

TRAFFIC CONTINUED

Offense: SEE ATTACHMENT Agency Issuing Citation: _____
Date: _____ Disposition: _____ Accident? YES NO

Offense: N/A Agency Issuing Citation: _____
Date: _____ Disposition: _____ Accident? YES NO

List all motor vehicle accident that you have been involved in not listed above (give dates, locations, injuries, and agency handling accident).

IN 1997, ON BROADWAY / EASTER, NO INJURIES, LINK AGENCY.

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If Self-employed, give firm name and supply business references. List all jobs held for the last ten years or until after high school.

Note: a job offer may be contingent upon acceptable reference from current and former employers.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Employer:	DATES, FROM:	TO:
<u>DENVER METRO SECURITY</u>	<u>07/2019</u>	<u>- CURRENT</u>
Address:	Phone Number(s):	



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-time with "PT", temporary with "Temp", and seasonal with "S".



From: 07 - 2019 To: CURRENT Job title: UNIFORMED TRAFFIC CONTROL
Name of employer or company: DENVER METRO SECURITY



From: 02 - 2014 To: 02 - 2019 Job title: PATROL DEPUTY
Name of employer or company: CLEAR CREEK COUNTY SHERIFF'S OFFICE
Employer's address: 405 ARGENTINE ST. GEORGETOWN CO 80444



WORK HISTORY

(Continued)

From: 07-2013 To: 02-2014 Job title: ELECTRICIAN

Name of employer or company: BRYANT ELECTRIC



From: 08-2012 To: 07-2013 Job title: LOSS PREVENTION SUPERVISOR

Name of employer or company: KOHL'S



From: 05-2011 To: 08-2012 Job title: LOSS PREVENTION AGENT

Name of employer or company: NORDSTROM



WORK HISTORY

(Continued)

From: 05 - 2005 To: 05 - 2011 Job title: SERVER

Name of employer or company: THAI BISTRO



From: _____ To: _____ Job title: _____

Name of employer or company: N/A

Employer's address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ Telephone #: () - ext _____

Duties performed: _____

Reason for leaving: _____

From: _____ To: _____ Job title: _____

Name of employer or company: N/A

Employer's address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ Telephone #: () - ext _____

Duties performed: _____

Reason for leaving: _____

SPECIAL QUALIFICATIONS

List relevant skills, foreign languages, training, college courses and special schools (trade, vocational, business).

BOULDER/LONGMONT SWAT SCHOOL (BOSS), BASIC PATROL RIFLE, INTOX 9000,
TACTICAL CHEMICAL MUNITIONS AND DISTRACTION DEVICES, TASER, DRIVING SIMULATOR,
AND SEST.

Are you a P.O.S.T. Certified Peace Officer?

Yes No

Certification #: B 7266-9387

State: CO

Date issued: 05 - 16 - 2016
MM DD YY

If you are not certified as a Peace Officer, are you certifiable in the state of Colorado?

Yes No

VOLUNTEER SERVICE

List all volunteer work, groups, and organizations.

Agency: N/A

Dates: From: - To: -
MM YY MM YY

Position, title, or rank:

Telephone #: () - ext

Duties performed:

Were you ever discharged, asked to resign, or subjected to any disciplinary action while with this organization?

Yes No If yes, please explain: N/A

Agency: N/A

Dates: From: - To: -
MM YY MM YY

Position, title, or rank:

Telephone #: () - ext

Duties performed:

Were you ever discharged, asked to resign, or subjected to any disciplinary action while with this organization?

Yes No If yes, please explain:

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence. Include all traffic citations and criminal offenses, regardless of disposition. List occurrences as an adult and as a juvenile. This includes military offenses in foreign countries.

