

Colorado Department
of Corrections

Buena Vista
Correctional Facility

Pre-employment Background
Questionnaire

NOTICE: As a qualified applicant for a position with the Department of Corrections, it will be required that a thorough background check be completed prior to employment. Please return the completed questionnaire to this office by:

Sept. 11, 1989

Failure to complete all applicable questions, incorrect or deceptive answers or falsifying information can result in not being selected for the position.

Please return the completed questionnaire in the enclosed envelope by the correct date. If you have any questions contact:

Gary Merrifield
(719) 395-2404
Buena Vista Correctional Facility
P.O. Box R
Buena Vista, CO 81211

17. HAVE YOU EVER USED MARIJUANA OR ANY CONTROLLED SUBSTANCE (amphetamines, barbiturates, hallucinogenics, hashish, cocaine, opiates, etc.)? IF YES, PLEASE SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES PROVIDED BELOW.

| Type used | Maximum times used | Date last used | Date first used | Circumstances |
|------------------|--------------------|----------------|-----------------|---------------------|
| <i>Marijuana</i> | <i>Don't know</i> | <i>5-1974</i> | <i>1970</i> | <i>Just stopped</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

18. HAVE YOU EVER BEEN QUESTIONED, INVESTIGATED, DETAINED, ARRESTED OR CONVICTED, EITHER AS A SUSPECT, WITNESS OR APPLICANT, OF A FELONY OR MISDEMEANOR? IF YES, COMPLETE THE SECTION BELOW.

| Date | Location (city/state) | Original charge | Final charge | Disposition |
|-------------|-----------------------|-----------------|----------------|--------------------------------------|
| <i>1967</i> | <i>Phila Pa.</i> | <i>Murder</i> | <i>Murder</i> | <i>11 months at Boarding School.</i> |
| <i>1968</i> | <i>Phila Pa.</i> | <i>Murder</i> | <i>Murder</i> | <i>13 months at Islen Mills</i> |
| <i>1970</i> | <i>Phila Pa.</i> | <i>Assault</i> | <i>Assault</i> | <i>2 1/2 Camp Hill</i> |
| | | | | |
| | | | | |
| | | | | |

19. HAVE YOU EVER FILED A CLAIM(S) FOR WORKER'S COMPENSATION? IF YES, COMPLETE THE SECTION BELOW.

| Date | Employer | Circumstances |
|-------------|-------------|---------------|
| <i>N.A.</i> | <i>N.A.</i> | <i>N.A.</i> |
| | | |

23. HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? IF YES, PLEASE GIVE DETAILS IN THE SPACE PROVIDED (include when, where and circumstances).

24. HAVE YOU EVER BEEN A SUCCESSFUL OR UNSUCCESSFUL CANDIDATE FOR ANOTHER POSITION REQUIRING PEACE OFFICER POWERS/SKILLS? IF YES, PLEASE GIVE DETAILS IN THE SPACE PROVIDED (include when, name of agency and circumstances).

*Police Officer
Sheriff*

25. WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYER WAS CONTACTED DURING THE COURSE OF THIS BACKGROUND INVESTIGATION (be advised the Department of Corrections intends to interview all employers, past and present)?

No such problem would result

26. HAVE YOU EVER SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? IF YES, PLEASE SUPPLY THE FOLLOWING INFORMATION.

| | |
|-----------------------------------|-----------------------------------|
| Branch of service <i>N. A.</i> | Service number <i>N. A.</i> |
| Dates of service <i>N. A.</i> | Type of discharge <i>N. A.</i> |

27. LIST CURRENT AND PAST DRAFT CLASSIFICATIONS IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT.

N. A.

28. ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM? IF YES, GIVE BRANCH OF SERVICE AND LOCATION OF RESERVE OR GUARD UNIT.

N. A.

33. LIST ALL VEHICLES REGISTERED TO YOU, OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE.

| License No. | State | Year/make | License No. | State | Year/make |
|-------------|-------|------------|-------------|-------|-----------|
| ? | Va | ? | | | |
| | Pa. | 1978 Buick | | | |
| | Co | Yamaha | | | |
| | | | | | |

34. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITH THE LAST 7 YEARS? IF YES, PLEASE COMPLETE THE FOLLOWING.

| Date | Location | Police agency |
|---------|---------------------------|---------------|
| 5-12-89 | 2300 Jetwing C.S. Colo | C. A. P. D. |
| | | |
| | | |
| | | |
| | | |
| | | |

35. LIST ALL TRAFFIC CITATIONS (except parking violations) YOU HAVE RECEIVED. MOTOR VEHICLES HAS RECORDS FOR ONLY THREE YEARS, HOWEVER YOU MUST LIST ALL TRAFFIC CITATIONS REGARDLESS OF THE DATE.

| Nature of violation | Location | Approximate date | Indicate whether fined or action taken on license |
|---------------------|----------------------------|------------------|---|
| No Insurance | 2300 Jetwing C.S. Colo. | 5-12-89 | \$188.00 Fine 4 points 40 hr Community service |
| speeding | Jetwing C.S. Colo | 1-5-89 | \$18.00 Ticket |
| | | | |
| | | | |
| | | | |
| | | | |

1. FULL NAME:

Wanamaker Nelson
Last name First M.I.

