



**Silverthorne Police Department**

**601 Center Circle \* P. O. Box 1167**

**Silverthorne, CO. 80498**

**970.262.7320 Main \* 970.262.7315 Fax**

**[www.silverthorne.org](http://www.silverthorne.org)**

Dear Applicant:

The Silverthorne Police Department is a progressive agency which exemplifies its core belief in professionalism, integrity, innovation and teamwork. The mission of the Silverthorne Police Department is to enhance the quality of life within the town by working closely with citizens in the development and delivery of professional police services. If you are the type of person who is committed to performing a high quality of service and enjoys a diversity of opportunities and challenges, I invite you to apply for a position with our team.

I look forward to meeting you.

Mark W. Hanschmidt

Chief of Police

*Your Police...Our Community*

## Attachments

Thank you for applying with the Silverthorne Police Department.

Please include the following with your application:

- 1.) Authorization to release information, signed and notarized
- 2.) Copy of high school diploma or G. E. D.
- 3.) Copy of your driver's license
- 4.) Copy of your birth certificate
- 5.) Copy of P.O.S.T. certification
- 6.) Copy of academy graduation certificate
- 7.) If you do not have a P.O.S.T. certificate please include a *Proof of Enrollment* in a state certified police academy
- 8.) DD214 ( if applicable)
- 9.) Any other pertinent training documents

**Personal**

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

**References: List five persons not related to you**

*Must have valid phone number of those listed below*

<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>

**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

<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			
<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			
<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			

**Experience and Employment - Continued**

<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			
<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
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<b>Supervisor:</b>		<b>Phone #:</b>	
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<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			

**Experience and Employment – Continued**

<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>
<b>Supervisor:</b>		<b>Phone #:</b>
<b>Address:</b>		<b>Co-Workers:</b>
<b>City , State, Zip:</b>		1)
		2)
		3)
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>
		<b>Final Pay:</b>
<b>Reason for leaving:</b>		
<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>
<b>Supervisor:</b>		<b>Phone #:</b>
<b>Address:</b>		<b>Co-Workers:</b>
<b>City , State, Zip:</b>		1)
		2)
		3)
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>
		<b>Final Pay:</b>
<b>Reason for leaving:</b>		

Do you possess current, valid Colorado POST certification?       Yes       No

Academy attended:

If not POST certified, are you currently enrolled?       Yes       No

Date of certification:      Certificate #:

Do you possess a law enforcement certificate from any other state?       Yes       No  
If yes, list below.

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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.       Yes       No

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You must attach a copy of your Colorado POST certification/POST certification from another state to this application

Education			
List names and addresses (City/State) of schools attended			
High School / G.E.D.:	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
College / University:	Minor / Major	City/State	Graduation / Diploma / Certificate
1)			1) <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Branch:
Date served from:	Date served to:
Are you a member of the Reserves or National Guard? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain. (This will not automatically disqualify your application)	
Type of discharge? (Attach DD214)	

Legal

Have you ever been arrested, charged, or convicted of any crime in this state or any other as a juvenile or an adult?     Yes         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)
Explain circumstances		Case sealed?

Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?

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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?  
 Yes         No

If yes, explain.

(This will not automatically disqualify your application)

Are you currently or have you previously been a party to a civil action?         Yes         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?  
 Yes         No

If yes, explain when, where, and why.

(This will not automatically disqualify your application)

Have you ever been the subject of a restraining order?         Yes         No

If yes explain when, where, and why.

(This will not automatically disqualify your application)

Have you ever slept on the job without permission?         Yes         No

If yes, explain when, where, and why.

**Legal – Continued**

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

**Have you ever used company materials (tools, supplies, equipment, facilities, etc.) for personal gain?**

Yes       No

**If yes, explain when, why, and approximate cost.**

**Have you ever purposefully damaged or destroyed company, public, or private property?**

Yes       No

**If yes, explain when, where, and why.**

**Have you ever accepted a gratuity, money, or materials from someone when it was against policy?**

Yes       No

**If yes, explain when, where, and why.**

**Have you ever taken anything from a person, business, vehicles, etc. without permission?**

Yes       No

**If yes, explain when, where, and why.**

**Have you ever used physical force to take something from someone?**       Yes       No

**If yes, explain when, where, and why.**

**Have you ever committed an act of domestic violence?**       Yes       No

**If yes, please explain when, where, who was involved and provide details of the incident.**

**Have you ever used physical force against a child, whether yours or someone else's?**

Yes       No

**If yes, please explain when, where, who was involved and provide details of the incident.**

**Drug Use**

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

<p>Have you ever used prescription drugs belonging to someone else or deliberately abused any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>Have you ever sold, distributed or shared illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>Do you currently associate with anyone who you know uses illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>Have you ever refused to submit to a drug screen as a potential job applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Would you take a drug screening test as a part of this selection process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Motor Vehicle Operation**

<b>Current DL number</b>	<b>State of issue</b>	<b>Expiration Date</b>	<b>Name under which DL was granted</b>

**List all other states where you have been licensed**

<b>State of issue</b>	<b>DL number</b>
1)	1)
2)	2)
3)	3)

**List all traffic citations you have received in the past 5 years**

<b>Original Violation</b>	<b>Plea</b>	<b>Location</b>	<b>Approximate Date</b>

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

If yes, explain.

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.

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.

(This will not automatically disqualify your application)

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.

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)			
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

\_\_\_\_\_  
Date

**TOWN OF SILVERTHORNE**

**AUTHORIZATION TO RELEASE INFORMATION**

I am an applicant for a position with the Town of Silverthorne. 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 Silverthorne, its agents, officials, and employees, and any other organization, company or institution or person furnishing information to the Town of Silverthorne 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: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission Expires