



GRADY COUNTY SHERIFF'S OFFICE STATE OF
OKLAHOMA

SHERIFF **JIM WEIR** • UNDERSHERIFF **PHIL BLEVINS**

Main Office: 302 N. 3rd • Chickasha, OK 73018 • (405) 222-5085 • (405) 222-1096 Fax

EMPLOYMENT APPLICATION

Office of the Sheriff, Grady County, State of Oklahoma

Deputy Sheriff / Reserve Deputy

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER: The Office of the Sheriff, Grady County State of Oklahoma does not discriminate on the basis of race, color, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Warning: All information in this application will remain confidential; however, it will be subject to extensive background examination and possible polygraph. Any false, misleading, or incomplete statements will be considered grounds for rejection. Leave no blank spaces. If the questions do not apply to you, mark N/A (Not Applicable).

Print or type the answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. Use additional pages for more information.

| | | | |
|-----------|------------|-------------|------------------------|
| Last Name | First Name | Middle Name | Social Security Number |
|-----------|------------|-------------|------------------------|

| | |
|----------------|------------------|
| Street Address | Home Telephone # |
|----------------|------------------|

| | |
|-----------------------|----------------------|
| City, State, Zip Code | Cellular Telephone # |
|-----------------------|----------------------|

Date of Birth: _____ Date of Application: _____

Date Available to work: _____

Are you available to work: Full Time: _____ Part Time: _____ Reserve: _____
(Hrs. & Days: _____), Shift Work: _____ Weekends: _____
Nights: _____

Have you ever worked for this County? Yes: _____ No: _____

If yes, give prior dates:

Reason for leaving:

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.)

Are you licensed to operate: () Automobile () Motorcycle () Airplane () Helicopter () Drone

| License(s) Number(s) | State | Date of Expiration |
|----------------------|-------|--------------------|
|----------------------|-------|--------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you related to any County Employee or any other member of the County Commissioners or County Offices? Yes _____ No _____

If yes, Please give a description of your relationship:

Have you ever applied with the Grady County Sheriff's Office before? Yes ___ No ___

If yes, When

Do you know any Grady County Sheriff Deputies? Yes ___ No ___ If yes, Who?

How did you learn about this opening? _____

It is imperative that law enforcement personnel have a clean felony conviction record (arrest information will not disqualify you). Have you ever received a felony conviction by any court of law or enforcement body anywhere? If so, please explain below:

Have you ever been arrested? ____ Yes ____ No If Yes, Explain:

Are you currently using 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 professional? _____

If yes, please indicate the type of drug, the date of use, and extent of usage:

Are you currently sniffing or inhaling glue, paint, lacquer, gas, or any other substance with the intent of getting high or intoxicated? _____ If yes, please indicate the particulars below.

In the last seven years: How many traffic tickets have you received? _____ Number of times arrested driving under the influence of drugs or alcohol? _____ Reckless driving of any type? _____ Number of accidents you were involved in as a driver for which you were charged or cited? _____ Have you been involved in a serious accident(s) where you were the driver? _____ Have your privileges ever been restricted? _____

If yes or anything other than none to any of the above, please explain:

Have you applied with any other law enforcement agency in the last five (5) years? If yes, when?

Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training, which would help us, determine your suitability for this position:

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

Residence: (List each and every place you have resided in the past 10 years)

| From Month/Year | To Month/Year | Address | City, State | Name of Landlord |
|--------------------|------------------|---------|-------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

After reviewing the essential job functions, the minimum qualifications and the special requirements from the attached job description are you able to do them with or without reasonable accommodations?

Yes: _____ No: _____

The County is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, conducting an intensive background investigation, conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The County conducts a pre-employment exam, which will determine whether you can do the essential functions of the job without substantial risk to yourself or the public.

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 and that you indicate your qualifications to be able to do the essential functions of the telecommunications position. Failure to answer the questions may indicate that you have not provided the information to qualify you for the present position.

Education: List Grammar, High School, College, 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 Specific education honors, scholarships, etc. received: _____

List all memberships in school societies, fraternities, or clubs. (You may include Membership in organizations indicating national origin if you wish.)

