# EMPIKE PULICE DEPARTMENT

30 E. Park Ave., PO Box 3 Empire, CO 80438 (303) 569-2281 (303) 569-2282 (fax)

# APPLICATION FOR EMPLOYMENT

# PRINT IN BLACK INK AND BLOCK STYLE LETTERING AND NUMBERING

Complete every section. If a question does not apply to you, put "N/A". Do not leave any questions unanswered. If you need additional space to respond to any section, attach supplement sheets to the application. You are responsible for obtaining correct and complete addresses, including zip codes, and telephone numbers. All information is subject to verification. Any misstatements, misrepresentations or omissions by you are cause for disqualification from employment consideration. The statement of acknowledgment must be notarized. The following documents are required with each application:

Certified copy of certificate of birth. Copy of Social Security card. Copy of driver's license.

DMV driving history record. (Not more than 30 days old.)

· Copy of high s	chool diploma.			
<ul> <li>Copy of P.O.S</li> </ul>	.T. Certified Law Enforcer	nent Academy		
· Copy of P.O.S	.T. Peace Officer Certificat	tion. (If applicable)		
<ul> <li>Copy of CPR,</li> </ul>	and first aid certifications.			
<ul> <li>Copy of militar</li> </ul>	ry form DD-214. (If application	able) N/A		
		Fill Time	Other: (Specify	)
I am able to meet,	and perform the essential fi	unctions of a law enforcement	officer. Yes X No	<del></del>
Full legal name:	SANDFORD	KEITH (First)	VINCENT	
ė.	(Last)	(Fint)	(Middle)	
Alias (es), nicknam	e(s), maiden name, and oth	ner name changes: N/A.		
Date of birth:	DD YY	Social Security Number	er:	
Physical home addr	ress:			
	(oncer)	(City)	(State)	(Zip)
Mailing address:	NA			
(if different than physical)	(P.O. Box or Street)	(City)	(State)	(Zip)
Home telephone #:				
Other Phone #:	( ) <u>N/A.</u>			
V 18 (1) 11				

PAGE ONE

# TRAFFIC CONTINUED

Date:	Disposition:		Citation:Accident? YES	NO
. 1				
Offense: NA	Dianosition	Agency Issuing	Citation:Accident? YES	- NO
Date	Disposition		Accident? TES	NO
st all motor vehicle acc cations, injuries, and ag	gency handling accid	dent).		
N 1997, ON BRO	IDWAY / EASTER	NO WAR	ES, LINK AGE	vcy.
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				8-14 144 177 (4)
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		all William		White and
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ist names of employers	in consecutive orde		r last employer liste	
or all periods of time incl mployed, give firm name ears or until after high s	in consecutive order uding military service and supply busine chool.	r with present on any perions references.	r last employer lister ds of unemploymen List all jobs held for	t. If Self- the last ten
ist names of employers or all periods of time incl mployed, give firm name ears or until after high so lote: a job offer may be o mployers.	in consecutive order uding military service and supply busine chool.	r with present on any perions references.	r last employer lister ds of unemploymen List all jobs held for	t. If Self- the last ten
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Continued on Next Page

# **WORK HISTORY**

Begin with your most recent job and list your work history for at least ten years, or from the age of 18 years old. Include part-time, temporary, and seasonal jobs. Identify part-tirne with "PT", temporary with "Temp", and seasonal with "S".	
rom: 07 - 2019 To: CURRENT Job title: UNIFORMED TRAFFIC CONTROL	-
ame of employer or company: DENVER METRO SECURITY	
m: 02-2014 To: 02 - 2019 Job title: PATROL DEPUTY	-
me of employer or company: CLEAR CREEK COUNTY SHERIFE'S OFFICE	
ployer's address: 405 ARGENTINE ST. GEORGETOWN CO 80444	
	51

