

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 APPLIED FOR

Job Title:

Are you applying for?

F/T  P/T  TEMP/SEASONAL  
 Reserve/Volunteer

What shifts will you work?

Days  Nights  Any

**NOTICE:** During the background check we will be contacting your former employers

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

E-mail Address

Webpage/Facebook

Emergency Contact Number:

Applicants 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	To
		Mo. / Yr.	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	From	To
		Mo. / Yr.	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? \_\_\_\_\_ Passport # \_\_\_\_\_

6. Can you perform the essential functions of this job with or without reasonable accommodations? \_\_\_\_\_

**D. DRIVING HISTORY**

Do you have a valid Oklahoma driver's license? \_\_\_\_\_ License number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_

2. Do you have or have you ever held a motor vehicle operator license in another state? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants Name: \_\_\_\_\_ (Print Legibly)

3. Have you ever been denied issuance of a license or have you ever had your license revoked? \_\_\_\_\_  
 If YES, please provide complete details including why license was revoked.

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4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance? \_\_\_\_\_

If YES, please provide complete details.

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**E. EDUCATION / TRAINING**

High School or GED Name/Address	Date Attended Mo/Yr		Year Completed	Did You Graduate	Type of Diploma
	From	To			

Collage Name/Address	Date Attended Mo/Yr		Year Completed	Did You Graduate	Type of Degree
	From	To			

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ (Print Legibly)

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

Collage Name/Address	Date Attended		Credit Hours Earned	Area of Study	Year Completed	Did You Graduate	Type of Degree
	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:

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2. Have you ever been suspended or expelled from school? \_\_\_\_\_

If yes, please explain:

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3. List any foreign languages that you can speak:

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List any foreign languages that you can read:

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List any foreign languages that you can write:

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

Name/Topic of Training	Certificate?	Date	Location of Training

Applicants 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? \_\_\_\_\_

If yes, explain.

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Date(s)

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Date(s)

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Date(s)

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

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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).

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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):

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9. Have you had any training/education with K-9's? \_\_\_\_\_

If yes, provide details:

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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		
<input type="checkbox"/>	Other please list: _____								

Applicants Name: \_\_\_\_\_ (Print Legibly)

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

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

Applicants 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? \_\_\_\_\_

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

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2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? \_\_\_\_\_

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

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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? \_\_\_\_\_

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

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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? \_\_\_\_\_

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

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Applicants 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

Applicants 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? \_\_\_\_\_

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? \_\_\_\_\_

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

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Applicants Name: \_\_\_\_\_ (Print Legibly)

5. Was there any type of disciplinary action taken against you in the service? \_\_\_\_\_ If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Have you served in the armed forces of another country? \_\_\_\_\_

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? \_\_\_\_\_

2. Are you now issued or have you been issued a license to engage in a business or profession? \_\_\_\_\_

3. Was any such license ever cancelled, relinquished, suspended or revoked? \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants 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? \_\_\_\_\_

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

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

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

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

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

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Applicants 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: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Last First Middle

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years known: \_\_\_\_\_ Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Last First Middle

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years known: \_\_\_\_\_ Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Last First Middle

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years known: \_\_\_\_\_ Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ (Print Legibly)

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

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

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

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



Applicants Name: \_\_\_\_\_ (Print Legibly)

O. 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: \_\_\_\_\_