



Logan County Sheriff's Office

Sheriff Damon Devereaux

216 S. Broad
Guthrie, OK. 73044
Phone 405.282.4100
Fax 405.260.3229

NOTICE TO APPLICANT

When you submit your application, please submit the following items if applicable:

1. College transcripts with total hours and GPA.
2. High School Diploma or G.E.D.
3. Copy of Driver's License and SS card.
4. Copy of any training certificates, diplomas, etc.
5. Any other documents requested in the application.

Make sure that your application is notarized prior to submitting.

Logan County Sheriff's Office

Application for Employment

The Logan County Sheriff's Office does not discriminate on the basis of race, religion, color, sex, national origin, age, marital, or veteran's status, political affiliation(s), disabled status, or any other legally protected status.

The Logan County Sheriff's Office 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, and conducting necessary interviews or test(s), 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 Logan County Sheriff's Office may conduct a pre-employment exam, which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.

In addition review the minimum qualifications and provide us with prior education, work experience, and relevant training certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job duties. Be as specific as possible since you will be screened on what you include, regardless of what you might otherwise be able to perform.

Print or type 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. The Logan County Sheriff's Office may change wages, benefits, and conditions of employment at any time. If additional space is needed to complete any question, please attach an additional sheet with answers. If you need assistance in completing this application form, or in participating with the selection process, please inform the Logan County Sheriff's Office.

Date application submitted: _____

How were you referred to the Logan County Sheriff's Office? _____

Position applying for: _____ Date of Birth: _____

Applicant's full legal name: _____

Current address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____

Other Phone: _____ Social Security # _____

E-Mail Address: _____

Have you ever submitted an application at the Logan County Sheriff's Office before?
YES _____ NO _____. If yes, please explain, include dates: _____

Have you ever been employed by the Logan County Sheriff's Office before?
YES _____ NO _____. If yes, please explain, include dates, and reason for
leaving: _____

Are you a citizen of the United States? YES _____ NO _____

Do you possess an Alien Registration card? YES _____ NO _____

If yes, give an alien registration number and provide a copy of the registration.

What are you available to work? Full time _____ Part time _____ Shift work _____

All Deputies and Dispatch positions are shift work.

Are you on Lay-Off and (or) subject to recall? YES _____ NO _____

If yes, please explain: _____

Can you travel if job requires it? YES _____ NO _____

If hired, what date can you start working? _____ - _____ - _____

Do you have any friends, relatives or acquaintances working for the Logan County
Sheriff's Office? YES _____ NO _____, If yes, please provide names and
relationship. _____

Are you related to any Logan County Employee, or any member of any County
Offices? YES _____ NO _____. If yes, please provide name, department, and
relationship. _____

If hired would you have reliable transportation to and from work? YES ____ NO ____
If no, please explain: _____

Do you have a valid driver's license? YES ____ NO ____ If yes, please provide a copy, if no please explain why. _____

If hired, are you willing to submit to and pass a controlled substance test? YES ____ NO ____.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES ____ NO ____

If no, please describe the functions that cannot be performed: _____

It is possible that a new hire may be tested on skill / agility and may be subject to a medical examination conducted by a medical professional.

Have you ever been convicted of a criminal offense, felony, or misdemeanor?
YES ____ NO ____ If yes, please describe the crime, state the nature of the crime(s), when and where convicted, and disposition of the case: _____

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances, and the relevance of the offense to the position(s) applied for may however be considered.

Are you a veteran of the U.S. Military Service? YES ____ NO ____

If yes, what was the branch of U.S. Military Service, dates and types of discharge, rank, responsibilities, and any relevant job related training? _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the job you are applying for? YES _____ NO _____

If yes, please explain: _____

Do you speak, write, read or understand any foreign languages? YES _____ NO _____

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be: _____

Do you have any other experiences, specialized training, seminars, workshops, accreditations, special achievements, qualifications, or valuable skills which you feel should be brought to our attention in the case that they make you especially suited for employment? YES _____ NO _____

If yes, please explain and provide any documentation and or certificates of training.

List professional, trade, business, or civic activities and offices held. (EXCLUDE GROUPS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, OR NATIONAL ORIGIN). _____

List any licenses held including driver's license, or certifications to practice a trade or profession.

Type	License Number	Granted by / Licensing board
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References

List the full name, address, phone numbers and relationship of up to three people that you would like to use as an employment or personal reference:

Full Name	Address	Phone	relationship

Employment History

List each job that you have held. Start with your present or last job. Include Military Service assignments and volunteer activities. (Exclude groups which would indicate race, color, religion, gender or national origin).

Employer: _____ From _____ to _____
Address: _____
Job title / position: _____
Hourly Rate / Salary Starting _____ Final _____
Supervisor: _____ Phone: _____
Duties Performed: _____

Reason for leaving: _____

Employer: _____ From _____ to _____
Address: _____
Job title / position: _____
Hourly Rate / Salary Starting _____ Final _____
Supervisor: _____ Phone: _____
Duties Performed: _____

Reason for leaving: _____

Employer: _____ From _____ to _____

Address: _____

Job title / position: _____

Hourly Rate / Salary Starting _____ Final _____

Supervisor: _____ Phone : _____

Duties Performed: _____

Reason for leaving: _____

Employer: _____ From _____ to _____

Address: _____

Job title / position: _____

Hourly Rate / Salary Starting _____ Final _____

Supervisor: _____ Phone : _____

Duties Performed: _____

Reason for leaving: _____

Education

High School attended: _____ Diploma / G.E.D.