# WORK HISTORY (Continued)

From: 07-2013	To: 02 - 2014	Job title:	ELECTRICIAN
Name of employer or com	pany: BRYANT EL	ECTRIC	
From: 08 - 2012 Varne of employer or compa	To: 07 - 2013  Bany: Konc's	Job title:	LOSS PREVENTION SUPERUSAR
om: OS - ZOLI ame of employer or compan	TO: OF - ZAIZ J W: NORDSTROM	ob title: <u>L</u>	-OSS PREVENTION AGENT

# WORK HISTORY (Continued)

Name of employer or company: Their BISTRO	
From: Job title:	3 <del></del> 3
Name of employer or company: NA.	
Employer's address:	
(Street) (City) (Supervisor: Telephone #:(	State) (Zip) OXt
Juties performed:	- 7
.eason for leaving:	
Tour Yall City	
om: Job title:	
ame of employer or company: N/A -	
nployer's address: (City) (Street)	ate) (Zip)
pervisor: #:(	_ext
ıties performed:	
as on for leaving:	

# MILITARY STATUS

Dates served: From:  MM YY  Are you a member of the Reserv  Duties performed, and acquired s  Promotions, awards, medals, school	To:  MM YY  ves or Guard?  skills while in the milita	Type of disc Yes ary:_N/4	charge:	Branch:
Circle highest grade completed:	<b>ED</b> 1 9 10 11 12	UCATION 13 (4) 15	J6 17 I	

# SPECIAL QUALIFICATIONS

List relevant skills, foreign languages, training, college courses and special schools (trade, vocational, business).  Boulder (Longmont Swat School (Boss), Basic Patrol Rible, Intox 9000,  Tactisal Chemical Munitions and Distraction Devices, Tascr, Driving Simulator,  And Sest.						
Are you a P.O.S.T. Certified Peace Officer?  Certification #: 13 7256 - 9387 State:  If you are not certified as a Peace Officer, are you certifiable in the	Date issued: C5 - 16 - 7016  MM DD YY  se state of Colorado? X Yes No					
VOLUNTEER S List all volunteer work, groups, and organizations.  Agency: NA.  Position, title, or rank:  Outles performed:	Dates: From: To: Telephone #:() ext					
Vere you ever discharged, asked to resign, or subjected to any disc YesNo If yes, please explain: ル / ム,	ciplinary action while with this organization?					
gency: N/A. sition, title, or rank:	Dates: From: To: Telephone #-( )					
tion market de	extext					
Yes No If yes, please explain:	<u> </u>					

PAGE SIX

# TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Felony	Misdemeanor	T C-	<b>O</b> . •
E-5-		1 samc	Other
revony	Musdemeanor	Traffic	Other
Felony	Misdemeanor	Traffic	Other
· · · · · · · · · · · · · · · · · · ·	Dat	e of violation:	
			MM DD YY
	Misdemeanor	Traffic	Other
Felony	Misdemeanor	Traffic	Ocales
Falony	Mindon	7 St (4 St 15 )	
	Date	Hanne	Other
Yells (10) - C.	255 0 67		M EDD YY
	<b>京為世界。第</b> 7		
Felony	Misdemennor		_ Ottner
Felony	Misdemess ==		_ Other
x 0.011		_ Irattic	_ Other
		of violation:	DD YY
Felony	Misdemeanor	Traffic	Other
_ Felony	Misdemeanor	Traffic	Other
	Felony	Felony Misdemeanor  Felony Misdemeanor  Felony Misdemeanor  Felony Misdemeanor  Date  Felony Misdemeanor  Pelony Misdemeanor  Felony Misdemeanor	Felony Misdemeanor Traffic Felony Misdemeanor Traffic Date of violation:  Felony Misdemeanor Traffic Date of violation:  Felony Misdemeanor Traffic Date of violation:  Felony Misdemeanor Traffic Felony Misdemeanor Traffic Felony Misdemeanor Traffic Felony Misdemeanor Traffic Date of violation:

# DRIVER'S LICENSE INFORMATION

1 Tovide the following information regarding your driver's license(s).	

# **REFERENCES**

List three persons who know you well, and for at least one year, Do not list relatives or former employers.	to provide current and past information about your.
PAGE NINE	

# Authorization to Release Information

I, the undersigned, request and authorize you and or your organization to furnish to the Town of Empire any and all information you have concerning me. I am authorizing for release any confidential and privileged information, which may include, but is not limited to, my work records, my reputation, my financial and credit records, my academic record, my official driving record and any criminal history.

