

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for: _____ Date of Application: _____

How were you referred to us:

Applicant Data:

Full Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Other: _____

Email: _____

Date Available to Start: _____

Social Security Number: _____

If you are under 18 and we require a work permit, can you furnish one? (Yes, no): _____

If applying for a commissioned peace officer or detention officer position are you 21 years of age or older (yes, no): _____

Have you ever worked for Osage County Sheriff's Office (yes, no): _____

If yes, when: _____

Are you a citizen of the United States of America (yes, no): _____

If not, are you legally allowed to work in the United States of America (yes, no): _____

Type of Employment Desired: (Full-time, part-time, or temporary): _____

Answering "yes" to the below questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Have you been convicted of a Felony or Misdemeanor (yes, no): _____

If yes, give dates and details: _____

Driver's license number if applicable to position: _____ State: _____

Previous Employment (Begin with the most recent position):

Dates of Employment: From _____ To _____

Position(s) Held: _____

Firm/company/ organization name: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Starting salary and Title: _____

Ending salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference (yes, no): _____

Dates of Employment: From _____ To _____

Position(s) Held: _____

Firm/company/ organization name: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Starting salary and Title: _____

Ending salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference (yes, no): _____

Dates of Employment: From _____ To _____

Position(s) Held: _____

Firm/company/ organization name: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Starting salary and Title: _____

Ending salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference (yes, no): _____

Dates of Employment: From _____ To _____

Position(s) Held: _____

Firm/company/ organization name: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Starting salary and Title: _____

Ending salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference (yes, no): _____

Education and or Special Training and Skills

High School Graduate or GED (yes, no): _____ High School Attended: _____

College/University: _____ Major: _____

Degree(s) Received:

Other Education/Certifications: _____

Special Training:

References

List three personal references. (Do not include relatives or pervious employers)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

How long have you known this person? Years: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

How long have you known this person? Years: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

How long have you known this person? Years: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. In addition, your employment with the Osage County Sheriff's Office is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or the Osage County Sheriff's Office, with or without cause, with or without notice, and at any time.

Signature of Applicant: _____ Date: _____

Authorization to Release Information

From: _____

To: _____

I have applied for a position with the Osage County Sheriff's Office.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 90 days from date below.

Please keep this copy of my release request for your files. Thank You.

Signature

Date

Witness

Date