

**Return completed application to:**

Crawford State Park  
P.O. Box 147  
Crawford, CO 81415  
Phone: (970) 921-5721  
E-mail: Crawford.Park@state.co.us



Office Use Only

Application # \_\_\_\_\_  
Interview \_\_\_\_\_  
Hire Y N \_\_\_\_\_  
Start Date \_\_\_\_\_  
Supervisor Initial \_\_\_\_\_  
Section Hired \_\_\_\_\_

**CRAWFORD, PAONIA, SWEITZER STATE PARK  
APPLICATION FOR COMMISSIONED RANGER  
INSTRUCTIONS: READ CAREFULLY**

**PRINT IN INK – DO NOT TYPE**

Read every question carefully. Answer every question. If a question does not pertain to you, indicate so by marking "D.N.A." within the appropriate space. Leave no blank spaces unless otherwise directed.

All information is subject to verification. Any misstatements, misrepresentations or omissions by you are cause for disqualification for employment consideration. Any falsifications discovered after you are employed are cause for dismissal.

POSITION APPLIED FOR – CIRCLE ONE - (Specify Unarmed, Armed or Both, if qualified)

1. \_\_\_\_\_  
Name (Last) (First) (Full Middle)

2. \_\_\_\_\_  
List any other names, nicknames or aliases you have used or been known by, including birth or married names

3. \_\_\_\_\_  
Home Address No. Street City State Zip Dates (From/To)

4. \_\_\_\_\_  
Previous Address No. Street City State Zip Dates (From/To)

\_\_\_\_\_  
Previous Address No. Street City State Zip Dates (From/To)

\_\_\_\_\_  
Previous Address No. Street City State Zip Dates (From/To)

5. \_\_\_\_\_ 6. \_\_\_\_\_  
Home Phone Number Cell Phone Number/Pager Number

7. \_\_\_\_\_ 8. \_\_\_\_\_  
Social Security Number P.O.S.T. Certificate Number/State of Issue

9. \_\_\_\_\_  
Place of Birth: City County State Country

10. Are you a U.S. Citizen by birth: Y N (If Yes, go to Question #16)

11. If not, are you a naturalized U.S. Citizen Y N

12. \_\_\_\_\_  
Date and Place of Naturalization

13. If not a U. S. Citizen, what is your citizenship? \_\_\_\_\_

14. \_\_\_\_\_ 15. Are you authorized to work in the U.S.? Y N  
Alien Registration Number

16. List any scars, tattoos, identifying marks, etc., which you have: \_\_\_\_\_

17. Have you ever been a member of the Armed Forces? Y N (If No, go to Question #26)

18. Branch \_\_\_\_\_ 19. Dates \_\_\_\_\_  
From To

20. Type of Discharge \_\_\_\_\_ 21. Present Status \_\_\_\_\_

22. Were you ever subject to any disciplinary action while in the service? Y N

23. Date(s) of Action \_\_\_\_\_ 24. Reason for Action \_\_\_\_\_

25. Nature of Action \_\_\_\_\_

(If you have had more than one period of service, or served in the armed forces of any other nation, give details on the back of this page.) **ATTACH A COPY OF YOUR DD-214 TO THIS APPLICATION.**

26. Provide the information requested below concerning high schools, colleges and universities you have attended, using complete addresses. **ATTACH COPIES OF DIPLOMAS AND CERTIFICATES.**

School	Address	Dates Attended	Hours	Degree

27. List any correspondence, trade or military schools you have attended, using complete addresses. **ATTACH COPIES OF DIPLOMAS AND CERTIFICATES.**

School	Address	Dates Attended	Hours	Degree

28. List all professional licenses or certificates you now hold or have held, including the issuing agency or department. **ATTACH COPIES OF CURRENT LICENSES OR CERTIFICATES.**

License/Certificate	Date of Issue	Date of Expiration	Issued By

29. List all organizations, professional associations, or societies of which you are, or have been a member.


30. What languages are you fluent in, either oral and/or written?


31. Have you ever been expelled or suspended from any school?      Y    N    (If No, go to Question #34)

32. Dates of Suspension/Expulsion \_\_\_\_\_

33. Reason for Suspension/Expulsion \_\_\_\_\_

QUESTIONS #34 THROUGH #45 REQUIRE A "YES" OR "NO" ANSWER. FOR ANY QUESTION THAT YOU ANSWER "YES", PROVIDE ON A SEPARATE PAGE, A DETAILED EXPLANATION, INCLUDING ALL NAMES AND PERSONS OR AGENCIES INVOLVED, DATES, PLACES AND THE OUTCOME OF ANY INCIDENTS. BE VERY SPECIFIC.

34. Have you ever been the subject of a complaint or disciplinary action alleging any breach of ethics, improper or unprofessional conduct by any court, administrative agency, disciplinary committee, medical or bar association, or other professional organization?

Y                      N

35. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action taken against any such license that you have held, either individually or as part of an ownership/management group.

Y                      N

36. Have you ever been convicted of a misdemeanor crime which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed against a current or former spouse or domestic partner, parent, guardian, sibling or child?

Y                      N

37. Has a formal complaint ever been made against you, or against any business or organization in which you were either employed or a member, which alleged that your actions or activities had caused a violation of any person's civil rights?

Y N

38. Have you ever been involved, for any reason, in any type of civil action as a defendant or respondent?

Y N

39. Has a lien, judgement or collection procedure ever been instituted against you?

Y N

40. To your knowledge have you ever been or are you now under investigation for any crime, civil wrong or violation of lawfully adopted regulatory rules or regulations by any federal, state or local government agency or by any grand jury?

Y N

QUESTIONS #41 THROUGH #45 REQUIRE A "YES" OR "NO" ANSWER. FOR ANY QUESTION THAT YOU ANSWER "YES", YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE. IF YOU RECEIVED A DEFERRED JUDGEMENT, A DEFERRED SENTENCE, PAROLE OR PROBATION, YOUR DOCUMENTATION MUST INCLUDE THE DATE THAT YOU WERE DISCHARGED OR RELEASED FROM PROBATION OR OTHER SUPERVISION.

41. Have you ever been arrested, served with a criminal summons, charged with, or convicted of any crime or offense in any manner in this or any other country?

- You must include **ALL** arrests, charges and convictions regardless of the outcome, even if the charges were dismissed or you were found not guilty.
- You must include **ALL** arrests, charges and convictions regardless of the class of the crime (felonies, misdemeanors, and/or petty offenses)
- You must include **ALL** serious traffic offenses, including but not limited to DUI; DWAI; reckless driving; careless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any offense which resulted in your being taken into custody.
- DO NOT RELY upon your understanding that an arrest or charge is "not supposed to be on your record".

Y N

42. Has a criminal indictment, information or complaint ever been returned against you, in this or any other country, but for which you were not arrested or in which you were named as an un-indicted co-party?

Y N

43. Have you ever been questioned by a city, county, provincial, federal or any other domestic or foreign governmental or law enforcement or regulatory agency, commission or committee?

Y N

44. Have you ever been subpoenaed to appear to testify before a federal, state, county or other domestic or foreign governmental grand jury, board, commission or regulatory body?

Y N

45. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?

Y N

46. Have you ever been the victim of a crime? Y N If "Yes" explain

\_\_\_\_\_  
\_\_\_\_\_

47. Was this crime reported to the police? Y N

48. Have you ever been fingerprinted by a police agency other than for an arrest? Y N

49. Are there any reasons that you are unable to operate a motor vehicle?

Y N If "Yes" explain \_\_\_\_\_

\_\_\_\_\_

50. Do you possess a valid Colorado Driver License? Y N

51. \_\_\_\_\_ 52. \_\_\_\_\_  
Driver License Number/State Date of Expiration

53. List any and all states in which you have held a valid driver license and the year(s) it was valid:

\_\_\_\_\_

54. Has your privilege to operate a motor vehicle in any state ever been subject to denial, suspension, revocation or probation?

