



Custer County Sheriff's Office

Employment Application

Equal Opportunity Employer

It is our policy to abide all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status or physical handicap, except where a reasonable, bona fide occupational qualification exists.

Take due care in completing this application.

Failure to accurately reflect requested information or omissions of information may void your application or could result in your dismissal from employment.

This application must be clear and legible. We prefer it be typewritten but will accept a legibly printed form using black ink. Failure to submit the application typed or in black ink may cause your application to be rejected.

When you have finished completing this application and it is returned, it will be held until a vacancy occurs.

Kenneth Tidwell

**Sheriff of Custer County
Arapaho, Oklahoma**

THE FILLING OUT AND RETURNING OF THIS APPLICATION TO THE CUSTER COUNTY SHERIFF'S OFFICE DOES NOT GUARANTEE EMPLOYMENT AND DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT.

If there is not enough room for the requested information in the application please attach the information on a plain sheet of white paper to the application.

DEPUTY SHERIFF – The minimum requirements for the position of Deputy Sheriff are as follows:

You must be at least 23 years of age and be in good health. You must have a good driving record and possess a High School diploma or it's equivalent.

COMMUNICATIONS - The minimum requirements for the position of Communications Officer are as follows:

You must be at least 21 years of age and in good health. Typing Skills are a necessity and you must possess a High School diploma or it's equivalent.

DETENTION OFFICER – The minimum requirements for the position of Jailer are as follows:

You must be at least 21 years of age and in good health. A High School diploma or its equivalent is required.

Check the following positions in which you would consider

- Deputy
- Communications
- Detention Officer
- Reserve Deputy

LIST ANY RELATIVE WORKING FOR CUSTER COUNTY

NAME

DEPARTMENT

Date: _____

PERSONAL HISTORY

Name in Full

First

Middle

Last

List all other names that you have used including nicknames. If female, furnish maiden name. If you have used any surnames other than your own true name, during what period and what circumstances were the names used? If you have ever legally had your name changed, give date, place and court.

Social Security Number			
Date of Birth (MM/DD/YY)		Place of Birth (City, County, State)	
Height	Weight	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

RESIDENCES

Current Address

Street Address Apt # City County State Zip

Home Phone _____ Work Phone _____
Area Code Number Area Code Number

IN THE EVENT THAT THE ABOVE INFORMATION BECOMES INVALID, INDICATE THE NAME AND PHONE NUMBER OF A RELATIVE THROUGH WHOM YOU MAY BE REACHED OR WHO COULD FURNISH YOUR CURRENT ADDRESS AND PHONE NUMBER.

NAME _____ RELATIONSHIP _____ PHONE _____

ACTUAL PLACES OF RESIDENCE FOR PAST 10 YEARS

Any applicant who has been out of high school more than 10 years must list all residences since high school. Include address while at school and in military (including on or off post notation), as well as family owned vacation homes. For college on-campus residences, give dorm name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state and country. If post office box, give directions to residence.

FROM	TO	ADDRESS	APT #	CITY	STATE	RENT/OWN
MO/YR	MO/YR					

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship?

Yes No

If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work in this county?

Yes No

Were you previously employed by Custer County?

Yes No

If yes, please provide dates: _____

EDUCATION

Elementary or High School grade completed (circle one number)

1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate or receive GED?

Yes

No

Type of School	Name and Location of School	Dates Attended				Graduated	
		From		To		Yes	No
		Month	Year	Month	Year		
Grade School							
Jr. High							
Or							
High School							

Type of School	Name and Location of School	Dates Attended				Number of Semester Hrs. Completed	Graduated	
		From		To			Yes	No
		Mo.	Yr.	Mo.	Yr.			
College								
Or								
University								
Technical								
Or								
Vocational								

Were you ever dismissed or expelled from high school, college or a university, or was any disciplinary action ever taken against you during your scholastic career?

Yes

No

School _____ Date _____ Action _____

Current Licenses/Certifications/Registrations (eg. Private Pilot, Amateur Radio, EMT) Indicate type and date received

Special Skills/Qualifications: :List all special skills you possess, such as the ability to operate specific kinds of machinery, play musical instruments, computers, etc.....

Foreign Languages (list)	Speak			Read			Write		
	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MILITARY RECORD

Are you registered for Selective Service Location (City and State)
 Yes No

Have you ever served on active duty in the Armed Forces of the United States? Branch of Military service
 Yes No

What type of discharge did you receive?
 Honorable Dishonorable General Undesirable Other

Dates of active duty (MM/DD/YY) From _____ To _____

Member of Reserves or National Guard
 Yes No Ready Standby Present Former No

Branch of Service _____

If you attend drills, meetings or camps, give name of unit and location.

Was any type of disciplinary action taken against you in the service? Be sure and include non-judicial punishment(s) (Article 15's, Captains Mast, etc....)

Yes No

If "Yes", explain in detail

REFERENCES AND SOCIAL ACQUAINTANCES

Give at least five references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the last five years. If retired, give former occupation.

