



# GRANT COUNTY SHERIFF'S OFFICE

SCOTT STERLING, SHERIFF  
219 NORTH FIRST STREET  
MEDFORD, OK 73759

APPLICANT NAME: \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_

TO: APPLICANTS FOR EMPLOYMENT WITH THE GRANT COUNTY SHERIFF'S OFFICE  
FROM: SHERIFF SCOTT STERLING  
SUBJECT: APPLICATION PROCESS

The application process with the Grant County Sheriff's Office can be lengthy and is very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.

NEPOSTIM: In accordance with the Grant County Personnel Policy, no individual related to the third degree by blood or marriage to any elected official, department head, or supervisor may be employed in any position under which they would report to their family member.

DRIVING STANDARDS: If the position for which you are applying has, as an essential job function, the operating of a County vehicle, or may require driving a County vehicle, you must meet the following driving standards:

1. Must have acceptable driving record.
2. Possess, or able to attain within a specified time period, the proper classification of driver's license for the job for which you are applying.
3. Possess and maintain a valid Oklahoma Driver's License during the course of your employment with the County, and maintain an acceptable driving record as set out in paragraph 1 above.
4. Must meet the approval of the County insurance carrier.

BACKGROUND INVESTIGATION: You must sign a form to authorize the County to verify your credentials. If you are tentatively selected for employment with the County, the Administration of the Sheriff's Office will conduct a background investigation of your credentials prior to you being appointed to a position with the County.

DRUG SCREEN TEST: You will be required to take a pre-employment drug screen for employment consideration in accordance with the Oklahoma Standard for Workplace Drug and Alcohol Testing Act and the Grant County Drug and Alcohol Testing Policy.

IMMIGRATION REFORM AND CONTROL ACT OF 1986: In accordance with the United States Code, Title 8 Section 132A, the Grant County Sheriff's Office must verify every individual's eligibility for employment in the United States. The Department of Homeland Security and the United States Department of Labor require you to furnish the County with document verification of employment eligibility. If you are extended an offer of employment, you will be required to furnish such documentation. Failure to furnish the County with the requested documentation will result in denying you employment with the County.

Print or type answers to each question clearly and completely. All questions must be answered.

_____	_____	_____	_____
Last Name	First	Middle	Social Security No.
_____			_____
Street Address			Home Number
_____			_____
City, State, Zip			Secondary Number

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

Provide any other Social Security number you have used: \_\_\_\_\_

As an applicant for a position with the Grant County Sheriff's Office, you will be subjected to an intense background investigation. The following questionnaire is a preview of items that will be necessary for our department to check into. It will be to your benefit to answer all questions honestly and to the best of your ability.

As you complete the 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 regardless of what you might otherwise be able to perform.

It is extremely important that you provide correct responses to the following questions.

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 and failure to furnish documentation will be cause for separation).

Have you worked for this County before? [ ] Yes [ ] No      If yes, give prior names & dates: \_\_\_\_\_  
\_\_\_\_\_ and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Are you related to any County employee [ ] Yes [ ] No      If yes, please give name, department and relationship:  
\_\_\_\_\_

Have you applied with this Sheriff's 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know any deputies, dispatchers or city officers working within Grant County  Yes  No If yes who? \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

License(s) Number(s)	State	Date Expires	Type
_____	_____	_____	_____
_____	_____	_____	_____

Does your driver's license have any restrictions?  Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a driver's license suspended or revoked?  Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have liability insurance on the vehicles you operate?  Yes  No Have you ever had your insurance policy canceled  Yes  No If yes, explain:  
\_\_\_\_\_

In the last seven 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 a driver for which you were charged or cited?\_\_\_\_\_; (5) Have you been involved in a serious accident(s) where you were the driver?  Yes  No If yes, or anything other than none to any of the above, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is imperative that law enforcement personnel have a clean conviction record and not be addicted to controlled substances. (Arrest information will not necessarily disqualify you). Have you ever been arrested?  Yes  No, placed in jail?  Yes  No, detained?  Yes  No, received a conviction?  Yes  No, suspended sentence?  Yes  No, deferred sentence which has not been sealed?  Yes  No, probation?  Yes  No by any court of law or enforcement body anywhere? If so, explain below:

Date	Charge	Court of Jurisdiction	Disposition	Agency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been fingerprinted? [ ] Yes [ ] No. If yes, complete:

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

Residence (List each and every place you have resided in the past 10 years) Provide phone number of current landlord: \_\_\_\_\_

From MM/YYYY	To MM/YYYY	Number and Street	City, State	Name of Landlord w/ telephone if known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Name of School	Location City and State	Type	Dates of Attendance	Hours Completed	Graduate Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all special educational honors, scholarships, etc., received:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all memberships in school societies, fraternities, or clubs (You may exclude membership in organizations indicating national origin if you wish):

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Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? [ ] Yes [ ] No If yes, please explain the circumstances:

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Employment experience for the past 10 years. In chronological order, list all employment, including part time. Leave no gaps, if you were unemployed in between jobs, indicate that by stating "Unemployed" under the "Employed by" section and give the dates.

