Garvin County Sheriff's Office

Application For Employment

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered.

Last Name	First Name	Middle Name	Social Security #

Street Address _____ Home Phone _____

City, State, Zip _____ Business Phone _____

List any other name(s) you have been known by: _____

Provide any other Social Security Numbers you have used: _____

Date of application: _____ Date Available for work: _____

Are you available to work: _____Shift Work _____ Weekends _____ Nights

Position: Deputy _____ Office Clerk _____ Jail Staff _____ Dispatcher _____ Reserve _____

If you are under 21 years of age, you may not be hired until 21.

Present Age: _____ Date of Birth: _____

An Equal Opportunity Employer : The Sheriff's Office does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability status, or any other legally protected status.

Warning: All information in this application will remain confidential and only released to those with need to know. However, it will remain subject to extensive background examination and polygraph. Any false, misleading, or incomplete statements will be considered ground for rejection. Leave no blank spaces. If the question does not apply to you, mark N/A (Not Applicable).

After reviewing the essential job functions, the minimum qualifications and special requirements from attached job description, are you able to do them with or without reasonable accommodation?

_____Yes _____ No

The Sheriff's Office is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation except as necessary to complete the application form. If after reviewing your application form, verifying you responses, conducting an extensive background investigation, conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions or demonstrate performance in the examination process, the parties will explore these alternatives.

As you complete these next portions, provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include.

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the position desired. Failure to answer these questions may indicate that you have not provided the information to qualify for the present position.

Personal Questionnaire

As an applicant for the position of Deputy Sheriff with the Garvin County Sheriff's Office you will be subjected to intense background investigation including polygraph on any of these questions. The following questionnaire is a preview of items that will be necessary for us to check into. It will be to your benefit to answer all questions honestly and to the best of your ability.

1. Have you in the past 7 years used any controlled substance such as a narcotic, speed, PCP, barbiturate, amphetamine, LSD, cocaine, crack, heroin, marijuana, ect. That was not prescribed for you by the medical doctor? _____. If yes, please indicate the type of drug, the date of use, and the extent of usage:

   _____

   _____

2. During the past 5 years, except as covered by medical procedure, have you sniffed or inhaled, glue, paint, liquor, gasoline, or any other substance with the intent of getting high or intoxicated? _____. If yes, please indicate the particulars:

   _____

   _____

3. Have you stolen anything of value? ____ Yes ____ No. If the answer is yes, please indicate what it was, when it happened, and how often it happened:

   _____

   _____

4. Have you ever been arrested and/or convicted of any crime? ____ Yes ____ No. If yes, be sure you have explained this in detail indicating the outcome of the conviction on page 3 of the application form.
5. Do you support the local, State, and Federal Laws and are willing to do so without reservation. ____ Yes ____ No.
6. Are you able to do the essential functions of the job of Deputy Sheriff with or without reasonable accommodation? ____ Yes ____ No

Date: _____ Signature: _____

Month, Day, Year

1. Are you a U.S. Citizen? ____Yes ____ No. Are you legally eligible to work in the United States: ____ Yes ____ No (Verification will be required upon employment)
2. Have you ever worked for this county: ____ Yes ____ No. If yes, give prior names and dates: _____ And reason for leaving:_____.
3. Are you related to any County employee? ____ Yes ____ No. If yes, give name, department, and relationship: _____
4. Have you applied with this office before? ____ Yes ____ No. When? _____ Have you applied with any other Law Enforcement Agency in the last 5 years? ____ Yes ____ No If yes, which department(s) and when? _____
5. Do you know any County Deputies? _____ If yes, who: _____ How did you learn about this opening? _____
6. Can you operate: ____ Automobile ____ Motorcycle ____ Airplane ____ Helicopter

License #	State	Date Expires	Type
_____	_____	_____	_____
_____	_____	_____	_____