This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Town of Empire.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Town of Empire in conjunction with employment procedures.

I fully understand the information you provide may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release you, your organization, and all others from liability and damage, which may result from furnishing the requested information to the Town of Empire. I further understand that in the event my application is disapproved, the sources of the confidential information cannot be revealed to me.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Town of Empire of that fact.

I am also providing the following information to assist in the identification of official records:

Applicant's full name: KEITH VINCENT	SANDERED	
Applicant's date of birth:	K P	
Applicant's drivers license State and number:		
Candidates signature: Keil Don &	date: 09/22/2	ø
Sworn before me this 22 day of Sept.	in the year 2020	
My commission expires: 5- 22-20	hristina 4th	CHRISTINA HILLMAN NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20164016708
		MY COMMISSION EXPIRES MAY 9, 2024

A photocopy or reproduction of this authorization shall be for all intents and purposes as valid as the original, even though the photocopy does not contain an original writing of applicant's signature. You may retain this form in your files.

Revised 7-16-01

# **ACKNOWLEDGMENT**

I certify that I have made no misrepresentations, omissions, or falsifications in this application. All entries are true, complete, and correct to the best of my knowledge. Any misrepresentation or falsification of this application will cause my disqualification for employment considerations and/or immediate termination if discovered after employment. I agre to take a polygraph (lie detector) examination at any time before or after employment. All application materials, without exception, become the property of the Town of Empire.

Print full legal name of applicant: <u>Keith Vi</u>	NCENT SANDFORD	
Signature of applicant: Keft Land	Date: 09/22/20	
Sworn and subscribed before me this 22 day o	of September 2020	
	Christinathleman	
CHRISTINA HILLMAN NOTARY PUBLIC STATE OF COLORADO	Notary Public	_
NOTARY ID 20164016706 MAY 3, 2024	My commission expires: 5-3-24	

MY COMMISSION EXPIRES

# **Appointment of Police Officer**

This is to certify I have this day appointed, and do hereby appoint

# Keith V. Sandford as Police Officer

In and for Town of Empire, State of Colorado, with full power and authority as a Peace Officer, unless this appointment should be sooner revoked.

Witness my hand and seal this 23rd day of October, 2020

John W. Stein, Chief of Police

Oath of Office

State of Colorado)
) ss
Town of Empire)

I, Keith V. Sandford, do solemnly swear, in the presence of the ever-living God, that I will support the Constitution of the United States, the Constitution of the State of Colorado, the laws and ordinances of the Town of Empire, and the Rules and Regulations of the Empire Police Department, and that I will faithfully perform the duties of Police Officer to the best of my ability, so help me God.

Keith V. Sandford, Police Officer

Subscribed and sworn to before me this 23rd Day of October, 2020

John Wein Chief of Police Town of Empire

# **Appointment of Deputy Chief**

This is to certify I have this day appointed and do hereby appoint

# Keith V Sandford as Deputy Chief

In and for Town of Empire, State of Colorado, with full power and authority as a Peace Officer, unless this appointment should be sooner revoked.

Witness my hand and seal this 8th day of December 2022

Andrew Lorenz, Chief of Police

**Oath of Office** 

State of Colorado)
) ss

Town of Empire)

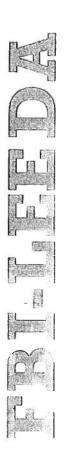
I, Keith V. Sandford, do solemnly swear, in the presence of the ever-living God, that I will support the Constitution of the United States, the Constitution of the State of Colorado, the laws and ordinances of the Town of Empire, and the Rules and Regulations of the Empire Police Department, and that I will faithfully perform the duties of Police Officer to t, e best of my ability, so help me God.