Y N If "Yes" explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

55. List all traffic citations you have received during the past five years:

Date	Agency/Location	Violation	Penalty/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are additional violations, list them on a separate sheet.

56. Are there any warrants or outstanding judgements pending against you at this time?

Y N

57. Have you ever been a security officer, law enforcement officer, reserve officer, agent or employee of a private security firm, military law enforcement or public law enforcement agency?

Y N (If "No" go to Question #59)

58. What positions and agencies have you previously worked or volunteered?

Agency/Company	Position	Paid or Volunteer	Dates (From-To)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

59. Were you ever discharged or forced to resign because of unsatisfactory service or while under investigation; or did you ever resign while an investigation was pending against you?

Y N If "Yes" explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

60. Were you ever discharged, asked to resign, furloughed or put on administrative leave (with or without pay), or subjected to disciplinary action?

Y N If "Yes" explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

61. Indicate any employers you do not wish us to contact and state why.

Agency/Company	Reason for No Contact
_____	_____
_____	_____

62. Do you use, or have you ever used, alcohol? Y N

63. To the best of your recollection, how many times have you been intoxicated during the past 12 months, solely through the consumption of alcoholic beverages: \_\_\_\_\_

64. Indicate the number and type of drinks per week: \_\_\_\_\_

65. Do you feel you have a drinking problem? Y N

66. Have you ever operated a motor vehicle while under the influence of an alcoholic beverage?

Y N

67. Have you ever missed any time at work due to use of alcohol? Y N

68. Do you use, or have you ever used, marijuana? Y N

69. To the best of your recollection, how many times have you used marijuana? \_\_\_\_\_

\_\_\_\_\_  
First Date Used

\_\_\_\_\_  
Last Date Used

70. Have you ever used any controlled substances without a doctor's prescription (including amphetamines, barbiturates, hallucinogens, hashish, cocaine, opiates, etc)?

Y N

71. For each controlled substance used without a legal doctor's prescription complete the following:

Type of Substance	# of Times Used	Beginning Date	Ending Date	Reason for Use
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional room is needed use an additional sheet of paper.

72. Have you ever operated a motor vehicle while under the influence of narcotics, drugs or marijuana?

Y N

73. Have you ever missed any time at work due to use of drugs? Y N

74. Are you able to perform the essential functions of this job with or without reasonable accommodation?

With Without

75. If you are selected for the position applied for, is there anything in your personal or professional background, which might reflect badly in the eyes of the public or create any actual or apparent conflict of interest?

Y N If "yes" explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Printed Name (last, first, middle)

**PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THE WORK HISTORY**

This portion must be accurate and complete. Applications lacking sufficient information will be rejected. List jobs in reverse order, starting with your present, or last employer. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. Be thorough and specific in the detailing of duties.

Present or Last Employer		Area Code/Phone Number		
Address		City	State	Zip
Position	Hours/Week	Dates of Employment (From – To)		Supervisor
Last Pay/Hour	Reason for Leaving			
Job Duties				

Present or Last Employer		Area Code/Phone Number		
Address		City	State	Zip
Position	Hours/Week	Dates of Employment (From – To)		Supervisor
Last Pay/Hour	Reason for Leaving			
Job Duties				

Present or Last Employer		Area Code/Phone Number		
Address		City	State	Zip
Position	Hours/Week	Dates of Employment (From – To)		Supervisor
Last Pay/Hour	Reason for Leaving			
Job Duties				



Applicant's Printed Name (last, first, middle)

List the names of five (5) adults, **NOT** related to you and **NOT** former employers or references, which are friends, fellow students or fellow employees. Names listed should be those of persons who you have seen frequently during the past year. Applications lacking sufficient information will be rejected.

