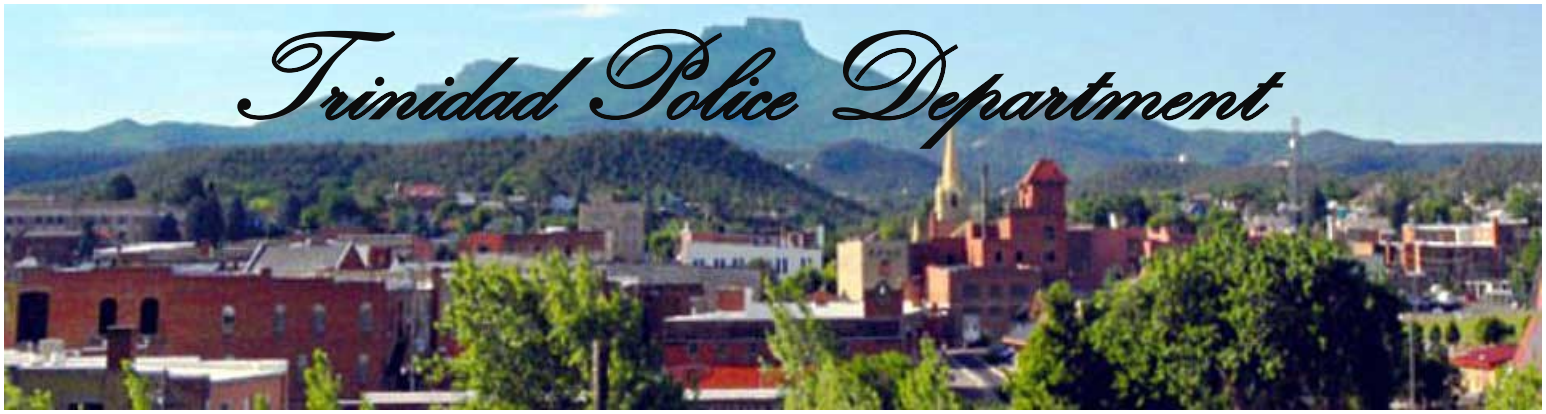

The City of Trinidad is located in beautiful southern Colorado. Trinidad sits on the historic Santa Fe Trail and has a population of 8,771.

RECREATION

Trinidad is a place for those who love the outdoors. With 300 days of sunshine a year, residents can enjoy over 20 miles of trails to hike and mountain bike, 5 lakes to fish, camping, family water park and aquatic center, and golf all within minutes of town. Another summer event to enjoy with the family is a baseball game played by the Pecos League, Trinidad Triggers at Central Park.

SCHOOLING

Trinidad offers many options for schooling. There are four public schools in the area, one in the city limits and three, ten minutes from the center of town. There are options for a Christian school or a Catholic school and one online program. For those who want to continue schooling, Trinidad State Junior College is an option as well.

OUR DEPARTMENT

The Trinidad Police Department is comprised of 27 members.

- 1 Chief of Police
- 1 Deputy Chief
- 1 Captain
- 2 Detectives
- 1 Patrol Lt.
- 3 Sergeants
- 4 Corporals
- 8 Officers
- 2 School Resource Officers
- 1 Code Enforcement Officer
- 1 Animal Control Officer
- 1 Evidence Technician
- 1 Administrative Assistant

The department offers an Explorer program for youth ages 14 to 21. The program teaches kids the basis of being an officer. This is taught by officers in our department.

Every year our department takes children in our area who are less fortunate to buy gifts for Christmas for themselves or their loved ones. This program is called Shop-with-a-Cop and is growing every year.