Name			
Last	First	Middle	
Address			
Street and Number	City	State	Zip
Years Acquainted	Occupation	Home Phone	Business Phone
Business name and address			
Business Name	Street and Number	City	State Zip

Name			
Last	First	Middle	
Address			
Street and Number	City	State	Zip
Years Acquainted	Occupation	Home Phone	Business Phone
Business name and address			
Business Name	Street and Number	City	State Zip

Name			
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Address			
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Name			
Last	First	Middle	
Address			
Street and Number	City	State	Zip
Years Acquainted	Occupation	Home Phone	Business Phone
Business name and address			
Business Name	Street and Number	City	State Zip

EMPLOYMENT HISTORY

Have you ever been dismissed, asked to resign or had disciplinary action instituted against you at any place of employment? If "Yes", set forth your explanation on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal, resignation or discipline.

Yes No

Employment Record: Please indicate at least the last 10 years of employment. Start with your present or most recent position and work back. Indicate military service. Use additional sheets if necessary.

Employer				Type of business		<input type="checkbox"/> Full Time	
Mailing Address						<input type="checkbox"/> Part Time	
City and State				Phone number		<input type="checkbox"/> Seasonal	
Starting Date		Leaving Date		Starting Salary	Ending Salary	Starting Position	Ending Title
Month	Year	Month	Year				
Immediate Supervisor				Briefly discuss your duties and responsibilities			
Reason for leaving							

Employer				Type of business		<input type="checkbox"/> Full Time	
Mailing Address						<input type="checkbox"/> Part Time	
City and State				Phone number		<input type="checkbox"/> Seasonal	
Starting Date		Leaving Date		Starting Salary	Ending Salary	Starting Position	Ending Title
Month	Year	Month	Year				
Immediate Supervisor				Briefly discuss your duties and responsibilities			
Reason for leaving							

Employer				Type of business		<input type="checkbox"/> Full Time	
Mailing Address						<input type="checkbox"/> Part Time	
City and State				Phone number		<input type="checkbox"/> Seasonal	
Starting Date		Leaving Date		Starting Salary	Ending Salary	Starting Position	Ending Title
Month	Year	Month	Year				
Immediate Supervisor				Briefly discuss your duties and responsibilities			
Reason for leaving							

Employer				Type of business		<input type="checkbox"/> Full Time	
Mailing Address						<input type="checkbox"/> Part Time	
City and State				Phone number		<input type="checkbox"/> Seasonal	
Starting Date		Leaving Date		Starting Salary	Ending Salary	Starting Position	Ending Title
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Starting Date		Leaving Date		Starting Salary	Ending Salary	Starting Position	Ending Title
Month	Year	Month	Year				
Immediate Supervisor				Briefly discuss your duties and responsibilities			
Reason for leaving							

ORGANIZATIONAL MEMBERSHIP

Are you now, or have you been a member of any club, society, union or organization? Exclude any political party listed in voter registration records. If "Yes", list below

Name	City/ State	Membership	Current?	Positon
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TRAFFIC AND/OR CRIMINAL RECORD

Are you a licensed automobile driver? yes no

State	Class	Number	Expiration
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List all drivers licenses ever held by State, Class and Expiration.

List all traffic charges in which you have been arrested or received a citation (not including parking tickets).

Date	Place/Department	Charge	Disposition

Have you ever been arrested, charged with or investigated on any criminal violation?

Yes No

If "Yes", list all such matters even if not formally charged or no court appearance, found not guilty or matter settled by payment of fine or forfeiture of collateral.

Date	Charge	Court, City and State	Disposition

PERSONAL DECLARATIONS

Do you or have you ever used intoxicants? Yes No If "Yes", explain to what extent.

Do you or have you ever used such items as marijuana, hashish, cocaine, LSD, amphetamine, heroin, or other controlled dangerous substances?

Yes No

If the answer to the above question is "Yes", complete the following items for each controlled dangerous substance used.

Drug _____ How taken _____

Circumstances _____ How many times used _____

First time used _____ Last time used _____

Drug _____ How taken _____

Circumstances _____ How many times used _____

First time used _____ Last time used _____

Drug _____ How taken _____

Circumstances _____ How many times used _____

First time used _____ Last time used _____

Have you ever furnished a controlled dangerous substance to anyone? Yes No

If "Yes", explain

Are you currently or have you ever participated in any drug/alcohol treatment? Yes No

If "Yes", give dates and details

Have you or any of your activities ever been investigated by an agency of the U.S. Government or any state or local law enforcement agency?

Yes No If "Yes", explain in detail

Are you now or have you ever been a member of the Communist Party, U.S.A. or any communist or fascist organization?

Yes No

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their right under the Constitution of the United States by unconstitutional means?

Yes No If "Yes", explain in detail.

An investigation will be conducted of all information listed on this application. Because of this, are you aware of information about yourself or any person with whom you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States?

Yes No

If "Yes", please attach a separate piece of paper giving your version of this/these incident(s).

APPLICANTS CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made me in this application are correct and complete. I understand that any false statement contained in this application may result in discharge.

I authorize you to communicate with all of my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this county deems necessary, I may be required to work overtime hours or hours outside a normal defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages or employment related benefits (not required by law).

APPLICANTS NAME

APPLICANTS SIGNATURE

DATE