\_\_\_\_\_  
Name Home Area Code/Phone Number  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Occupation Employer Business Area Code/Phone Number  
\_\_\_\_\_  
Years Known Relationship

\_\_\_\_\_  
Name Home Area Code/Phone Number  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Occupation Employer Business Area Code/Phone Number  
\_\_\_\_\_  
Years Known Relationship

\_\_\_\_\_  
Name Home Area Code/Phone Number  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Occupation Employer Business Area Code/Phone Number  
\_\_\_\_\_  
Years Known Relationship

\_\_\_\_\_  
Name Home Area Code/Phone Number  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Occupation Employer Business Area Code/Phone Number  
\_\_\_\_\_  
Years Known Relationship

\_\_\_\_\_  
Name Home Area Code/Phone Number  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Occupation Employer Business Area Code/Phone Number  
\_\_\_\_\_  
Years Known Relationship

Applicant's Printed Name (last, first, middle)

In your own handwriting, please indicate why you have chosen a career in the Natural Resources, Law Enforcement or Criminal Justice field and then list your goals and objectives in your chosen career.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**CERTIFICATION**

I hereby certify that all of the information provided by me in this document is true, correct, accurate, and complete to the best of my knowledge and belief; and I understand that any false information or intentional omission may be grounds for dismissal from employment or the denial of employment.

Applicant's Printed Name (last, first, middle)

Signature

Date

---

## INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

---

I, \_\_\_\_\_, hereby authorize the Colorado Division of Parks ("the Division"), a law enforcement agency of the State of Colorado, to conduct an investigation into my personal background. I expressly authorize the Division to:

- (1) Obtain any record of police contacts, arrests, summonses, intelligence information, and any other criminal history information and criminal justice information concerning me;
- (2) Obtain any other information concerning me which is held pursuant to law or regulation by any court or governmental agency;
- (3) Obtain consumer credit reports about me, and to obtain other financial information about me which will include: paying government insured student loans, paying child support, paying government obligations of any type, and paying obligations in which there is a government or public interest;
- (4) Obtain information concerning my receipt of government or government-authorized payments including, but not limited to, unemployment compensation, workman's compensation, and other benefits of any type;
- (5) Obtain academic information and/or transcripts from any high school, trade, technical, or vocational school, college, or university necessary to determine that I meet the educational or technical requirements and/or hold certifications required for my position;
- (6) Obtain employment history and employment reference information about me from my present employer and from any past employer I have had, and to obtain personal reference information;
- (7) Obtain medical information about me sufficient to learn about the general status of my health.

**I authorize any person to whom this form, or a reproduction hereof, is presented to release to the Division any information they have concerning me which meets the criteria set forth above in paragraphs numbered (1) through (7). I authorize this information to be released to the Division, even though such information may be designated as "confidential" or "non-public" pursuant to agreement or policy. Any information which has been sealed or expunged by court order, or which is not releasable pursuant to state or federal law, is not included by this release and may properly be withheld from the Division.**

I understand that the Division reserves the right to investigate all relevant information, facts, and records to its satisfaction, and to determine the accuracy and worth of such records. I authorize the continued use of this release for as long as I remain employed by the Division.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Full Legal Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

-----  
State of Colorado, County of \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expires

**Applicant name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

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

**E-mail Address:** \_\_\_\_\_

### **Voluntary Information**

The information in this box is voluntary. Information is requested for federal record keeping purposes only. This sheet will be permanently separated from the rest of your application. It is the policy of the state that its work force reflect the diversity of the state.

**Ethnicity/Race-Check only one:**

- 1- Black or African American, not Hispanic or Latino
- 2- American Indian or Alaska Native
- 3- Asian

- 4- Hispanic or Latino
- 5- White, Not Hispanic or Latino
- 6- Native Hawaiian or Pacific Islander

**Gender:**  Male  Female

**Birth Date:** Some positions have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs.

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_