



**Ault Police Department**  
201 1<sup>st</sup> Street / PO Box 1098  
Ault, Colorado 80610  
Tel (970) 834-1336 – Fax (970) 834-2199



## **AULT POLICE DEPARTMENT APPLICATION PACKET**

**Read ALL information carefully and fill out all forms COMPLETELY**

This application for employment, whether for a paid, reserve or civilian position, will be considered for a period of time not to exceed 120 days. Any applicant who desires to be considered for employment beyond this time should resubmit another updated application.

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information could have an effect on your opportunity for employment with the Town of Ault. ANY misrepresentation, falsification or omission given on ANY FORM herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions with the Town of Ault, or your employment with the Town may be terminated.

All applications **MUST** be notarized before they will be accepted. Review the application to insure that you have completed all sections and provided all information required.

If applicable, copies of the following documents must be turned in for your application to be processed:

- ☐ Valid Driver's License
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ High School Diploma / GED
- ☐ College Diploma / Transcripts
- ☐ Military DD214
- ☐ Colorado POST Certification
- ☐ Professional Certificates
- ☐ Valid CPR / AED Certification
- ☐ Resume and Cover Letter

Any questions should be directed to the Chief of Police, Dakota Germer, at (970) 834-1336 x2002 or send an email to: [pd-admin@aultcolorado.gov](mailto:pd-admin@aultcolorado.gov)

Your notarized and completed application with the above applicable listed items should be delivered or mailed to: *Ault Police Department*

*Attn: Recruitment*

*201 1<sup>st</sup> Street / PO Box 1098*

*Ault, Colorado 80610*

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### **MISSION STATEMENT**

The mission of the Ault Police Department is to protect the peace and safety of those who live, work, and visit the Town of Ault.

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## POLICE EMPLOYMENT APPLICATION

*We consider applications for all positions without regard to race, color, sex, sexual orientation, national origin, marital status, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. Applications must be complete to be considered for employment.*

**This application must be complete!**  
**Incomplete applications will NOT be accepted.**

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Town Website ☐ Other

*If other, please explain:* \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

### Personal

Name: \_\_\_\_\_  
*Last First Middle*

Maiden name, nicknames or aliases: \_\_\_\_\_

Have you ever had your name changed? ☐ Yes ☐ No *If yes, please provide documentation.*

Current Address: \_\_\_\_\_  
*Number Street City State Zip*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No Email Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
*City State County Country*

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars, Marks, Tattoos: \_\_\_\_\_

Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Work Hours: \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

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

Have you ever been or are you now employed with the Town of Ault? ☐ Yes ☐ No



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Are you related by blood or marriage to anyone employed by the Town of Ault? ☐ Yes ☐ No

*If yes, state name of relative, relationship to you and the division/department where they work:*

<i>Name of Relative</i>	<i>Relationship</i>	<i>Division/Department</i>
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Have you previously submitted an application for employment or tested with the Ault Police Department or any other law enforcement agency? ☐ Yes ☐ No

*If yes, list which agency, dates of application, and disposition:*

<i>Agency</i>	<i>Date</i>	<i>Disposition</i>
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Name and number of a relative or neighbor, with whom you are in regular contact, where a message can be left for you:

<i>Name</i>	<i>Phone Number</i>
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## Family

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

<i>Full name of present spouse</i>	<i>Maiden name</i>	<i>Date of Birth</i>	<i>SSN</i>
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<i>Present employment of spouse</i>	<i>City/State</i>	<i>Phone Number</i>
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<i>Full name of former spouse</i>	<i>Maiden name</i>	<i>Date of Birth</i>
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Do you have children? ☐ Yes ☐ No

*If yes, list their full name, age, and whether they reside with you:*

<i>Full Name</i>	<i>Age</i>	<i>Do they reside with you?</i>
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List any other immediate family, if applicable:

	<i>Full Name</i>	<i>Address</i>	<i>Phone Number</i>
Father:			
Mother:			
Father-in-law:			
Mother-in-law:			
Step-father:			
Step-mother:			
Sibling:			
Sibling:			
Sibling:			
Step-sibling:			
Step-sibling:			
Step-sibling:			
Other:			
Other:			

## Residential

List the names, address and phone number of anyone whom you have resided with in the last 10 years. Include roommates, common law spouses, girlfriends, boyfriends, etc. Do not list anyone who has been listed in another section of this.

<i>Full name</i>	<i>Relationship</i>	<i>Address</i>	<i>Phone Number</i>



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Chronologically list ALL residences in the past 10 years, regardless of the time you resided there, beginning with your present address. If in military service, list dates, branch and duty station unless you resided off base. List addresses while attending school, if away from home. Note when living with parents please indicate with an asterisk (\*).