TRINIDAD POLICE DEPARTMENT
EMPLOYMENT APPLICATION

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR; RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENSE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

PLEASE PRINT

Date of Application _____ Positions (s) Applied For _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

If offered employment can you provide proof of age? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No _____ Date

Have you ever been employed by the City before? ☐ Yes ☐ No
If yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your employer? ☐ Yes ☐ No

Are you POST certified? ☐ Yes ☐ No If yes, list your POST certification # _____

On what date would you be available for work? _____

Are you available to work Full Time Part-Time
Temporary Shift Work

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Are you willing to travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List Professional trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropritate accommodations to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

☐ Handicapped individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____

Motor vehicle driver's license number _____

EDUCATION

	Elementary	High School	College / Univ	Graduate / Univ
SCHOOL NAME				
HIGHEST YEAR COMPLETED	4 5 6 7 8 ☐ ☐ ☐ ☐ ☐	9 10 11 12 ☐ ☐ ☐ ☐	1 2 3 4 ☐ ☐ ☐ ☐	1 2 3 4 ☐ ☐ ☐ ☐
DIPLOMA / DEGREE				
Describe Course of Study				

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities:

Honors Received:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any volunteer activities. Exclude organization names which indicate race, color, sex or national origin.

1. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed _____ to _____ Pay rate _____ to _____
Work Performed _____

Reason for leaving _____

2. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed _____ to _____ Pay rate _____ to _____
Work Performed _____

Reason for leaving _____

EMPLOYMENT EXPERIENCE CONTINUED

3. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed _____ to _____ Pay rate _____ to _____
Work Performed _____

Reason for leaving _____

4. Employer _____ Telephone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed _____ to _____ Pay rate _____ to _____
Work Performed _____

Reason for leaving _____

If you need additional space, please continue on a separate sheet.

Special Skills and Qualifications:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and in not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Trinidad.

_____ _____
Signature of Applicant Date

APPLICATIONS ARE KEPT ON FILE FOR THIRTY DAYS ONLY

City of Trinidad Department of Police

SUPPLEMENTAL EMPLOYMENT APPLICATION

Peace Officer

The following are questions which you must answer to assist the Trinidad Police Department in evaluating your qualifications for employment. This is part of your application for employment and ail information must be **TRUE, COMPLETE, AND CORRECT.** Omitted, incomplete or incorrect information submitted in these answers may result in your disqualification. If there is not enough room to complete a question, continue your answers on additional sheets and attach them to the end of this Supplemental Employment Application. *Read each question carefully and answer all questions. If a question does not apply, mark NIA (Not Applicable)* ***Information*** *MUST* be legible.

CERTIFICATION

I am aware that this document is considered to be part of my application and is open record as per Colorado Law.

Under penalty of perjury, I certify that all of the statements made in this questionnaire are **TRUE, COMPLETE, AND CORRECT.**
I understand that false or intentionally omitted information will result in my disqualification.

Signature _____
Please sign in ink.

Date _____

ANSWER ALL QUESTIONS OR YOUR PACKET WILL BE RETURNED TO YOU.

Are you currently Colorado P.O.S.T. (Peace Officer Standards and Training) **certified?** ☐ Yes ☐ No

If yes, Date_____ **Location** _____
(State and facility where training was received.)

1. Name_____
Last First Middle

2. Physical Address_____
Address Number City State Zip Code

County in which you reside_____ (i.e., Adams, Las Animas, Pueblo, etc.)

Mailing Address _____
(if different) Address/Box Number City **State** Zip Code

3. Home Phone #_____ **Work Phone #**_____

E-mail address_____ **Cell Phone #**_____

4. Date of Birth_____ **Place of Birth** _____
City and State and Country

5. Social Security #_____

6. Driver's License #_____ State _____ Class _____

7. **OTHER NAMES YOU HAVE USED**: Include aliases, maiden name(s), former married name(s), nick names and name(s) you have been also known as (AKA's), even if they were informally used. Please give the nature of name (for example, maiden name, nick name, etc.)
(Attach additional pages if necessary.)

8. **RELATIVES:** List your father, mother, step-parents, foster parents, spouse, previous spouse, children, step-children, brothers, sisters, step-brothers and step-sisters, half-brothers and half- sisters, father-in-law, mother-in-law. (List relatives whether they are alive or deceased.)

Relationship	Full Name Last, First, Middle Initial	Date of Birth	Current Telephone No.	Current Address City, State & Zip Code

9. RESIDENCES: List all residences you have had during the past seven (7) years, beginning with your current residence.

Address	Dates	If rented, give name, current phone number and address of person who collected the rent.

10. OTHERS YOU HAVE LIVED WITH: If you have resided with anyone other than one of the relatives listed in question # 8 within the last 10 years, furnish their name(s), current address(es) including City, State and zip code and telephone number(s).

Name	Date of Birth or approx age	Dates you lived with them	Address and Telephone

11. NEIGHBORS: List the neighbors on each side of your current residence.

Name	Telephone Number	Address City, State & Zip Code

12. PERSONAL REFERENCES: List the names of three (3) people who know you best. (Do not list relatives, others you have lived with or employers.)

Name	**Date of Birth or** Approximate Age	Home and work Telephone Numbers	**Address** City, State & Zip Code

13. **EDUCATION HISTORY:**

A. High School Graduated ☐ Yes ☐ No GED ☐ Yes ☐ No

Name & Location From To

B. College or University

Name & Location From To Degree

C. Other Schools or Training (Trade, vocational, armed forces or business)

Name & Location From To

D. Membership in Professional Associations Name and describe organization

13. **Education -continued**

E. **Associations** Name and describe clubs, organizations and community affiliations that you belong to or volunteer for, include name of organization and a description.

F. **Foreign Languages** Please indicate if you are fluent in speaking, reading and/or writing any foreign language

14. **EMPLOYMENT HISTORY:** List all your employment over the last ten (10) years, starting with the most recent

A. **Employer/Type of Business:** Telephone:

Street Address:

City: State: Zip Code:

Your Title:

Dates of Employment: From: To: Hours Per Week:

Salary $

Supervisor Name: Telephone:

Co-worker Name: Home Telephone:

List Specific Duties:

Reason for Leaving:

B. **Employer/Type of Business:** Telephone:

Street Address:

City: State: Zip Code:

Your Title:

Dates of Employment: From: To: Hours Per Week:

Salary $

Supervisor Name: Telephone:

Co-worker Name: Home Telephone:

List Specific Duties:

Reason for Leaving:

C. **Employer/Type of Business:** Telephone:

Street Address:

City: State: Zip Code:

Your Title:

Dates of Employment: From: To: Hours Per Week:

Salary $

Supervisor Name: Telephone:

Co-worker Name: Home Telephone:

List Specific Duties:

Reason for Leaving:

D. **Employer/Type of Business:** Telephone:

Street Address:

City: State: Zip Code:

Your Title:

Dates of Employment: From: To: Hours Per Week:

Salary $

Supervisor Name: Telephone:

Co-worker Name: Home Telephone:

List Specific Duties:

Reason for Leaving:

E. **Employer/Type of Business:** Telephone:

Street Address:

City: State: Zip Code:

Your Title:

Dates of Employment: From: To: Hours Per Week:

Salary $

Supervisor Name: Telephone:

Co-worker Name: Home Telephone:

List Specific Duties:

Reason for Leaving:

F. **Employer/Type of Business:** Telephone:

Street Address:

City: State: Zip Code:

Your Title:

Dates of Employment: From: To: Hours Per Week:

Salary $

Supervisor Name: Telephone:

Co-worker Name: Home Telephone:

List Specific Duties:

Reason for Leaving:

15. Explain any breaks or gaps in your employment and educational history which is described in questions #13 and #14. Why was there a gap, and what did you do during that time?

16. If you have had no prior employment history, explain.

17. Have you ever received a written reprimand at any place of employment? Yes ☐ No ☐ If yes, give the name of the employer(s), approximate date(s), and explain the circumstances.

18. Have you ever been suspended from any employment? Yes ☐ No ☐ If yes, give the name of the employer(s), approximate date(s), and explain the circumstances.