Offense / Charge: SEE ATTACHED FORM Felony _____ Misdemeanor _____ Traffic _____ Other _____
Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
Law enforcement agency issuing charge(s): _____ Date of violation: _____
Case disposition: _____ MM DD YY

Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
Law enforcement agency issuing charge(s): _____ Date of violation: _____
Case disposition: _____ MM DD YY

Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
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Law enforcement agency issuing charge(s): _____ Date of violation: _____
Case disposition: _____ MM DD YY

Offense / Charge: _____ Felony _____ Misdemeanor _____ Traffic _____ Other _____
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Law enforcement agency issuing charge(s): _____ Date of violation: _____
Case disposition: _____ MM DD YY

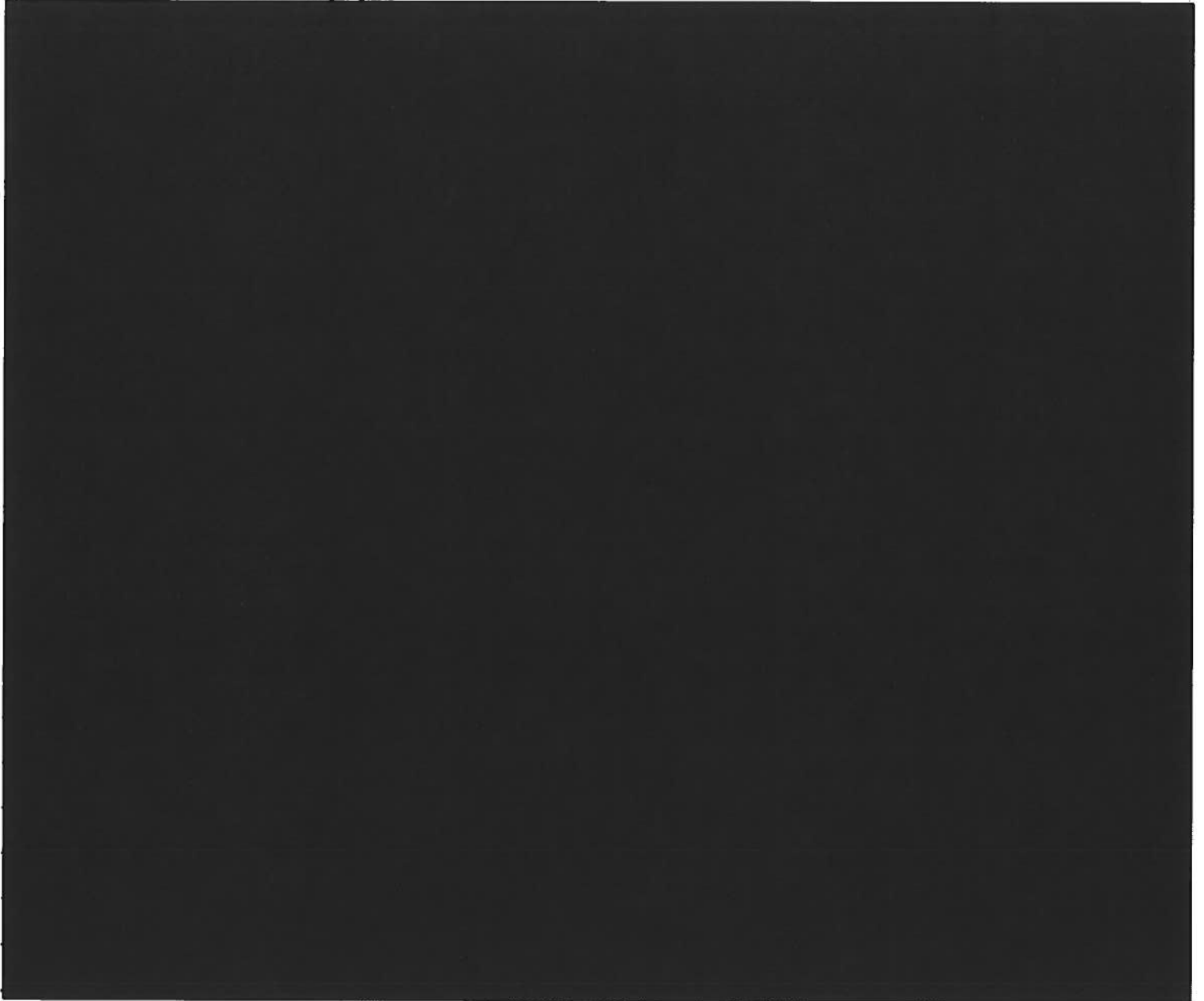
DRIVER'S LICENSE INFORMATION

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



REFERENCES

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



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 SANDERD

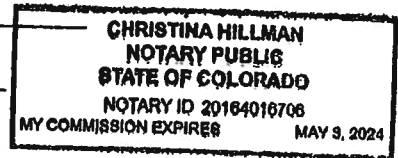
Applicant's date of birth: [REDACTED]

Applicant's drivers license State and number: [REDACTED]

Candidates signature: Keith Danderd date: 09/22/20

Sworn before me this 22 day of Sept. in the year 2020

My commission expires: 5-22-20 Christina Hillman



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.