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (including nicknames):

Last name First M.I.

Last name First M.I.

3. PRESENT HOME ADDRESS (at which you can be contacted):

No. & St., Apt. No., Unit, R.D., P.O. Box City State Zip Code
_____ Colo Springs Co 80909
City State Zip Code

4. TELEPHONE NUMBER(S) (at which you can be contacted):

Area Area
_____ (Work)
Area Area

5. BIRTHDATE:

Month Day Year

6. ARE YOU A CITIZEN OF THE U.S.?

Yes No

7. SOCIAL SECURITY NUMBER:

_____-_____-_____

8. HEIGHT:

WEIGHT:

9. HAIR COLOR:

EYE COLOR:

10. SCARS, MARKS, TATTOOS:

stab wounds left forearm, left shoulder

11. HAVE YOU EVER BEEN DECLINED FOR LIFE, ACCIDENT OR MEDICAL INSURANCE? (If yes, provide details on separate sheet)

Yes No

14. WERE YOU EVER DISMISSED OR SUSPENDED FROM ANY SCHOOL (if yes, explain below):

| School/University | Date | Type of action |
|-------------------|------|----------------|
| N.A. | N.A. | N.A. |
| | | |

15. LIST ALL OF YOUR RESIDENCES DURING THE LAST 10 YEARS (list no information prior to your 18th birthday). BEGIN WITH YOUR MOST CURRENT RESIDENCE AND INCLUDE THE ADDRESS, DATES RESIDING AT THAT RESIDENCE AND, IF RENTED, GIVE THE NAMES AND ADDRESS(S) OF THE PERSON RESPONSIBLE FOR THE COLLECTION OF THE RENT.

| Address | City, state and zip code | Dates | | If rented, give the name/address of the person who collected the rent |
|------------|--------------------------|-------|---------|---|
| | | From | To | |
| [REDACTED] | Colo Spgs Co. 80909 | 8-89 | Present | |
| [REDACTED] | Colo Spgs Co. 80916 | 5-88 | 8-89 | E. J. Levine |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

16. LIST THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS (list no information prior to your 18th birthday and exclude family members):

| Name | Address where person can be contacted (include city, state and zip code) | Telephone |
|------|--|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

20. LIST, AS REFERENCE, 3-5 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS (exclude relatives, former employers and friends).

| Name | Address where person can be contacted (city, state and zip code) | Telephone |
|------|--|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

21. LIST, AS REFERENCE, 3-5 INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e., persons such as police officers, clergy, school teachers, etc., whom you have seen frequently during the last year) AND HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS.

| Name | Address where person can be contacted (city, state and zip code) | Telephone |
|-----------------------|--|-----------|
| <i>Vendell Taylor</i> | | |
| | | |
| | | |
| | | |
| | | |
| | | |

22. HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN EARNED VACATIONS? IF YES, PLEASE EXPLAIN IN SPACE PROVIDED BELOW (include when, name of employer and circumstances).

N. A.

29. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION WHILE IN THE MILITARY, NATIONAL GUARD OR MILITARY RESERVES? IF YES, PLEASE COMPLETE THE FOLLOWING.

| Branch of service | Date of action | Location of action | Circumstances |
|-------------------|----------------|--------------------|---------------|
| N. A. → | → | → | ← |
| N. A. → | → | → | ← |
| N. A. → | → | → | ← |

30. PLEASE COMPLETE THE FOLLOWING:

| | | |
|--|----------------------------|---|
| Colorado Driver's License Number [REDACTED] | Expiration Date 8-13-91 | Name under which license was granted Nelson Wamacher |
|--|----------------------------|---|

31. OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

| State | Name under which license was granted | State | Name under which license was granted |
|----------|--------------------------------------|-------|--------------------------------------|
| Pa. | Nelson Wamacher | Pa. | |
| Md. | Nelson Wamacher | | |
| Virginia | Nelson Wamacher | | |

32. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE, HAD ONE REVOKED OR SUSPENDED? IF YES, GIVE DETAILS (include state, by what agency, when and circumstances).

Never all license's were transferred from one state to the other according to my residency

36. COLORADO LAW REQUIRES THAT OPERATORS AND OWNERS OF MOTOR VEHICLES BE ABLE TO PROVE ABILITY TO RESPOND TO DAMAGES AFTER BEING INVOLVED IN A COLLISION. PROOF MAY BE AUTOMOBILE LIABILITY INSURANCE OR A BOND. PLEASE COMPLETE THE FOLLOWING.

| Insurance company | Address where premium is paid | Policy number | Expiration date |
|-------------------|-------------------------------|---------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

37. HAS AN INSURANCE COMPANY EVER DENIED YOU OR CANCELLED YOUR COVERAGE? IF YES, PLEASE GIVE DETAILS (include what company, circumstances behind the cancellation and approximate date).

N. A.