

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:

1. Be at least 21 years of age prior to certification as a peace officer. 2.) Must be a United States citizen or in resident alien status, as defined by U.S. Citizenship and Immigration Services. 3.) Must possess a high school diploma or a GED equivalency certificate. (Minimum requirements) 4.) Must have a good driving record. 5.) Must not have been convicted in state or federal court for any felony, crime of moral turpitude, or a crime of domestic violence and pass an OSBI and FBI fingerprint check. 6.) Must be able to undergo psychological evaluation by the employing agency using a psychological instrument approved by CLEET. 7.) Must not have been involuntarily committed to an Oklahoma state mental institution. 8.) Must certify that he or she is physically able to fully participate in and complete all phases of the CLEET Basic Peace Officer Certification Academy as mandated in CLEET rules. 9.) In accordance with Title 70 O.S. § 3311.11 must be able to score a minimum of seventy percent (70%) on the CLEET approved physical assessment test. The purpose of this test is to ensure the applicant is in sufficient physical condition to safely participate and/or avoid unnecessary injury during basic law enforcement training. You must be able to work rotating shifts if schedule requires.

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. You must be able to work nights, weekends, and holidays. You must be able to work rotating shifts if schedule requires. Office Skills are a necessity and you must possess a High School diploma or its equivalent. Must be a United States citizen or in resident alien status, as defined by U.S. Citizenship and Immigration Services.

DETENTION OFFICER – The minimum requirements for the position of Jailer are as follows: 1.) Must be 21 years of age and a United States citizen or in resident alien status, as defined by U.S. Citizenship and Immigration Services. 2.) Must possess a high school diploma or a GED equivalency certificate. (Minimum requirements) 3.) Must have a good driving record. 4.) Must not have been convicted in state or federal court for any felony, crime of moral turpitude, or a crime of domestic violence and pass an OSBI and FBI fingerprint check. 5.) Must be able to undergo psychological evaluation by the employing agency using a psychological instrument approved by CLEET. 6.) Must not have been involuntarily committed to an Oklahoma state mental institution. 7.) Must certify that he or she is physically able to fully participate in and complete all phases of the CLEET Basic Peace Officer Certification Academy as mandated in CLEET rules. 8.) In accordance with Title 70 O.S. § 3311.11 must be able to score a minimum of seventy percent (70%) on the CLEET approved physical assessment test. The purpose of this test is to ensure the applicant is in sufficient physical condition to safely participate and/or avoid unnecessary injury during basic law enforcement training. You must be able to work rotating shifts if schedule requires.

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
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Home Phone	Area Code	Number	Work Phone	Area Code	Number
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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

MILITARY RECORD

☐ Yes ☐ No

[illegible]

MARITAL STATUS

☐ Single ☐ Married Number of times you have been married _____ ☐ Divorced ☐ Widowed

Name of spouse

First Middle Maiden Last

Place and date of marriage

His/Her address before marriage

Street and Number City State

☐ Living ☐ Deceased

Present or last address

Street and Number City State

Date of Birth

Place of Birth

City County State

Occupation

Last Employer

Employer's or own business name and address

Name Street and Number City State Phone #

Former Spouse

First Middle Maiden Last

Former Spouse Address

Street and Number City State Occupation

Date and place (City, County, State) of divorce, annulment or separation

Employer's Name

Employer's Name and Business Address

Street and Number City State

Date of Birth

Place of Birth

City County State

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			
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			
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			
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			
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
Month	Year	Month	Year				
Immediate Supervisor				Briefly discuss your duties and responsibilities			
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Employer				Type of business		<input type="checkbox"/> Full Time	
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Starting Date		Leaving Date		Starting Salary	Ending Salary	Starting Position	Ending Title
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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							

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 I will be working shift work and 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