19. Have you ever been fired from any employment? Yes ☐ No ☐ If yes, give the name of the employer(s), approximate date(s), and explain the circumstances.

20. Have you ever had to resign any position or employment under pressure or unfavorable circumstances? Yes ☐ No ☐ If yes, give the name of the employer(s), approximate date(s), and explain the circumstances.

21. List All law enforcement/security/guard/dispatch positions with a city, county, state, special district, regional, or federal government for which you have applied. Include agencies for which you have worked as a "reserve officer" and prior applications with Trinidad Police. If this question does not apply, mark N/A

A. Agency and Location:

Position/Classification:

Date:

What steps did you complete? ☐ Application only ☐ Written multiple choice

☐ Oral Interview ☐ Polygraph ☐ Background Investigation

☐ Other (Please specify)

What is the status of your application?

If you were not hired, what reason was given to you?

B. Agency and Location:

Position/Classification:

Date:

What steps did you complete? ☐ Application only ☐ Written multiple choice

☐ Oral Interview ☐ Polygraph ☐ Background Investigation

☐ Other (Please specify)

What is the status of your application?

If you were not hired, what reason was given to you?

C. Agency and Location:

Position/Classification:

Date:

What steps did you complete? ☐ Application only ☐ Written multiple choice

☐ Oral Interview ☐ Polygraph ☐ Background Investigation

☐ Other (Please specify)

What is the status of your application?

If you were not hired, what reason was given to you?

MILITARY SERVICE

22. Have you ever served in the armed forces, national guard, or military reserves?

☐ Yes ☐ No

If yes, answer questions 22a, 22b, and 22c below and provide copy number "2" or "4" of your DD214 with this supplemental application. (If you have been discharged from the service YOU MUST include a copy of your DD214 or you will not continue in the selection process. Do not send your original, a copy is acceptable.) Include a copy of the DD214 for each tour of service.

22a. Tours of Duty:

From To Branch

Service Number Type of Discharge

From To Branch

Service Number Type of Discharge

22b. While you were in the military, were you ever subject to any disciplinary action?

☐ Yes ☐ No If yes, explain the circumstances.

22c. Provide the names, addresses, and phone numbers of past and current commanding officers or military acquaintances who know you well enough to provide accurate information about you, if you have been discharged within the last 2 years.

LEGAL

23. Have you ever been placed on court probation? ☐ Yes ☐ No
If yes, what was the reason?

When and where did this occur?

24. Have you ever been the subject of a restraining order? ☐ Yes ☐ No
If yes, explain the circumstances.

25. Have you ever been *questioned, investigated, detained,* or *arrested* as a suspect?
☐ Yes ☐ No If yes, complete the following: (Include all incidents, whether experienced as an adult or juvenile, except those which you have had **formally sealed.)**

Date	**Location** (City and State)	**Original Charge** (if any)	**Final Charge** (if amended or reduced)

Describe the circumstances around the event.

What was the disposition of the charge(s)? (Dismissed, not guilty, guilty.) Include amount of fine, and/or length of confinement and/or probation.

Date	**Location** (City and State)	**Original Charge** (if any)	**Final Charge** (if amended or reduced)

Describe the circumstances around the event.

What was the disposition of the charge(s)? (Dismissed, not guilty, guilty.) Include amount of fine, and/or length of confinement and/or probation.

25a. Have you been *questioned* or *interviewed* as a **witness to a crime?**
☐ Yes ☐ No If **yes, complete the following: (Include all incidents experienced after your 18th birthday.)**

Date **Location (City and State)** **Type of crime**

Describe the circumstances around the event.

Mark those that apply:
☐ Oral Statement ☐ Written Statement ☐ Court Testimony ☐ Deposition
☐ Other (please explain):

Date **Location (City and State)** **Type of crime**

Describe the circumstances around the event.

Mark those that apply:
☐ Oral Statement ☐ Written Statement ☐ Court Testimony ☐ Deposition
☐ Other (please explain):

25b. Have you been *questioned* or *interviewed* as a **victim of a crime?**
☐ Yes ☐ No If yes, complete the following: (include all incidents experienced after your 18th birthday.)

