## **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 Applicat                  | ion:                       |  |  |
|---|-----------------------------------|----------------------------|--|--|
| How were you referred to us:  |                                   |                            |  |  |
| Applicant Data:   |                                   | -                          |  |  |
| Full Name (Last, First, Middle):  |                                   |                            |  |  |
| Address:  |                                   |                            |  |  |
| City:   | State:                            | Zip:                       |  |  |
| Phone: Mol  | bile/Other:                       |                            |  |  |
| Email:  |                                   |                            |  |  |
| Date Available to Start:  |                                   |                            |  |  |
| Social Security Number:   |                                   |                            |  |  |
| If you are under 18 and we require a work p   | permit, can you furnish one? (Y   | es, no):                   |  |  |
| If applying for a commissioned peace officer older (yes, no):   | r or detention officer position a | are you 21 years of age or |  |  |
| Have you ever worked for Osage County She   | eriff's Office (yes, no):         |                            |  |  |
| If yes, when:   |                                   |                            |  |  |
| Are you a citizen of the United States of Ame   | erica (yes, no):                  |                            |  |  |
| If not, are you legally allowed to work in the  | e United States of America (yes   | , no):                     |  |  |
| Type of Employment Desired: (Full-time, par   | rt-time, or temporary):           |                            |  |  |
| Answering "yes" to the below questions doe<br>Date of the offense, seriousness and nature<br>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 Employm    | nent: From To                            |        |  |
|---------------------|--|--------|--|
| Position(s) Held: _ |  |        |  |
| Firm/company/ or    | rganization name:                        |        |  |
| Address:            |  |        |  |
| Phone:              | Supervisor:                              | Title: |  |
| Job Responsibilitie | es:                                      |        |  |
| Starting salary and | d Title:                                 |        |  |
| Ending salary and   | Title:                                   |        |  |
| Reason for leaving  | g  |        |  |
| May we contact tl   | his employer as a reference (yes, no): _ |        |  |
|                     |  |        |  |
| Dates of Employm    | nent: From To                            |        |  |
| Position(s) Held: _ |  |        |  |
| Firm/company/ o     | rganization name:                        |        |  |
| Address:            |  |        |  |
| Phone:              | Supervisor:                              | Title: |  |
| Iob Responsibilitie | es:                                      |        |  |
|                     | d Title:                                 |        |  |
|                     | Title:                                   |        |  |
|                     | g:                                       |        |  |
|                     | his employer as a reference (yes, no):   |        |  |

| Education and or Special Trainin           | g and Skills                |               |  |
|--|-----------------------------|---------------|--|
| High School Graduate or GED (yes, no): _   | High School Atte            | ended:        |  |
| College/University:                        | Major:                      |               |  |
| Degree(s) Received:                        |                             |               |  |
| Other Education/Certifications:            |                             |               |  |
| Special Training:                          |                             |               |  |
| References                                 |                             |               |  |
| List three personal references. (Do not in | nclude relatives or previou | us employers) |  |
| Name: Pho                                  | one:                        |               |  |
| Address:                                   | City:                       | State:        |  |
| How long have you known this person? \     | /ears:                      |               |  |
| Name: Pho                                  | one:                        |               |  |
| Address:                                   | City:                       | State:        |  |
| How long have you known this person? N     | /ears:                      |               |  |
| Name: Pho                                  | one:                        |               |  |
| Address:                                   | City:                       | State:        |  |
| How long have you known this person?       | /ears:                      |               |  |

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: \_\_\_\_\_\_

То: \_\_\_\_\_

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 herby 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