



# COLLBRAN MARSHAL'S OFFICE

1010 High Street • P.O. Box 387 • Collbran, Co 81624

970-487-3751 • 487-3089 • Fax: 487-3380

## COLLBRAN MARSHALS OFFICE DEPUTY I

### **JOB DESCRIPTION**

**General Statement of Duties:** To patrol the Town in the enforcement of law and order and the protection of life and property.

**Supervision Received:** Works directly under the supervision of the Town Marshal.

### **Duties:**

1. Receives training in applicable Federal, State, and Local laws, and ordinances, and in Departmental rules, regulations, policies, and procedures. Must be able to perform all law enforcement activities including but not limited to:
2. Patrols the Town for the prevention of crime and the enforcement of traffic laws and regulations. Responds to all radio dispatches and appears at scenes of disorder and crimes. Notes and reports traffic hazards and assists in controlling traffic at scene of emergencies. Investigates and prepares reports on accidents, offenses, and damage to property. Makes arrests, issues citations, gives verbal warnings. Prepares reports on arrests and property impounds. Directs traffic. Tries doors and windows to determine that buildings are secure. Inspects establishments providing alcoholic beverages and entertainment. Intervenes in private or public disputes to protect the public and maintain order. Requests medical aid when necessary, administers first aid if necessary, appears in court as investigating officer, and transports prisoners.
3. Conducts investigations of crimes involving adults or juveniles, investigates complaints, interrogates persons whose actions are suspicious. Sees that objects are removed from the roads which might endanger traffic. Serves summons, complaints, notices, and orders, and warrants of arrest. Checks for the proper operation of assigned vehicle, and equipment. Issues citations for moving and non-moving traffic violations. Participates in training, conferences, and programs. Writes a daily log of all activities and case reports. Performs related work as required.

## **MINIMUM QUALIFICATIONS**

### **Required Knowledge, Skills, and Abilities:**

Must have the ability to read and understand department policies, rules, instructions, and law regulation together with an aptitude for law enforcement work. Ability to analyze situations and adopt a quick, effective, and reasonable course of action, giving due regard to the surrounding hazards and circumstances of each situation. Ability to write clear and accurate reports in a timely manner. Physical agility, keen observation and the ability to remember names, faces, and details of incidents. Ability to understand and follow oral and written directions. Ability to learn the use and care of all law enforcement related equipment including, but not limited to automobiles and firearms.

**Education:** Any combination of training and experience equivalent to graduation from high school. College experience in a law enforcement field preferred.

**Necessary Special Requirement:** Will be required to pass a background check. Must possess a valid Colorado Drivers license. Must be at least 21 years of age. Ability to work close with co-workers under stressful situations and harsh weather conditions.

Town of Collbran  
P.O. Box 387  
Collbran, CO 81624  
Phone: (970) 487-3751

Complete every section. If a question does not apply to you, put N/A. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses.

All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you is cause for disqualification for employment consideration.

**PRINT IN INK - DO NOT TYPE**

POSITION(S) APPLIED FOR:			DATE:	
NAME:      LAST                      FIRST                      MIDDLE		HOME PHONE:		WORK PHONE:
PRESENT MAILING ADDRESS:			SOCIAL SECURITY NUMBER	
			U.S. CITIZEN  <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH:	Colorado Resident?  <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE FOR WORK:	ALIASES, NICKNAMES, OTHER NAME CHANGES	
Are you able to perform the essential functions of the position for which you have applied? <input type="checkbox"/> YES <input type="checkbox"/> NO		May we contact your present employer concerning your work performance?  <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever worked for the Town of Collbran before? If so list positions held and dates of employment in the area provided below.
For the Town of Collbran, one or more of the following conditions is required. Your inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform:		a) Shift Work? (Other than 8 a.m. to 5 p.m., e.g.)  <input type="checkbox"/> YES <input type="checkbox"/> NO  b) Overtime Work or Holidays?  <input type="checkbox"/> YES <input type="checkbox"/> NO  c) Rotational Work Schedule?  <input type="checkbox"/> YES <input type="checkbox"/> NO  d) A Work Schedule that includes Saturday and/or Sunday?  <input type="checkbox"/> YES <input type="checkbox"/> NO		Minimum Salary Acceptable:  \$ _____ per _____

Space for detailed Answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred By: \_\_\_\_\_  
\_\_\_\_\_

The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

### WORK EXPERIENCE

Begin with your most recent job and list your work history through the last ten (10) years; including part-time, temporary, or seasonal employment and any military service. Identify part time jobs with "PT" and temporary jobs with "TEMP" and any gaps in employment.

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr <b>Present</b>	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? ☐ No ☐ Yes If yes, please state circumstances: \_\_\_\_\_

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? ☐ No ☐ Yes

If yes, please explain:

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? ☐ No ☐ Yes If yes, please state circumstances: \_\_\_\_\_

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Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? ☐ No ☐ Yes

If yes, please explain:

# **EDUCATION/SKILLS**

Circle highest school grade completed:      9 10 11 12    13 14 15 16    17 18 19 20

List all high schools attended. (If GED, give number, location, and date.) **Attach copy of diploma or GED.**

Name of School	Complete Address	Dates Attended From      To		Graduated No      Yes	

Higher Education: List information below and attach transcript for all colleges or universities attended.

Name and Location of College or University	Dates Attended From      To		Credit Hours	Major	Type of Degree	Year Received

Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business, or military).


Typing Speed \_\_\_\_\_ wpm

Yes	No		Yes	No	
		10 Key Calculator			CCIC/NCIC Computer Operator
		Personal Computer			Accounting
		Microfilming/Microfiche			Computer Programming
		Word Processing			Other

Are you a State Certified Peace Officer in Colorado? ☐ No ☐ Yes Certificate Number \_\_\_\_\_ Date issued \_\_\_\_\_

Are you a State Certified Peace Officer in any other state? ☐ No ☐ Yes State \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

Are you Certifiable? ☐ No ☐ Yes Name of Academy \_\_\_\_\_ Date completed \_\_\_\_\_

Foreign Language: List foreign languages and your level of ability for each by placing an "X" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair

**VEHICLE OPERATOR'S LICENSE INFORMATION****Give the following information concerning your vehicle operator's license(s) (Driver's, Chauffeur's, Etc.)**

Type	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☐ No ☐ Yes If yes, explain fully: \_\_\_\_\_

Describe in brief any traffic accidents in which you were involved, giving approximate dates and locations:

Date of Accident (approx)	Location (City/State, etc)	Briefly describe accident

**TRAFFIC AND CRIMINAL OFFENSE INFORMATION**

Complete the following for each occurrence that you received a summons or ticket and that you were arrested and/or detained by police. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of formality and punishment. List occurrences as an adult and as a juvenile.

Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition

Why are you seeking employment with the Town of Collbran and why do you feel qualified for the position for which you have applied?

**Law enforcement applicants only:** Corrected Vision: \_\_\_\_\_ Uncorrected Vision: \_\_\_\_\_  
If considered for a position, you will need to submit a statement from your doctor.

**Please Read Each Statement Carefully Before Signing**

**I certify that all information in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.**

**I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, except as previously noted, past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.**

**I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.**

**I have read, understand, and by my signature consent to these statements.**

Signed \_\_\_\_\_

Date \_\_\_\_\_