if yes, give drug involved and circumstances:

Please give a brief description of why you would like to join the Sheriff's Posse:

Prowers County Sheriff's Posse Membership Application

Please read and acknowledge the following, if you agree:

I represent that my answers and statements in this application are true and complete to the best of my knowledge and belief. I agree that any organization, institution, business, or person, that has any records or personal knowledge of me is authorized to give the Prowers County Sheriff's Office, in Lamar, Colorado, or any of it's agents, information so required as to my personal history, personal background, education, job performance, work history, skills and training or any other information that may be pertinent to this Application for Membership, for the Prowers County Sheriff's Posse. No person that releases this information for the means of this background check shall be liable for the information that they release. A photocopy or fax of this Authorization shall be valid as the Original.

Signature

Date

Printed Name

Date of Birth

I fully understand and give my permission to the Prowers County Sheriff's Office to run a criminal history, driver's license history, and full criminal background check.

Signature

To be completed at General Meeting Date:

I, _____, do solemnly swear that I will support the Constitution and Laws of the United States of America, the State of Colorado, and the County of Prowers, and will faithfully and impartially discharge the duties of a Deputy Sheriff and abide by the By-Laws of the Sheriff's Posse in and for Prowers County, and do further swear that I am a bona fide resident of the State of Colorado.

Dated on: _____ At: _____

Signature of Applicant: _____

Signature of Sponsor: _____