

Payne County

Sheriff's Office

JOE HARPER

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Payne County Sheriff's Office, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit agencies, (including credit reports and/or ratings); and other financial statements and records, wherever filed; U.S. Veteran's Administrations, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Payne County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

PERSONAL INFORMATION				
NAME (LAST, FIRST MIDDLE)		SEX	RACE (W I B A)	DATE OF BIRTH
ADDRESS		CITY / STATE / ZIP CODE		HOME PHONE
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER		MAIDEN NAME(S)
SIGNATURE				



Application for Employment

Payne County Sheriff's Office

Sheriff Joe Harper

606 South Husband, Suite 106

Stillwater Oklahoma 74074

(405) 372-4522



Instructions: Print or Type

Please answer all questions. Application must be completely filled out to be considered. Application will be retained one year during which time you may update it. Candidates whose qualifications best meet the needs of the County will be considered. Payne County is an equal opportunity employer.

Are you a citizen, lawful permanent resident or otherwise authorized to work in the United States?

Yes

No

Legal Name

Date

Address

Zip Code

City

State

E-Mail

Home Phone

Work Phone

Mobile Phone

Are you 18 or Older?

Yes

No

Social Security Number

Position Desired

Desired Salary

Date Available For Work

Have You Ever Worked for Payne County?

If yes when?

Department?

Who referred you to Payne County?

Do you have any relatives that currently work for Payne County?

No

If yes, who?

Yes

Department?

Education	Name and Location of School	Number of Years Completed	Degree Received	Year	Major Courses of Study

Note: with your application please attach a transcript of your high school diploma and a copy of your drivers license.

I have served in the U.S. Military Dates of Duty

Duties Performed

SKILLS – Please indicate training or experience

Professional or trade
licenses/certificates:

Typing (WPM)

CLEET #

OLETS #

☐ Word Processing

☐ Computer Operations OTHER

☐ I have a valid Oklahoma Driver's License. Type

Operator License #

Endorsements

What job (or
activity) have
you most
enjoyed? Why?

☐ Yes Have you ever been discharged or asked to resign from
employment? If yes, please give particulars on a
separate sheet.

☐ No

☐ Yes Have you ever been found guilty of a felony?

☐ No

Date

Offense

Place (City and State)

If yes, please give particulars on a separate sheet.

☐ Yes Have you ever
been refused a
Bond?

If yes, for what
position?

What job (or
activity) have
you least
enjoyed? Why?

Work Experience

☐ You may contact my present employer.

Start with present or last employment and work back through previous positions.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

Duties performed while you worked at this company:

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

List (3) three references other than family members

Name	Address	Phone	Relationship

List Residences for past 5 years

Location	Rent/Own	Mortgage Company	Landlord Name & Number

Please Read Before Signing

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.
2. It is my understanding that Payne County may make a thorough investigation and may verify all data given in this application. I hereby authorize my present and previous employers and educational institutions to provide information requested to Payne County.
3. I agree that my employment may be terminated by Payne County at any time without liability for wages or salary except such as may have been earned at the time of such termination.
4. Business needs may at times make the following conditions mandatory: overtime, shift work, a rotation of schedule, or a work schedule other than Monday through Friday.
5. Payne County reserves the right to request a post-employment physical examination and comprehensive drug testing as a normal part of the selection process.

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

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

By signing this I am acknowledging that I have read this application and understand all statements and questions contained in the application for employment, and have answered to the best of my ability.

Applicant Signature

Date

Do Not Write in this Area – For Official Use Only

Interview Date

Referred Date

Department