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:

In chronological order, list all Employment Experience for the past ten (10) years including part time:

| | | | |
|-------------------|-------------------------------------|--------------------|------------------|
| Dates (From - To) | Employed by (Name of Firm, Address) | | |
| Title Of Position | Salary | Reason For Leaving | Telephone Number |
| Types of Duties | Name of Supervisor | | |

| | | | |
|-------------------|-------------------------------------|--------------------|------------------|
| Dates (From - To) | Employed by (Name of Firm, Address) | | |
| Title Of Position | Salary | Reason For Leaving | Telephone Number |
| Types of Duties | Name of Supervisor | | |

| | | | |
|-------------------|-------------------------------------|--------------------|------------------|
| Dates (From - To) | Employed by (Name of Firm, Address) | | |
| Title Of Position | Salary | Reason For Leaving | Telephone Number |
| Types of Duties | Name of Supervisor | | |

Have you have extended work absences for reasons other than earned vacation or illness, please explain:

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

| Name Of School | Location City and State | Type | Dates of Attendance | Hours Completed | Certificates Received |
|----------------|----------------------------|-------|------------------------|--------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Have you ever been fired, suspended, or put on an inactive status by any of your previous employers?

Yes _____ No _____ If yes, state circumstances:

Selective Services:

Have you ever served in any branch of the Selective Service? ____ Yes ____ No If yes, indicate branch, current status, and any military training or experience that would assist you in being a Deputy Sheriff.

| Base or Name of School | Location City and State | Type | Dates of Attendance | Hours Completed | Certificate Received |
|---------------------------|----------------------------|-------|------------------------|--------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

List any medals, decorations campaign or theater ribbons awarded to you while in the Armed Forces:

Were you honorably discharged? _____ Yes _____ No (Please provide a copy of any discharge papers)

Subversive Affiliations:

As used in this application, subversive organization will mean any group or organization which supports or follows or which is sympathetic to the overthrow of the United States, its constitution, etc. or any other groups that does not follow the constitution.

- a. Have you ever by word of mouth, or in writing, advocated, advised or taught the Doctrine that the Government of the United States of America or any political Subdivision thereof should be overthrown by force, violence or any lawful means? _____ Yes _____ No

- b. Are you now or have you ever been a member of any subversive organization?
_____ Yes _____ No

- c. Have you ever subscribed to any subversive magazine or other periodicals?
_____ Yes _____ No

- d. Have you ever been connected or affiliated in any manner with or have you ever attended any meetings of any subversive organization? _____ Yes _____ No

- e. Have you ever paid, collected, or solicited any money, dues or contributions to, for, or on the behalf of any subversive organizations? _____ Yes _____ No

If your responses are yes to any of the above questions, please indicate the circumstances:

Have you ever been fingerprinted? _____ Yes _____ No – If yes, please complete:

| When | Where | For Whom | Purpose |
|-------|-------|----------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What foreign languages are you familiar with? Indicate whether you are fluent, average, or fair.

| Language | Converse | Read | Write |
|----------|----------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Personal/Social Information:

(This information is used to question family members and associates to determine your fitness relative to social responsibilities.)

| | |
|----------------------|------------------------------|
| Name (Father/Mother) | Address and Telephone Number |
| _____ | _____ |
| _____ | _____ |

| | |
|--------------------------------------|------------------------------|
| Name of any other personal reference | Address and Telephone Number |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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):

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

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

What prior experiences have you had with law enforcement? Explain:

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 this information. (In this question we are not interested in your physical or mental ability to do the job.)

For and in consideration of the Grady County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Grady County Sheriff's Office, 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 with the Grady County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Grady County Sheriff's Office in conjunction with the employment procedures.

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

This waiver is valid for a period of six (6) months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning the request and be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and hold harmless his/her agents and employees from any claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by complying with this request.

Date: _____

Month/Day/Year

Signature: _____

Full Name

Typed or Printed: _____

Current Address: _____

Telephone Number: _____

Included Area Code

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

WRITTEN EXERCISE

Why are you pursuing a career as a Deputy Sheriff?

What have you done in your past (schooling, extra curricular activities, including sports, etc, or other training and experience) to prepare you for a career in public safety?

What has been your association or experience with Public Safety personnel?

Date: _____ Signature: _____

Month/Day/Year

Full Name

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I am in applicant for a position with the Grady County Sheriff's Office. The office needs to thoroughly investigate my employment 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 office.

I hereby authorize any representative of the Grady County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information on request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part hereof, concerning myself, by and to any duly authorized agent of the Grady County Sheriff's Office, whether said records are of public, private, or confidential nature. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent information for the Grady County Sheriff's Office to consider in determining my suitability for employment in that agency. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaint or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, 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, my heirs, family, or associates because of compliance with this authorization and request to release information, upon request of the duly accredited representative of the Grady County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

Date: _____
Month/Day/Year

Signature: _____
Full Name

Typed or Printed: _____

Current Address: _____

Telephone Number: _____
Included Area Code

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

OFFICE OF THE SHERIFF
GRADY COUNTY, STATE OF OKLAHOMA

A thorough investigation will be conducted to determine your qualifications for the position of Deputy Sheriff/Reserve Deputy. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with the whom you have been associated, including the personal references you have listed.

