

BECKHAM COUNTY

P.O. BOX 428; 104 S 3RD
SAYRE, OK 73662

EMPLOYMENT APPLICATION

NOTICE TO ALL APPLICANTS: It is the policy of Beckham County to provide equal opportunities for employment, retention, transfer and reassignment, advancement, and rehire of all persons regardless of age, race, color, creed, national origin, political affiliation, religion, physical/mental disability, or gender. Beckham County is a drug-free workplace. Candidates offered employment are required to pass a drug and/or alcohol test before beginning employment. In addition, employees in certain positions are subject to random drug testing.

Date: _____

PERSONAL DATA:

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

EMPLOYMENT PREFERENCE:

Full-Time Part-Time Temporary

POSITION APPLYING FOR:

Courthouse: Administrative/Clerical Other (Be Specific) _____

District Barn: Equipment Operator Truck Driver Other (Be Specific) _____

Sheriff's Dept.: Deputy Detention Communications Other (Be Specific) _____

GENERAL INFORMATION:

Have you ever been employed with Beckham County? Yes No

If yes, give dates and position: _____

Are you currently employed or under contract? Yes No

On what date would you be available for employment? _____

Oklahoma has a nepotism law which prohibits hiring any person who is related by blood or marriage to the third degree. Do you have a relative who is currently employed by Beckham County?

Yes No

Please explain: _____

An I-9 is required of all employees to determine eligibility to work in the United States. In addition, if you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

(Verification will be required and failure to furnish documentation will be cause for separation)

Do you have the ability to perform the job-related functions of the job applied for? Yes No

If the answer to the above question is no, please describe what reasonable accommodations would enable you to perform the job-related functions of the job applied for. _____

Do you hold a current and valid Oklahoma driver's license? Yes No

If yes, give type, expiration date and number:

Type: D C B A Endorsements: _____

License Number: _____ Expiration Date: _____

Have you been arrested or convicted of a felony/misdemeanor in the last 5 years? Yes No

If yes, please explain: (Note: this information does not in itself disqualify you from employment)

EDUCATION:

High School: _____
(Name) (Address) (Grade Completed)

College: _____
(Name) (Address) (Grade Completed)

Other: _____

EMPLOYMENT HISTORY:

Please list a complete record of your experience:

Name: _____ From: _____ To: _____

Address: _____ Beginning Pay: _____ Ending Pay: _____

Job Title: _____ Duties: _____

Name of Supervisor: _____

May we Contact: _____

Reason for Leaving: _____

Telephone: _____

Name: _____ From: _____ To: _____

Address: _____ Beginning Pay: _____ Ending Pay: _____

Job Title: _____ Duties: _____

Name of Supervisor: _____

May we Contact: _____

Reason for Leaving: _____

Telephone: _____

Name: _____ From: _____ To: _____

Address: _____ Beginning Pay: _____ Ending Pay: _____

Job Title: _____ Duties: _____

Name of Supervisor: _____

May we Contact: _____

Reason for Leaving: _____

Telephone: _____

Clerical Applicants:

Clerical Skills/Computer Experience: _____

REFERENCES: (List three persons not related to you, whom you have known at least one year.)

(Name) (Address) (Occupation) (Yrs. Acquainted) (Phone Number)

(Name) (Address) (Occupation) (Yrs. Acquainted) (Phone Number)

(Name) (Address) (Occupation) (Yrs. Acquainted) (Phone Number)

NOTICE TO APPLICANT:

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

I understand that my application will remain active one (1) year from date of application and that I should notify the Personnel Office, in writing, if I wish to be considered beyond that period.

I certify to the best of my knowledge the facts set forth in my application are accurate and complete.

Legal/Signature of Applicant

Date

Please Note: Completion of this application DOES NOT GUARANTEE AN INTERVIEW OR EMPLOYMENT with Beckham County. Your application will be placed in an active file for one (1) year from the date completed. We will need to be notified of any changes on the application throughout the year.

RETURN COMPLETED APPLICATIONS TO: Beckham County Clerk
(104 S. 3rd; located on the 1st floor)
-Or Mail to:
P.O. Box 428 Sayre, OK 73662

BECKHAM COUNTY
AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT

THIS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION

Applicant's Name: _____

Current Address: _____

To Whom It My Concern,

I am an applicant for employment with Beckham County. This agency needs to thoroughly interview 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. Additional background information may be requested for specific positions.

I hereby request and authorize you to release to Beckham County 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 or 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 may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of Beckham County 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 of this investigation, such information may be turned over to the proper authorities.

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

Signature: _____ Date: _____

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

Notary Public
My commission expires: _____

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

In connection with my offer for employment with Beckham County, I hereby agree as follows:

I have applied for employment with Beckham County. As a condition of my employment being considered, I understand and agree to undergo drug and/or alcohol screening. I understand that I will be provided a copy of the drug and alcohol screening policy, and I further understand that if my test results are positive, I shall not be considered further by Beckham County for employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the County for screening purposes to conduct such screening and to provide the results to the County, and I release the County and any person affiliated with Beckham County and any such institution or person conducting the screening, from liability thereof.

Beckham County shall be entitled fully to rely on this Consent Form. I understand that I have no guarantee of employment and that the County may determine not to hire me for any lawful reason.

APPLICANT

BECKHAM COUNTY

Signature

Employer Representative Signature

Printed Name

Printed Name/Title

Date

Date