

**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: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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? \_\_\_\_\_

Have you ever 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 another 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? Yes:  No:

Please provide a copy of your POST Certification if you checked yes.

**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: \_\_\_\_\_