

Wagoner County Sheriff's Department Wagoner, Oklahoma.



APPLICATION FOR EMPLOYMENT

DATE: _____

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If the space provided is not sufficient for complete answers or if you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title:		
Are you applying for:	What shifts will you work?	<u>NOTICE:</u> During the background check We will be contacting your former employer
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMP/SEASONAL <input type="checkbox"/> Reserve/Volunteer	<input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> ANY	
Available Start Date:		

C. PERSONAL HISTORY

1. Full Name: _____ Date of Birth: ____/____/____

First Middle Last

2. Applicant's Current Address:

Address

City County State Zip

(____) _____ (____) _____ (____) _____
Telephone Number Cell Phone Number Message Number

Email Webpage / Facebook

Emergency Contact Name & Number: _____

Applicant Name: _____ (Print Legibly)

List the previous three (3) addresses at which you resided prior to your current residence. Include the complete address, city, state, zip code, and the length of time you lived at that address.

Complete Street Address	City, State, Zip	From Mo. / Yr.	To Mo. / Yr.

Other: List all names you have used including circumstances and time periods you have used them. (For example: maiden name, former name(s), alias (es), or nickname(s).)

Name	Circumstance	Dates From Mo./Yr.	Dates to Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Place

_____ Court Naturalization No.

5. Do you have or have you ever applied for a passport? Yes Passport # _____ No

6. Can you perform the essential functions of this job with or without reasonable accommodations? Yes No

D. DRIVING HISTORY

1. Do you have a valid Oklahoma driver's license? Yes No License number: _____

Date of expiration: _____ Restrictions: _____ Endorsements: _____

2. Do you have or have you ever held a motor vehicle operator license in another state? Yes No

If YES, please provide state(s), name used, and approximate dates license(s) was/were held.

Applicant Name: _____ (Print Legibly)

3. Have you ever been denied issuance of a license or have you ever had your license revoked? Yes No
 If YES, please provide complete details including why license was revoked.

Applicant Name: _____ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance? Yes No

If YES, please provide complete details.

E. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo/Yr		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

High School or GED Name/Address	Dates Attended Mo/Yr		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major: _____ Minor: _____

Applicant Name: _____ (Print Legibly)

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo. /Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No
If yes, please explain:

3. List any foreign languages that you can speak:

List any foreign languages that you can read:

List any foreign languages that you can write:

4. Indicate any law enforcement education/training (Attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: _____ (Print Legibly)

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by CLEET or any other law enforcement certification agency? Yes No

If yes, explain.

_____	Date(s)
_____	Date(s)
_____	Dates(s)

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was issued, and date current license expires (except vehicle operator's license).

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

F. TECHNOLOGY SKILLS Check All Skills and Software You Have Experience Using (any Version)
<input type="checkbox"/> PC User <input type="checkbox"/> Macintosh User <input type="checkbox"/> Windows <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Web page Design/Maintenance <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Scanner <input type="checkbox"/> Copier <input type="checkbox"/> Fax
Other:
Professional Licenses/Certificates Held:

G. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment While attending school. All time must be accounted for. If unemployed, set forth dates of unemployment):

Employer:
Address:
Telephone: () Street City State Zip
Supervisor Name
Dates From: To: Final Rate of Pay:
Position Held:
Primary Duties:
Reason for Leaving:
NEXT EMPLOYER:
Employer:
Address:
Telephone: () Street City State Zip
Supervisor Name
Dates From: To: Final Rate of Pay:
Position Held:
Primary Duties:
Reason for Leaving:
NEXT EMPLOYER:
Employer:
Address:
Telephone: () Street City State Zip
Supervisor Name
Dates From: To: Final Rate of Pay:
Position Held:
Primary Duties:
Reason for Leaving:

Applicant Name: _____ (Print Legibly)

H. EMPLOYMENT HISTORY
(List chronologically all employment beginning with present employment, including summer and part-time employment While attending school. All time must be accounted for. If unemployed, set forth dates of unemployment):

