



Sequoyah County Sheriffs Department

119 South Oak Street
Sallisaw, OK 74955
Phone: 918-775-1213
Fax: 918-775-1219



Ron Lockhart
Sheriff

Roger Fuller
Undersheriff

Application For Employment

(Please type or Print, in ink only)

Date of Application:				Position Desired:							
Name of Applicant:				Other Names:							
Street Address:											
City:				State:		Zip:					
Home Phone:		Cell Phone:		Msg Phone:							
E-mail:											
Date of Birth:				Place of Birth:							
Race:		Sex:		Height:		Weight:		Hair:		Eyes:	
Social Security #:				Drivers License #:							
				DL State:		Exp:					
Have you ever been convicted of a misdemeanor?						If so, explain:					
Have you ever been convicted of a felony?						If so, explain:					
Mark shifts you are willing to work:		Days:		Nights:		Weekends:		Holidays:			

High School Graduate?	Yes		No		GED	
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Education (List most recent first, include high schools, colleges, vocational and training):

From (Month/Year)	To (Month/Year)	Name of School	City/State of School	Certificate/Degree Received

Employment History (List most recent first)

Employer:		From:		To:	
Address:		City/State/Zip:			
Phone:		Direct Supervisor:			
Job Title:		Reason for leaving:			
Job Responsibilities:					

Employment History (Continued)

Employer:		From:		To:	
Address:		City/State/Zip:			
Phone:		Direct Supervisor:			
Job Title:		Reason for leaving:			
Job Responsibilities:					

Employment History (Continued)

Employer:		From:		To:	
Address:		City/State/Zip:			
Phone:		Direct Supervisor:			
Job Title:		Reason for leaving:			
Job Responsibilities:					

List ALL additional jobs on back of this page.

References (Personal)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Occupation:		Relationship to you:	
References (Personal)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Occupation:		Relationship to you:	
References (Personal)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Occupation:		Relationship to you:	
References (Personal)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Occupation:		Relationship to you:	
References (Professional)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Employer:		Job Title:	
References (Professional)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Employer:		Job Title:	

References (Professional)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Employer:		Job Title:	

References (Professional)			
Name:		Time Known:	
Address:		City/State/Zip:	
Phone:		Cell Phone:	
Employer:		Job Title:	

Skills or certifications (List any you feel may be helpful):

Why do you wish to work for the Sequoyah County Sheriff's Department?

I hereby certify that all statements made in this application are true, complete, and correct, to the best of my knowledge, belief, and are made in good faith. I understand that any false information, misstatement, or omission of material fact may disqualify me or result in my dismissal from employment from the Sequoyah County Sheriff's Department.

Signed:		Date:	
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DO NOT WRITE BELOW THIS LINE

Background check performed by:		Date:	
Interviewed by:		Date:	
Interviewed by:		Date:	
Date of Hire:		Position:	
		Rate of Pay:	