



Have you ever made application with the Oklahoma County Sheriff's Office or OCDC before?\_ Yes No If yes, when? \_\_\_\_\_

How did you learn about OCDC's recruiting? \_\_\_\_\_

## II. EDUCATION

### **HIGH SCHOOL**

Name of High School			
Street Address	City	State	Zip Code
Dates Attended From:                      To:	Did you graduate?	YES	NO

### **COLLEGE/UNIVERSITY**

Name of College/University			
Street Address	City	State	Zip Code
Dates Attended From:                      To:	Did you graduate?	YES	NO
If you did not graduate, how many semester hours completed?			
Field of Study	Degree		

### **TECHNICAL OR VOCATIONAL**

Name of Institution			
Street Address	City	State	Zip Code
Dates Attended From:                      To:	Did you graduate?	YES	NO
If you did not graduate, how many semester hours completed?			
Field of Study	Degree/Certificate		

List all valid licenses/certifications:

<i>Type</i>	<i>License Number</i>	<i>State</i>	<i>Expiration Date</i>

Have any of the above licenses ever been suspended or revoked?    Yes    No    N/A  
 If yes, explain.

List any fluency in foreign languages or sign language:

**III. MILITARY RECORD**

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

Branch of military service: \_\_\_\_\_                      From:                      To:

Rank at Discharge: \_\_\_\_\_                      Type of Discharge: \_\_\_\_\_

Were you ever the subject of formal disciplinary action, such as Court-Martial, Article 15's Captain's Mast etc., while in the service?    Yes                      No

If yes, explain: \_\_\_\_\_

**IV. EMPLOYMENT HISTORY**

Start with present or most recent employment and work back. Do not omit any periods of employment. Present employer will be contacted regarding applications for all positions that require CLEET peace officer certification or any positions within the detention officer series. (PREA 115.17(f))

May we contact your present employer?                      Yes                      No

Have you ever received any disciplinary action?                      Yes                      No

If yes, please explain:

Have you ever been named in a workplace complaint or grievance?                      Yes                      No

If yes, please explain

Have you ever been discharged or asked to resign from employment?                      Yes                      No

**Previous Employment**

Employer Name: Mailing Address: City and State: Phone:		Type of business:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Starting Date	Leaving Date	Position Held:
Starting Salary \$	Ending Salary \$	Weekly Hours Worked:
Immediate Supervisor Name: E-mail Address: Phone:		
Briefly describe your duties and responsibilities:		
Reason for leaving:		

Employer Name: Mailing Address: City and State: Phone:		Type of business:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Starting Date	Leaving Date	Position Held:
Starting Salary \$	Ending Salary \$	Weekly Hours Worked:
Immediate Supervisor Name: E-mail Address: Phone:		
Briefly describe your duties and responsibilities:		
Reason for leaving:		

Employer Name: Mailing Address: City and State: Phone:		Type of business:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Starting Date	Leaving Date	Position Held:
Starting Salary \$	Ending Salary \$	Weekly Hours Worked:
Immediate Supervisor Name: E-mail Address: Phone:		
Briefly describe your duties and responsibilities:		
Reason for leaving:		

Do you have more employment history? Yes No  
(If Yes, list records on a separate sheet of paper and attach to this application.)

Do you have any employment gaps within your history above? Yes No

If yes, please explain: \_\_\_\_\_

**PREA-Related Matters (PREA 115.17(f))**

YES NO Have you ever engaged or been subject of an investigation involving sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutional setting?

YES NO Have you ever been arrested for an offense involving sexual abuse/activity involving force, threat of force/coercion?

YES NO Have you ever been civilly or administratively adjudicated in regard to a sexual abuse/activity?

**V. TRAFFIC AND/OR CRIMINAL HISTORY INFORMATION**

Do you possess a valid Driver's license or state ID? Yes No

License/State ID No. \_\_\_\_\_ State:\_\_\_\_\_ Expiration: \_\_\_\_\_ Class:\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_

Do you have Scars and Tattoos? Yes NO If yes, list a description of each.

