



# 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 Grand 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.

Have you been arrested in the last ten (10) years? \*  Yes  No

If yes, please explain:

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

Have you ever received a misdemeanor conviction by any court of law or law enforcement body anywhere? \*  Yes  No

If yes, please explain:

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

Have you ever received a felony conviction by any court of law or law enforcement body anywhere? \*  Yes  No

If yes, please explain:

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

\*A "yes" will not automatically disqualify you from employment. We will consider the nature of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

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

\_\_\_\_\_  
Date

Please feel free to contact the Administrative staff if you have any questions regarding the Grant County Sheriff's Office selection process. In closing, let us thank you for your interest in considering the Grant County Sheriff's Office as a Career option.

**\*\*\*FOR DEPARTMENT USE ONLY\*\*\***

Sent to Sheriff?  Yes  No  
References checked?  Yes  No  
Background checked?  Yes  No

Remarks:

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



GRANT COUNTY SHERIFF'S OFFICE – APPLICATION FOR EMPLOYMENT

Do you have a current driver's license?  Yes  No. Proof will be required

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_, \_\_\_\_\_

Do you have a relative working for Grant County?  Yes  No

If so, whom? \_\_\_\_\_ How are you related? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Weekends  Overtime  Holidays

Are you on a lay-off and subject to recall?  Yes  No

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	City, State	Day Time Phone

Education:

School Name	High School:	Tech/Business School:	College/University:	Graduate:
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Degree Obtained: Training, Apprenticeships, and/or Extracurricular Activities				

Honors Received: \_\_\_\_\_

Do you possess a high school diploma or G.E.D. equivalent?  Yes  No

Are you currently a student in the high school listed above?  Yes  No

GRANT COUNTY SHERIFF'S OFFICE – APPLICATION FOR EMPLOYMENT

**Employment Experience:**

Start with your present or last job. Do not leave gaps in your employment history. Include military service assignments and volunteer activities. Exclude organization names in indicate race, color, religion, sex or nation origin.

Please list <b>all</b> previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:	Employer email:	Phone:	Address:
From:	To:	Position Held	Reason for leaving:
Supervisor's Name:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Pay:		Final Pay:	

Employer:	Employer email:	Phone:	Address:
From:	To:	Position Held	Reason for leaving:
Supervisor's Name:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Pay:		Final Pay:	

Employer:	Employer email:	Phone:	Address:
From:	To:	Position Held	Reason for leaving:
Supervisor's Name:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Pay:		Final Pay:	

Employer:	Employer email:	Phone:	Address:
From:	To:	Position Held	Reason for leaving:
Supervisor's Name:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Pay:		Final Pay:	

**SKILLS AND QUALIFICATIONS:** Summarize skills, qualifications, certifications or licenses you may have that meet the qualifications for this job.

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After reviewing the job description, can you perform the essential job functions with or without reasonable accommodations?  Yes  No

Would you be willing to demonstrate how you would do the essential job functions with or without reasonable accommodations?  Yes  No

GRANT COUNTY SHERIFF'S OFFICE – APPLICATION FOR EMPLOYMENT

State any additional information you feel may be helpful to us in considering your application.

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List languages other than English that you speak proficiently, including communicating with the deaf.

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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.: \_\_\_\_\_