If the reasons for your non-acceptance are of temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date but that other candidates provided experience, education and background data that were more suitable for employment.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

Date: _____
Month/Day/Year

Signature: _____
Full Name

WITNESS: _____

Read Carefully Before Signing

I certify that the facts given in this Application are true and complete to the best of my knowledge. I hereby grant permission to the county to investigate any information included in the application and I agree to submit to a medical examination if required. I understand that this application is not a contract for employment. I hereby release the county and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the County.

Signature

Date

JOB DESCRIPTION

Deputy Sheriff

Definition:

Under general supervision, enforces the laws of the State of Oklahoma and answers calls for service.

Essential Job Functions/Minimum Qualifications:

Associates Degree and Council on Law Enforcement Education and Training Certified preferred, but a minimum of a high school diploma or general education (G.E.D.) and no experience required. Have or obtain within 30 days of employment a valid Oklahoma Drivers License. Must be 21 years of age at the time of employment. Must be able to pass the Oklahoma Public Employee Retirement System standards and be State certified as a police officer. Must be able to qualify on the shooting range. Ability to operate two-way radio, walkie-talkie in field situations, and to operate effectively radar equipment, etc; to perform routine preventative maintenance on vehicles. Ability to read and interpret documents such as laws, safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups or employees or organizations. Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs. Ability to apply common sense understanding to carry out detailed but uninvolved written and oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations. Ability to deal effectively with the public using tact and diplomacy and remain calm in emergency situations; provide constitutional requirements and perform first aid and/or CPR. Ability to make split second decisions that could affect the well-being of the public, department, fellow employees, as well as the deputy's safety. Ability and willingness to interface with other law enforcement personnel. Ability and willingness to maintain strict confidentiality. Must be able to respond to varying situations with tact and diplomacy and know how to deal with stressful, hostile or irrational persons, whether due to physical or mental disability, drugs, socio-economic differences, or other factors. Requires continuous attention to safe working and operating procedures to ensure safety of one's self and fellow citizens. The possibility of body attacks while making an arrest, severe bodily harm while dealing with felons. Must possess the physical strength and stamina to chase and subdue fleeing persons; to arrest them if necessary; and to bring them into custody. Great probability of working rotating shifts, extended hours, emergency call out, and to testify in court on days off. Must have the visual acuity to identify suspects, detect danger, read licenses and tags, etc. Must possess the aural acuity to understand conversations in quiet and noisy environments, understand radio transmissions, distinguish between car backfires and gun shots, determine location of person in distress, etc.

Physical Demands

While performing the duties of this job, the employee is regularly required to stand; walk; use hands to fingers, handle or feel; reach with hands and arms; talk or hear; and taste and smell. The employee is occasionally required to sit; climb or balance; and stoop, kneel, crouch, or crawl. The employee regularly lifts and/or moves up to 25 pounds, frequently lifts and/or moves up to 50 pounds, and occasionally lifts and/or moves more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to adjust focus.

GRADY COUNTY SHERIFF'S OFFICE
REQUIREMENTS FOR RESERVE DEPUTY

MEETINGS

RESERVE MEETINGS WILL BE HELD ON THE FIRST TUESDAY OF THE MONTH. YOU WILL BE REQUIRED TO BE AT EACH MEETING. IF YOU WILL NOT BE ABLE TO ATTEND, YOU MUST ADVISE ONE OF THE RESERVE LIEUTENANTS AT LEAST 12 HOURS PRIOR TO THE MEETING TIME. IF ANY RESERVE HAS 2 UNEXCUSED MEETINGS, THEY MAY BE REMOVED FROM DUTY.

TRAINING

RESERVES WILL BE REQUIRED TO ACCUMULATE AT LEAST 24 HOURS OF CONTINUING EDUCATION EVERY YEAR.

EQUIPMENT

YOU WILL BE REQUIRED TO SUPPLY YOUR OWN WEAPON, AND UNIFORMS. DUTY BELT IS SAM BROWNE STYLE LEATHER, HIGH GLOSS DUTY BELT AND GEAR. YOU WILL NEED TO HAVE DUTY GEAR WITHIN 6 MONTHS OF YOUR START DATE.

REQUIRED EVENTS

YOU WILL BE ASKED TO WORK A SHIFT AT VARIOUS EVENTS IN THE COUNTY. THOSE EVENTS MAY BE TUTTLE'S ICE CREAM FESTIVAL, RUSH SPRINGS WATERMELON FESTIVAL, GRADY COUNTY FAIR, AND OTHERS.