Have you ever had a driver's license suspended, revoked, or canceled? Yes No

If yes, provide reasons, dates, state of issuance and driver's license number.

YES NO Have you ever been arrested?

YES NO Have you ever been charged or convicted of a misdemeanor which involved the use or attempted use of physical force, or threatened use of a deadly weapon towards any current or former spouse or child of whom you are parent or guardian or person with whom you are or have cohabitated or share a child in common?

YES NO Have you ever been charged, or convicted of any offense (including traffic) which involved the illegal usage of drugs or alcohol?

YES NO Have you ever been charged, or convicted of any offense involving domestic violence?

YES NO Have you ever been convicted of a felony?

If you have ever been arrested, list the date of arrest, original charge, location of arrest and disposition; dismissed, pled guilty, nolo contendere, deferred or conviction. (PREA 115.17(f))

Date	Charge	Court, City, & State	Disposition

**VII. REFERENCES**

Below, please list any individuals with whom you have resided during the last six months who are not relatives (list no information prior to your 18th birthday).

Name and E-mail	Address (City, State, and Zip Code)	Telephone

In the space below, please list as references 3-5 individuals who have professional knowledge of you. Exclude relatives and former employers.

Name and E-mail	Address (City, State, and Zip Code)	Telephone

**VIII. WORK REQUIREMENT INFORMATION**

Do you have any relative(s) presently employed by the Oklahoma County Sheriff’s Office or Oklahoma County Detention Center? Yes No If yes, list name and relationship:

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Do you personally know any person or have any relative(s) currently under the care or custody of the Oklahoma County Sheriff’s Office or Oklahoma County Detention Center? Yes No If yes, list name, relationship and location:

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## **IX. Disclaimer and Signature**

### ***Please Read Before Signing***

I have read the job requirements for the position I have applied for and certify that I am able to perform the essential job functions of that position with or without reasonable accommodation.

I further certify that all statements and information contained herein are true and complete and I understand that any misstatements or omissions of material fact will result in refusal of employment or termination of employment, if employed.

I understand OCDC may make a thorough investigation and may verify all data provided in this application. I hereby authorize my present and previous employers and educational institutions to provide information requested to OCDC.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the OCDC is of an "at will" nature, which means that an employee may resign at any time, and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the OCDC Administrator or designee.

Business needs may at times make the following conditions mandatory: overtime, shiftwork, a rotation of schedule, a work schedule other than Monday through Friday, or reassignment to another job post. I understand and accept these conditions of my continuing employment.

OCDC reserves the right to request a post-employment physical examination and/or comprehensive drug testing as a normal part of the selection process.

This is an application for employment. Employment is not offered at this time. I understand that if I am employed, such employment is for an indefinite period of time and that OCCJA can change wages, benefits, and conditions at any time.

If employed, I will comply with all rules and regulations set forth in the OCDC personnel policy and other policies as established by departmental procedures.

I have read or have had this application read to me and understand all statements and questions contained in the application for employment and have answered to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Oklahoma County Criminal Justice Authority  
Authorization to Release Information for Employment**

**Applicant:**

\_\_\_\_\_

*Last Name*

*First Name*

*Middle Name*

**Current Address:** \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

**Date of Birth:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To Whom It May Concern: I am an applicant for employment with the Oklahoma County Criminal Justice Authority (OCCJA). OCCJA needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby request and authorize you to release to the OCCJA, any and all information or records concerning me, my background and personal history, my employment, education, military service, or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of any and all information or records, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations or ratings, complaints or grievances filed against me.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

Failure to release the information requested by the OCCJA may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of the OCCJA's acceptance and processing of my application for employment, I agree to hold the agency, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result to this investigation, such information may be turned over to the proper authorities.

This authorization is valid for one (1) year from the date of signature.