From Month/Year	To Month/Year	Complete Address	County	State	Zip

## Military

Have you ever been on active duty on the Armed Forces of the United States? ☐ Yes ☐ No

*If yes, please complete the remainder of this section.*

Branch of Military Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Dates of Active Duty (MM/DD/YYYY): From \_\_\_\_\_ to \_\_\_\_\_

Are you a member of the Active Guard or Reserves? ☐ Yes ☐ No

*If yes, list branch and unit:* \_\_\_\_\_

Can you provide a drill schedule at least 3 months out? ☐ Yes ☐ No

Did you ever have any type of disciplinary action taken against you while in the military (this includes Article 15 and Captain's Mast, etc.)? ☐ Yes ☐ No

If you received any of the following, you MUST attach a separate sheet of 8 ½" x 11" paper with an explanation of the discharge circumstances:

- ☐ Early Out.
- ☐ Any discharge other than honorable.

*Note: An uncharacterized discharge, accompanied by a letter from the applicant's commanding officer stating that the applicant is currently service in the reserves and is in "good standing" will be acceptable.*

- ☐ Completed less than a regular tour of duty.

*Other than honorable discharge does not automatically preclude you from employment.*



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## Employment

May we contact your present employer? ☐ Yes ☐ No

If no, explain why? \_\_\_\_\_

Are you on layoff, subject to recall? ☐ Yes ☐ No

Are you currently a POST certified Law Enforcement Officer in Colorado? ☐ Yes ☐ No

If yes, please list: POST Certificate Number: \_\_\_\_\_ POST ID Number: \_\_\_\_\_

Have you ever been certified as a law enforcement officer in any other state? ☐ Yes ☐ No

If yes, list the information below:

State	Agency/Position Held	Dates	POST certificate number

Have you ever been dismissed, fired or asked to resign from any employment or position you have held knowing that you would be fired or terminated if you did not resign? ☐ Yes ☐ No

Have you ever received disciplinary action by an employer? ☐ Yes ☐ No

If you checked yes to either question above, then explain on a separate 8 ½" x 11" sheet of paper. Be sure to include the employer, supervisor and dates with your explanation.

List **entire** employment history for the past 10 years, including part-time, temporary and seasonal – regardless of time employed. Begin with your present employment or most recent job and work backwards. If unemployed, list dates of unemployment. If needed, additional information may be attached and submitted on an 8 ½" x 11" sheet of paper.

**Please list all area codes and zip codes – make sure address and phone numbers are correct.**

Present or most recent employer:

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_



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*Make copies of this form as needed to document employment*

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If this is an additional page that you copied, please make sure to keep them in order!*



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## Education

High School / GED:

Name	Location	Dates Attended	Year Graduated	Credits/Degree
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College / University:

Name	Location	Dates Attended	Year Graduated	Credits/Degree
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Name	Location	Dates Attended	Year Graduated	Credits/Degree
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Graduate School:

Name	Location	Dates Attended	Year Graduated	Credits/Degree
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Trade, Business or Other Schools

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Have you ever been disciplined, suspended or expelled from an educational institutions? ☐ Yes ☐ No

*If yes, please explain:*

School	Date	Circumstances
--------	------	---------------

Were you, or are you currently a part of any school club or extracurricular activity? ☐ Yes ☐ No

*If yes, which ones?* \_\_\_\_\_

Did you receive any awards or honors at any school you attended? ☐ Yes ☐ No

*If yes, which ones?* \_\_\_\_\_





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## Legal

*A criminal conviction will not necessarily be a bar to employment. All factors will be considered.*

Have you ever been convicted of, entered a guilty plea, or a plea of nolo contendere to any felony? This includes felony traffic convictions.    ☐ Yes    ☐ No

Have you ever been convicted of, entered a guilty plea, or a plea of nolo contendere to any misdemeanor? This includes misdemeanor citations and traffic convictions.    ☐ Yes    ☐ No

Have you ever been convicted of, entered a guilty plea, or a plea of nolo contendere to any other violations? This excludes traffic tickets.    ☐ Yes    ☐ No

*If you checked yes to any of the above questions, please describe the nature of each violation and crime, including those as a juvenile and your subsequent rehabilitation. List any additional convictions on a separate 8 ½" x 11" sheet of paper.*

Charge	Date	City	County	State	Agency
--------	------	------	--------	-------	--------

Court of Jurisdiction	Disposition of Charge
-----------------------	-----------------------

Charge	Date	City	County	State	Agency
--------	------	------	--------	-------	--------

Court of Jurisdiction	Disposition of Charge
-----------------------	-----------------------

Are you currently subject to any protective order, temporary protective order, restraining order, temporary restraining order, or any other court order?    ☐ Yes    ☐ No

Have you ever been placed on court probation?    ☐ Yes    ☐ No

Have you ever been reported to law enforcement as a missing person or a run away?    ☐ Yes    ☐ No

Are you now or have you ever been involved as a subject in a civil case?    ☐ Yes    ☐ No

Have you ever consumed a controlled substance, other than those with a legal prescription? This includes marijuana.    ☐ Yes    ☐ No

Have you ever had any interactions with law enforcement where you weren't charged with a crime that would reflect against you in a background check?    ☐ Yes    ☐ No

*If you checked yes to any of the above questions, please provide a detailed explanation (including names, dates, reason for the action and outcome) on a separate 8 ½" x 11" sheet of paper.*