Date **Location (City and State)** **Type of crime**

Describe the circumstances around the event.

Date **Location (City and State)** **Type of crime**

Describe the circumstances around the event.

26. Have you ever been convicted of a misdemeanor (other than traffic) or a felony?
☐ Yes ☐ No If yes, supply the information requested below.

Date	Location	Original Charge	Final Charge

27. Have you ever applied for and/or been issued a weapons permit? ☐ Yes ☐ No
If yes, list date of issuance and City / State of issuance.

27a. Have you ever been denied a weapons permit? ☐ Yes ☐ No

27b. Have you ever had your weapons permit revoked? ☐ Yes ☐ No

If you marked "yes" on question 27a or 27b, give approximate date(s) and explain the circumstances.

28. Have you ever been cited, summoned, or requested to appear in court for any reason (except jury duty, traffic citations, or in an official capacity as a law enforcement officer)?
☐ Yes ☐ No If yes, please explain.

29. Have you **ever** been present where any controlled substances were being illegally used? (Controlled substances **include, but are not limited to,** marijuana*, cocaine, hallucinogens, PCP/Angeldust, anabolic steroids, opium, or heroin.) ☐ Yes ☐ No

If yes, please indicate the last date (month and year), the type of controlled substance being illegally used, and explain the circumstances.

30. Have you ever used marijuana? ☐ Yes ☐ No

If yes, last date (month and year) used

31. Have you ever used any controlled substances without a doctor's prescription? Controlled substances include, but are not limited to, marijuana*, cocaine, hallucinogens, PCP/Angeldust, anabolic steroids, opium, heroin, prescription drugs such as tranquilizers, pain killers, and sleeping pills. ☐ Yes ☐ No

If yes, list the type of controlled substance used and the last date used.

*Although the consumption of marijuana is now legal by Colorado law, it is still a violation of Federal law.

MOTOR VEHICLE OPERATION

32. List all states where you have been licensed to operate a motor vehicle.

State	Name under which the license was issued	Approximate Date(s)

33. Have your driving privileges ever been revoked, suspended, denied or canceled?
☐ Yes ☐ No If yes, list in what state, date and reason.

34. List all traffic citations, including photo radar and toll booth violations (not including parking violations) that you have received within the last five (5) years. You must list all traffic citations regardless of the location (state or country) received. Mark N/A if this question does not apply to you.

Violation	Location (city)	Approximate Date	Outcome (fine, etc.)

35. List all vehicles registered to you or to a business in which you have ownership.

Vehicle License Number	**State**	**Year and Make**

36. Have you been involved as a driver in a motor vehicle crash, including parking lot and single car crashes on public or private property, within the last five (5) years?

☐ Yes ☐ No If yes, give the details below.

Date: Location:

Injury: ☐ Yes ☐ No Accident report filed: ☐ Yes ☐ No

Police Investigation: ☐ Yes ☐ No Investigating agency:

Date: Location:

Injury: ☐ Yes ☐ No Accident report filed: ☐ Yes ☐ No

Police Investigation: ☐ Yes ☐ No Investigating agency:

Date: Location:

Injury: ☐ Yes ☐ No Accident report filed: ☐ Yes ☐ No

Police Investigation: ☐ Yes ☐ No Investigating agency:

Date: Location:

Injury: ☐ Yes ☐ No Accident report filed: ☐ Yes ☐ No

Police Investigation: ☐ Yes ☐ No Investigating agency:

37. Provide the following information about your automobile insurance company.

Insurance Company	Policy Number	Effective/Expiration dates

38. Has an auto insurance company ever refused to insure you? ☐ Yes ☐ No
If yes, give the name of the company, approximate date(s), and the reason(s).

Insurance Company	Approximate date(s)	Reason

Check your work for legibility, completeness, and accuracy. Omitted, incomplete, or incorrect information submitted in these answers may result in your disqualification.