7. Does your driver license have any restrictions? ____ Yes ____ No. If yes, explain: _____
8. Do you have liability insurance on the vehicles you operate? _____ Yes ____ No. Have you ever had your insurance policy cancelled? ____ Yes ____No. If so, explain: _____
9. Have you ever had your driver license suspended or revoked? ____ Yes ____ No. If yes, explain: _____
10. In the last 7 years: 1. How many traffic tickets have you received? _____. 2. Number of times arrested while driving, while drinking or under the influence? _____; 3. Reckless driving of any type? _____; 4. Number of accidents you were involved in as driver for which you were charged or cited? _____; Have you been involved in a serious accident(s) where you were the driver? _____. If yes, or anything other than none to the above, explain: _____.
11. It is imperative that law enforcement personnel have a clean conviction record and not be addicted to controlled substances. Have you ever been arrested? _____ Yes ____ No. If yes, _____placed in jail, _____detained, _____received conviction, _____suspended sentence, _____ deferred sentence which has not been sealed, _____probation, _____ by any law enforcement body anywhere? If so please explain below:

Date	Charge	Age at Time	Court of Jurisdiction	Disposition	Location of Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Explanation: _____

12. Have you ever been fingerprinted? _____ Yes ____No, If Yes, Complete:

When	Where	For Whom	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

13. Residence (List each and every place you have resided in the past 10 years) (provide phone number of current landlord: _____)

From Month/Year	To Month/Year	Number & Street	City, State	Name of Landlord

14. Education (List high school(s), college(s), correspondence, business or technical schools attended. Exclude military schools.)

Name of school	Location city/state	Type of school	Dates	Hours	Graduate degree

15. List all special education honors, scholarships, ect., received

_____

_____

16. List all memberships in school societies, fraternities, or clubs (you may exclude memberships in organizations indicating nation origin if you wish).

_____

_____

17. Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? ____ Yes ____ No. If yes, explain:

_____

_____

18. Employment experience for the past 10 years. Social Security Number: _____
In chronological order, list all employment, including part time.

Dates From/To _____ Employed By (name of firm, address) _____

Title of Position _____ Salary _____ Reason for Leaving _____ Phone Number _____

Type of Duties: _____

Name of supervisor: _____

Dates From/To _____ Employed By (name of firm, address) _____

Title of Position _____ Salary _____ Reason for Leaving _____ Phone Number _____

Type of Duties: _____

Name of supervisor: _____

Dates From/To _____ Employed By (name of firm, address) _____

Title of Position _____ Salary _____ Reason for Leaving _____ Phone Number _____

Type of Duties: _____

Name of supervisor: _____

19. If you have no prior employer experience, please explain what you have done since high school to prepare you for this job.

_____

_____

20. Have you ever been fired or suspended, or put on inactive status (other than for workers' compensation cases) by any of your previous employers? _____ Yes ____ No. If yes, state circumstances:

_____

_____

21. Account for all periods of time since age 18 that you were not in school, working, in the military, or recuperating from an illness or injury if over 90 days in duration.

_____

_____

22. In chronological order, list all special training received and occupational schools attended in your employment history. (Exclude military Schools, High Schools, Colleges, ect.)

Name of school	Location city/state	Type of school	Dates	Hours	Certificate received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

23. Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position:

_____

_____

24. Are you now engaged in any business as an owner, partner (active or silent) or other connection (such as an employee) ? _____Yes ____ No. If yes, give full details:

_____

_____

25. Has any corporation, partnership or business of which you are/were an officer, partner, ect., ever been issued or denied a license or permit by any City, State, or Federal Government? ____Yes ____ No
If yes, give full details:

_____

_____

26. Have you ever registered for the Selective Service/Military Service? ____Yes ____ No. If yes when:_____
27. Have you served in any branch of military? ____Yes ____ No. If yes, indicate branch, current status, and military training or experience that would assist you in being a police officer:

Base/Name of School	Location City/State	School Type	Dates	Hours	Certificate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

28. List any medals, decorations, campaign and theatre ribbons awarded to you while in the armed forces:

_____

_____

29. Were you honorably discharged? ___Yes ____No. Please provide a copy of any discharge papers.

Subversive Organizations

30. As used in this application, a subversive organization shall mean any group or organization which does not support local, State and Federal Laws and which advances it beliefs through violence and force.

    A. Have you advocated, advised or taught doctrine that the government of the United States of America or any State or any political subdivision thereof be overthrown by force, violence or any other unlawful means? ___ Yes ____ No.
    B. Are you now or have you ever been a member of any subversive organization? ___ Yes ____ No.
    C. Have you ever paid, collected, or solicited any money, dues or contribution to, for, or on behalf of any subversive organization? ____ Yes ____ No.
    D. Have you ever been connected or affiliated in any manner with or have you ever attended meetings of any subversive organization? ___Yes ____No.

    If your responses are yes to any of the questions in category 30, please indicate circumstances:

    _____

    _____

    _____

31. Background references pertaining to past character: (This information is used to question family members and associates to determine your fitness to do the essential functions of the job.)

    Name, Phone Number and Address of Current spouse, if applicable:

    _____

    Name, Phone Number and Address of Former spouse, if applicable:

    _____

    Name, Phone Number and Address of College Roommate, if applicable:

    _____

    Name, Phone Number and Address of Military Associate, if applicable:

    _____

    Name, Phone Number and Address of Mother, Father and siblings:

    _____

    _____

    _____

    Name, Phone Number and Address of any other personal references:

    _____

    _____

    _____

32. List any social, labor, civic, and fraternal organizations that you have or now belong to which demonstrates your fitness for this position.

    _____

33. Are you the co-maker or signer on an outstanding loan? ___ Yes ___ No. If yes, explain details:

    _____

34. Have you ever been bonded? ____ Yes ____ No. With respect to each time bonded, state details:

Date	Reason	By Whom	Address, City, State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

35. Which of you previous jobs did you like best? Explain the duties and reason why:

_____

_____

_____

36. Which of your previous jobs did you like least? Explain duties and reasons why:

_____

_____

_____

37. What prior experience have you had with firearms? Explain:

_____

_____

38. Other than in law enforcement capacity, have you ever been served with a summons or subpoena? ___Yes ___No. If yes, how many times, and list reasons:

Date	Charge	Location	Court Disposition	Police Agency Concerned

_____

_____

_____

39. Do you know any other information that we have not asked for which may come out In the background information concerning you present fitness to handle the essential functions of the job? ___Yes ___ No. If yes, you have an opportunity to disclose at the present time. (In this question we are not interested in your physical or mental ability to do the job). _____

_____

_____

40. This is for additional information. Indicate question number with each response: _____

_____

_____

_____

Writing Exercise

(To be completed in applicants own handwriting and signed)

Why are you pursuing a career as a law enforcement officer?

_____

_____

_____

What have you done in your past (schooling, extracurricular activities including sports, etc., or other training and experience) to prepare you for a career in law enforcement: _____

_____

_____

What has been your association or experience with law enforcement officers? _____

_____

_____

Date:_____ Printed Name: _____

Month, Day, Year First, Middle, Last

Read Carefully Before Signing

I certify that I am the person named above and that facts given in this application are true and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, or misleading, it may render me ineligible for employment as a Deputy.

I hereby grant permission to the Garvin County Sheriff's Office to investigate any information included in the application and I agree to submit to a pre-employment drug screen and a post offer medical examination. I understand that this application is not a contract of employment. I hereby release the County and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand that if employed, false or misleading statements given in this application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the County.

I hereby authorize any City, County, State, Federal Agency or former employer or any individual listed in this application form to furnish to any member of the Garvin County Sheriff's Office any information concerning me necessary to process this questionnaire. A photo static and/or verifax copy of this authorization shall be considered as valid as the original.

Date: _____ Signature: _____

Month, Day, Year First, Middle, Last