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## Driving

List all driver's license(s), current and previous, held in any other state:

Name on License	Dates held	State	Number	Current (Y / N)
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Have you ever had a driver's license suspended, revoked, cancelled or denied? ☐ Yes ☐ No

If yes, please explain (including dates and circumstances): \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, entered a guilty plea, or a plea of nolo contendere to any traffic violations? This includes parking tickets. ☐ Yes ☐ No

If yes, please explain below:

Charge	Date	City	County	State	Agency
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Have you ever been involved in a motor vehicle accident where you were the at fault driver, whether you received a citation or not? ☐ Yes ☐ No

If yes, please explain below:

Date	City	County	State	Agency	Circumstances
------	------	--------	-------	--------	---------------


If you need additional space for any of the above information, please include them on a separate 8 ½" x 11" sheet of paper. Please include all the information requested above for the additional information.



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## Financial

Have you ever filed or declared bankruptcy? ☐ Yes ☐ No

Have any of your bills ever been turned over to a collections agency? ☐ Yes ☐ No

Have you ever had purchased goods repossessed? ☐ Yes ☐ No

Have your wages ever been garnished? ☐ Yes ☐ No

Have you been delinquent on income or other tax payments? ☐ Yes ☐ No

Do you frequently make late payments on any of your bills? ☐ Yes ☐ No

*If you checked yes to any of the above questions, please provide a detailed explanation (dates, companies, explanation and dispositions of these actions) on a separate 8 ½" x 11" sheet of paper.*

## Additional Questions

Are you willing to submit to a drug screen test, psychological evaluation, and physical examination as terms of your employment with the Town of Ault? ☐ Yes ☐ No

Do you speak, read or write any language other than English? ☐ Yes ☐ No

*If yes, please list:* \_\_\_\_\_

Do you possess any additional law enforcement or professional certifications that were not covered anywhere else in this application? ☐ Yes ☐ No *If yes, please include copies of the certificates.*

Are there any special considerations you might request regarding employment? ☐ Yes ☐ No

*If yes, please explain:* \_\_\_\_\_

Why do you want to be a member of the Ault Police Department? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



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## References

Please submit THREE references, responsible adults of reputable standing in their community, well known by you for at least THREE years. **References CANNOT be relatives, current or former employers or current or former supervisors.**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business Name \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

Best time to contact: ☐ Day ☐ Night Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business Name \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

Best time to contact: ☐ Day ☐ Night Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

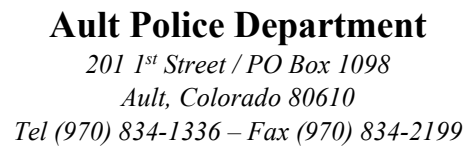
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business Name \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

Best time to contact: ☐ Day ☐ Night Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_



Make copies of this form as needed to document additional information

## Additional Information Page

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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## Statement to Applicant

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It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the Town of Ault.

Any misrepresentation, falsification or omission given on ANY FORM herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions with the Town of Ault, or your employment with the Town may be terminated.

Upon employment by the Town of Ault, the prospective employee will be required to submit and pass a drug screen, psychological examination, and a physical examination at a facility designated by the Town of Ault as part of a conditional offer of employment. Should the prospective employee fail to meet any component of this conditional offer of employment, then said conditional offer of employment is null and void. Should the prospective employee meet all of the components of this conditional offer and begin employment with the Town of Ault, then such employee shall be deemed an employee of the Town of Ault, with all rights and benefits provided by the city for the position held and is subject to the policies of the Town of Ault from and after the first date of employment.

## Applicant's Statement

**I certify that answers given are true, correct and complete to the best of my knowledge.** I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand false or misleading information or information sought which I have omitted on this application or in any interview(s) may result in my discharge. I understand. Also. That I am required to abide by all rules and regulations of the employer.

**A notary MUST notarize this form before your application will be accepted**  
**YOU MUST SIGN THIS FORM IN FRONT OF THE NOTARY**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

Subscribed and sworn before me in the county of \_\_\_\_\_, State of Colorado,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary's Official Signature**

(NOTARY SEAL)

\_\_\_\_\_  
**Commission Expiration**



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### **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Ault Police Department, whether the said reports are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Ault Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that the Ault Police Department will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization in determining my suitability for employment. I understand that all materials pertaining to this background investigation become the property of the Ault Police Department and will not be returned to me. I also certify that no person(s) will be held liable in any way for releasing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain writing of my signature.

**A notary MUST notarize this form before your application will be accepted**  
**YOU MUST SIGN THIS FORM IN FRONT OF THE NOTARY**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

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

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
**Driver's License # and State:** \_\_\_\_\_

\_\_\_\_\_  
**Phone Number: (\_\_\_\_) \_\_\_\_\_**

**Social Security #:** \_\_\_\_\_

\_\_\_\_\_  
**Subscribed and sworn before me in the county of \_\_\_\_\_, State of Colorado,**

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary's Official Signature**

(NOTARY SEAL)

\_\_\_\_\_  
**Commission Expiration**