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):

<table>
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<tr>
<th>Dispatch</th>
<th>Patrol (24 hr)</th>
<th>SWAT-SRU</th>
<th>Animal Control</th>
<th>Detention Facility</th>
<th>Separate Investigations</th>
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Emergency Services:

| Fire                       | ______________ |
|                           | ______________ |
| Rescue                    | ______________ |
| Dive/Search/Rescue        | ______________ |
| Other                     | ______________ |

Updated 11/2013
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: ______________________
Updated 11/2013