ACKNOWLEDGMENT

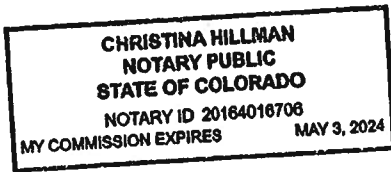
I certify that I have made no misrepresentations, omissions, or falsifications in this application. All entries are true, complete, and correct to the best of my knowledge. Any misrepresentation or falsification of this application will cause my disqualification for employment considerations and/or immediate termination if discovered after employment. I agree 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: KEITH VINCENT SANDFORD

Signature of applicant: Keith Sanford Date: 09/22/20

Sworn and subscribed before me this 22nd day of September, 2020

Christina Hillman
Notary Public



My commission expires: 5-3-24

Appointment of Police Officer

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

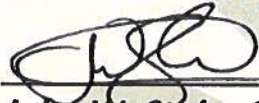
Keith V. Sandford

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 ~~22~~ 23rd day of October, 2020



John W. Stein, Chief of Police

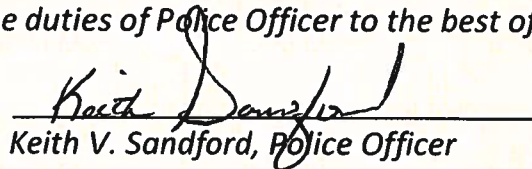
Oath of Office

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 ~~22~~ 23rd Day of October, 2020



John W. Stein
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

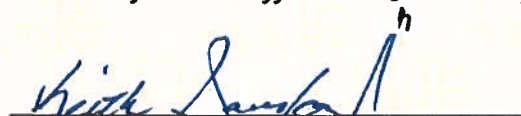
Oath of Office

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 the 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



Andrew Lorenz
Chief of Police
Town of Empire

FBI-LEEDA

Law Enforcement Executive Development Association

Certificate of Completion

Presented to

KETH SANDFORD

For the successful completion of the

**925th Supervisor Leadership Institute
Rifle, CO - April 3 - 7, 2023
28 Contact Hours**



Jacques S. Battiste

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

Mark [Signature]

Rifle Police Department

**DEPARTMENT OF PUBLIC SAFETY
COLORADO BUREAU OF INVESTIGATION**

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



A member of the HSI family of brands

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.hsi.com/passport/. Use the registration code 152662 to register.

Clear Creek EMS
PO Box 407
Dumont, CO 80436

CERTIFICATION CARD

CPR, AED, and Basic First Aid

Keith Sandford

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

Adult Adult and Child Adult, Child, and Infant

Card is void if more than one box is checked.

Validation Code: C798937338513855

Abby Hughes

Authorized Instructor (Print Name)

2007166

Registry No.

01/04/2017

Class Completion Date

303-679-4215

Training Center Phone No.

1/2019

Expiration Date

56867

Training Center I.D.



This card 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 Guidelines Update for CPR and ECC and the 2015 AHA and ARC Guidelines Update for First Aid. 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.

State of Colorado



THE BOARD ON PEACE OFFICER STANDARDS AND TRAINING
AWARDS THIS CERTIFICATE

TO

Keith Vincent Sandford

05/16/2016

Date

B 7266-9387

Number

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

Atorney General, Board Person



**EMPIRE POLICE
DEPARTMENT**
Chief Andrew Lorenz

1111 1st Ave. P.O. Box 1000
Saratoga Springs, NY 12158

Employee Corrective Action and Update Form

Employee: Keith Sanford

Employee ID: 2001

~~Stop:~~ _____

Start: email both PD/Town for Time off/SICK

Continue: Great communication from here to the future

X Keith Sanford
Employee's Signature / Date

X Andrew Lorenz
Chief Andrew Lorenz / Date

X Wendy Koch
Mayor Wendy Koch / Date