Keith V. Sandford, Deputy Chief

Subscribed and sworn to before me this 8th Day of December 2022

ndrow Form

Andrew Lorenz Chief of Police Town of Empire



# ) ombletion crtificate of

Presented to

# KEITH SANDFORD

For the sacresisful completion of the

925<sup>th</sup> Supervisor Leadership Institute Rifle, CO – April 3 – 7, 2023 28 Contact Hours



mal Hi

Jacques S. Battiste, Executive Director FBI-LEEDA, Inc.

Jacques & Batters

Rifle Police Department

# COLORADO BUREAU OF INVESTIGATION DEPARTMENT OF PUBLIC SAFETY

Presents this Certificate to

# KEITH V. SANDFORD

in recognition of completion of the CCIC CERTIFICATION

**Query Test** 

under the sponsorship of

COLORADO CRIME INFORMATION CENTER

John Camper

Director

**February 8, 2023** 

Date



American Safety & Health Institute 1450 Westec Drive Eugene, OR 97402 800-447-3177

Saturday, January 14, 2017

Keith Sandford

## **Dear Keith**

Congratulations on successfully completing your American Safety & Health Institute Basic First Aid/CPR and AED for Adult/Child/Infant (G2015) class. In an effort to be more environmentally friendly your ASHI Approved Training Center has chosen to issue your certification card electronically.

The digital certification card below is identical to a printed version of the card and documents that a properly authorized ASHI Instructor evaluated your knowledge and hands on skills in accordance with the program standard. You may duplicate this page as needed to provide proof of your training.

Go online to access your HSI Passport and take advantage of the additional training resources available to you:

- Metronome for CPR Rate
- CPR and First Aid Skill Guides
- Digital download of Student Handbook
- LearningLinks™ Refresher Scenarios
- Mobile Application Downloads
- E-mail Renewal Notification
- Rate Your Program Survey

Register now at www.hsl.com/passport/. Use the registration code 152662 to register.

Clear Creek EMS PO Box 407 **Dumont. CO 80436** 

# CPR, AED, and Basic First Aid

# **Keith Sandford**

has successfully completed and competently performed the required knowledge and skill objectives for this program.

☐ Adult Card is void if more than one box is checked.



Validation Code: C798937338513855

**Abby Hughes** Authorized Instructor (Print Name) 2007166 01/04/2017 1/2019 Class Completion Date **Expiration Date** 303-679-4215 56867 Training Center I.D. Training Center Phone No.

This oard certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI instructor. This program conforms to the 2015 AHA authorized ASHI instructor. This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose. Expiration date may not exceed two years from month of class completion.



THE BOARD ON PEACE OFFICER STANDARDS AND TRAINING
AWARDS THIS CERTIFICATE

# Keith Vincent Sandford

05/16/2016 Date

B 7266-9387

For fulfilling the prescribed requirements for certification. This certificate expires three years from date of issuance unless the certificate holder meets the requirements for continued certification as established by law and the P.O.S.T. Board.

Governor

rperson

Al omey General, Board



# **Employee Corrective Action and Update Form**

Employee: Keith Sandford	Employee ID: 200 (	
Stop:		
		SEARCH STATE
	78	
Start: email both PD/	Turn For Time o	FF/ SICK
		*
and the second s	All	
	Walter State	
Continue: Great Communicati	in from here to	the surre
Transparence or T		
Employee's Signature Date X	w lorenz / Date Mai	Windy Koch
Employee's Signature Date) Chief Andre	ow lorenz / Date	sor Woods Kold ( Days



# **Empire Police Department**



LETTER FOR TERMINATION OF EMPLOYMENT

09/08/2023 Keith Sandford

RE: Notice of Termination.

Dear Keith Sandford:

Effective immediately, you are being terminated from the Empire Police Department for policy violations.

On or about the date of 09/07/2023 when the Arapahoe County Sheriff's Office arrested you on a Domestic Violence arrest.

Chief Andrew Lorenz, Empire Police Department

andrew Lorens

(Your signature acknowledges you have received this letter.)

Signature:

Date: