



**Colorado Law Enforcement
Professional Standards
ASSESSOR APPLICATION**



Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT INFORMATION

Agency Name: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Current Rank: _____ Length of service with this agency: _____

List any other position(s) you have held with this agency:

List other agencies you have worked for and at what rank/position/assignment:

AGENCY INFORMATION

Is your agency currently accredited? Y ___ N ___ CALEA ___ ACA ___ CACP ___ OTHER ___

Sworn Officers: ___ # Sworn Reserve Officers: ___ # Non-Sworn Personnel: ___

Population of Agency Jurisdiction: _____

Agency Levels of Service of Functions Provided (check all that apply):

- | | | | | |
|-------------------------|-----|------------------------|-----|---------------------|
| Dispatch | ___ | Records | ___ | Emergency Services: |
| Patrol (24 hr) | ___ | Court Security | ___ | Fire |
| SWAT-SRU | ___ | Prisoner Transport | ___ | Rescue |
| Animal Control | ___ | Civil | ___ | Dive/Search/Rescue |
| Detention Facility | ___ | Warrants | ___ | Other |
| Separate Investigations | ___ | Special Investigations | ___ | |

EDUCATION/TRAINING

List all education and training you have received that may be pertinent to this position
(use a separate sheet of paper if necessary)

EDUCATION

High School: _____

College: _____

Advanced Degree: _____

TRAINING

POST Certifications: _____

Other Professional Training:

Applicant Signature: _____ Date: _____

Approved by:
Chief Executive Officer: _____ Date: _____

Return completed application via mail, fax or email to:

Colorado Association of Chiefs of Police
PO Box 3406
Englewood, CO 80155
FAX: 303-200-7099 | Email: info@colochiefs.org

APPLICANT APPROVAL

CACP Chairman: _____ Date: _____

CSOC Chairman: _____ Date: _____

Updated 11/2013