Employer:					
Address:					
Telephone: ()	Street	Supervisor Name	City	State	Zip
Dates From:	To:	Final Rate of Pay:			
Position Held:					
Primary Duties:					
Reason for Leaving:					
NEXT EMPLOYER:					
Employer:					
Address:					
Telephone: ()	Street	Supervisor Name	City	State	Zip
Dates From:	To:	Final Rate of Pay:			
Position Held:					
Primary Duties:					
Reason for Leaving:					
NEXT EMPLOYER:					
Employer:					
Address:					
Telephone: ()	Street	Supervisor Name	City	State	Zip
Dates From:	To:	Final Rate of Pay:			
Position Held:					
Primary Duties:					
Reason for Leaving:					

Applicant Name: _____ (Print Legibly)

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?
 Yes No

If YES, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
 Yes No

If YES, please give details, including dates, employer's name, and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed on this application as an employer?
 Yes No

If YES, please provide name of agency and date of application or service:

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as an employer?
 Yes No

If YES, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business:

Applicant Name: _____ (Print Legibly)

I. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators).

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Complainant	Approximate Date	Disposition

Applicant Name: _____ (Print Legibly)

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

J. MILITARY HISTORY

1. Have you ever serve on active duty in the armed forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes, state the branch of service, name and location of your unit:

Applicant Name: _____ (Print Legibly)

5. Was there any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you served in the armed forces of another country? Yes No

If yes, please specify countries and dates:

K. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

2. Are you now issued or have you been issued a license to engage in a business or profession? Yes No

3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes No

If yes to question #1, #2, #3, please provide details including the name and address of business, the type of license or certificate, the agency that issued the license, effective date of the license and license number.

Applicant Name: _____ (Print Legibly)

L. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?
__Yes __No

If Yes, please list the name of the organization, its location, and dates of membership.

2. Have you ever made a financial or other material contribution to any organization of the type described in question one?
__Yes __No

If Yes, explain including name of organization, date, time, location, and specific contribution made.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?
__ Yes __No

If yes, please explain including the name of the organization, dates, location, and specific details.

Applicant Name: _____ (Print Legibly)

M. PERSONAL & PROFESSIONAL REFERENCES

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage:

Name: _____ Last First Middle	Home Address: _____
Years known: _____	City, State, Zip: _____
Occupation: _____	Home Phone: (____) _____
	Business Address: _____
	City, State, Zip: _____
	Business Phone: _____

Name: _____ Last First Middle	Home Address: _____
Years known: _____	City, State, Zip: _____
Occupation: _____	Home Phone: (____) _____
	Business Address: _____
	City, State, Zip: _____
	Business Phone: _____

Name: _____ Last First Middle	Home Address: _____
Years known: _____	City, State, Zip: _____
Occupation: _____	Home Phone: (____) _____
	Business Address: _____
	City, State, Zip: _____
	Business Phone: _____

Applicant Name: _____ (Print Legibly)

2. Professional References: List the names of three (3) references who know you well for at least five (5) years and are not related to you by blood or marriage.

Name: _____ Last First Middle	Home Address: _____
Years known: _____	City, State, Zip: _____
Occupation: _____	Home Phone: (____) _____
	Business Address: _____
	City, State, Zip: _____
	Business Phone: _____

Name: _____ Last First Middle	Home Address: _____
Years known: _____	City, State, Zip: _____
Occupation: _____	Home Phone: (____) _____
	Business Address: _____
	City, State, Zip: _____
	Business Phone: _____

Name: _____ Last First Middle	Home Address: _____
Years known: _____	City, State, Zip: _____
Occupation: _____	Home Phone: (____) _____
	Business Address: _____
	City, State, Zip: _____
	Business Phone: _____

N. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a copy of current driver's license.
2. Attach a certified copy of high school diploma, college diploma or transcripts.
3. Attach a copy of military discharge.
4. Attach a 3"X 5" ID-type photograph.

O. OTHER REQUIREMENTS

If requested by this agency, applicant may be fingerprinted, required to take a drug test, subject to complete physical examination, required to submit to a drug screen, or required to take a polygraph examination.

Applicant Name: _____ (Print Legibly)

P. SIGNATURE AND CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, Hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with the Wagoner County Sheriff's Office, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in full

Printed Name in Full

NOTARY

State of Oklahoma)
 : ss.
County of _____)

On this _____ day of _____, 20____ before me, the undersigned notary public in and for the State of Oklahoma, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of Oklahoma
Residing in _____
My Commission Expires: _____, 20____