Dates (From-To)	Employed by (Name of Employer address)	Supervisor(s)
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Title/Position	Salary	Reason for Leaving	Phone Number
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Types of Duties:

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Dates (From-To)	Employed by (Name of Employer address)	Supervisor(s)
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Title/Position	Salary	Reason for Leaving	Phone Number
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Types of Duties:

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Dates (From-To)	Employed by (Name of Employer address)	Supervisor(s)
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Title/Position	Salary	Reason for Leaving	Phone Number
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Types of Duties:

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Dates (From-To)                      Employed by (Name of Employer address)                      Supervisor(s)

Title/Position                      Salary                      Reason for Leaving                      Phone Number

Types of Duties:

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Dates (From-To)                      Employed by (Name of Employer address)                      Supervisor(s)

Title/Position                      Salary                      Reason for Leaving                      Phone Number

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Title/Position                      Salary                      Reason for Leaving                      Phone Number

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Title/Position                      Salary                      Reason for Leaving                      Phone Number

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Title/Position                      Salary                      Reason for Leaving                      Phone Number

Types of Duties:

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Title/Position                      Salary                      Reason for Leaving                      Phone Number

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Title/Position                      Salary                      Reason for Leaving                      Phone Number

Types of Duties:

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Dates (From-To)                      Employed by (Name of Employer address)                      Supervisor(s)

Title/Position                      Salary                      Reason for Leaving                      Phone Number

Types of Duties:

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If you have had no prior employment experience, please explain what you have done since high school to prepare you for this job?

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Have you ever been fired, suspended, or put on an inactive status (exclude Worker's Compensation cases) by any of your previous employers? [ ] Yes [ ] No. If yes, state circumstances:

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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:

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In chronological order, list all special training received and occupational schools attended in your employment history. (Exclude military schools and training, high schools, college, etc.)

Type of School	Location City and State	Type of School	Dates of Attendance	Hours Completed	Graduate Degree Certification
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Indicate if you have any additional information or comments concerning any volunteer experience, and special licenses or training that would help us determine your suitability for this position:

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Are you now engaged in any business as an owner, partner (active or silent) or other connection (such as employee)? [ ] Yes [ ] No. If yes, give full details; (e.g. name, address, etc.)

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Selective Service/Military Service

Have you registered for the selective service?  Yes  No If yes, when? \_\_\_\_\_

Have you served in any branch of the military?  Yes  No. If yes indicate branch, current status, and any military training or experience that would assist you in this position:

Base or Name of School	Location City and State	Type of School	Dates of Attendance	Hours Completed	Certificate Received
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List any medals, decorations, campaign, and theater ribbons awarded to you while in the armed forces:

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Were you honorably discharged?  Yes  No. Please provide a copy of any discharge papers (Forms DD 214 and DD 214 Member 4)

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.

Current Spouse, if applicable:

Name	Phone Number	City/State	Email Address
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Former Spouse, if applicable

Name	Phone Number	City/State	Email Address
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College Roommate, if applicable:

Name	Phone Number	City/State	Email Address
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Military Associate, if applicable

Name	Phone Number	City/State	Email Address
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Mother & Father

Mother	Phone Number	City/State	Email Address
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Father	Phone Number	City/State	Email Address
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Sibling (s)

Name	Phone Number	City/State	Email Address
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Name	Phone Number	City/State	Email Address
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Name	Phone Number	City/State	Email Address
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Name	Phone Number	City/State	Email Address
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Name	Phone Number	City/State	Email Address
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Personal References (List at least 3):

Name	Phone Number	City/State	Email Address
Name	Phone Number	City/State	Email Address
Name	Phone Number	City/State	Email Address
Name	Phone Number	City/State	Email Address
Name	Phone Number	City/State	Email Address

List any social, labor, civic, and fraternal organizations that you have or now belong to which demonstrates your fitness for this position (you may exclude any that is associated with a national origin if you wish):

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Which of your previous jobs did you like the best? Explain the duties, the type of supervisor, and other reasons:

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

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

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

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

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Have you ever been arrested and/or convicted of any crimes?  Yes  No. If yes, be sure you have explained this in detail indicating the outcome of the conviction on page 2 of the Background Investigation Packet

Do you support the local, State and Federal laws and are willing to do so without reservation?  Yes  No

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

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**NOTICE TO APPLICANTS**

\*\*\*\*\*AGREEMENT\*\*\*\*\*

**READ CAREFULLY BEFORE SIGNING**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the Grant County Sheriff's Office to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential, and the Grant County Sheriff's Office cannot reveal the reason for rejection.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rule and regulations of the County.

I further understand and agree that my employment with the Grant County Sheriff's Office does not constitute an employment contract and that I may resign my position and voluntary leave employment, or my employment may be terminated at any time and for any reason.

I hereby grant permission to the Grant County Sheriff's Office to investigate and verify and of the information included in this application, and I agree to submit to a drug test and medical examination, as required.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# GRANT COUNTY SHERIFF'S OFFICE

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## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Grant County Sheriff's Office, bearing this release, or a photo copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the Grant County Sheriff's Office.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

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

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

Typed or Printed: \_\_\_\_\_  
(Full Name)

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

City/State/Zip: \_\_\_\_\_

Area Code/Phone No.: \_\_\_\_\_