Years of school completed: Less _____ 8 9 10 11 12

College / University Attended: _____

Course of Study: _____

Years of College / University Attended: 1 2 3 4 5 6 more _____

Graduate / Trade / Professional School Attended: _____

Course of Study: _____

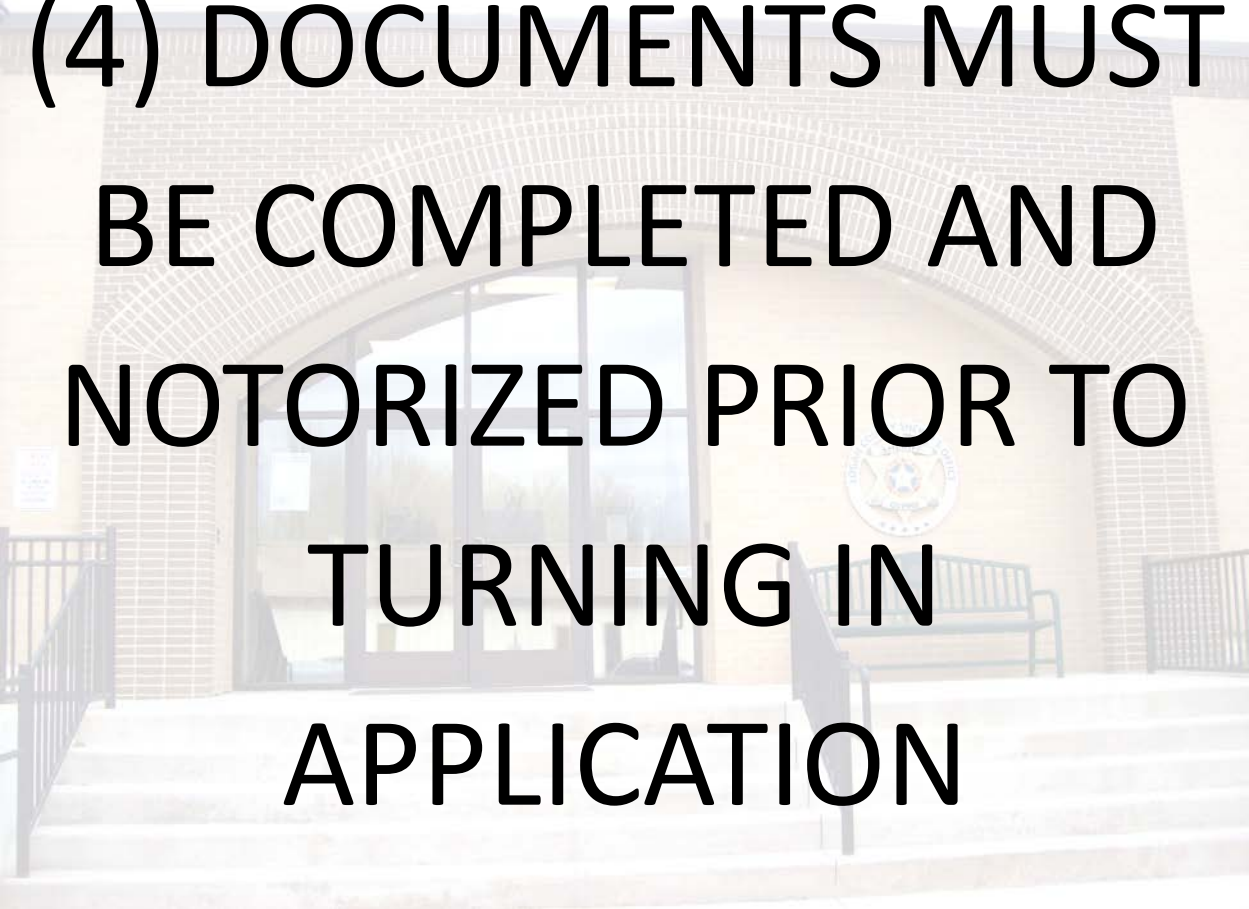
Years attended 1 2 3 4 5 6 more _____ Completed YES ___ NO ___

Describe Specialized Training / Skills: _____

Honored Received: _____

State any additional information you feel may be beneficial in consideration of your application. _____

Please provide copies of all diplomas, G.E.D., training certificates, driver's license, or any other document requested within the application.



**THE FOLLOWING FOUR
(4) DOCUMENTS MUST
BE COMPLETED AND
NOTORIZED PRIOR TO
TURNING IN
APPLICATION**

AGREEMENT
Read this carefully.

Logan County Sheriff's Office
Damon Devereaux, Sheriff
Randy Lester, Jail Administrator

I give my permission to the Logan County Sheriff's Office to contact my previous employers and / or references that are listed on my application.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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 rules and regulations of this agency.

Dated this _____ day of _____, 20_____.

Signature of Applicant: _____

Subscribed and sworn before me, the undersigned notary,
this _____ day of _____, 20_____.

_____ My commission expires _____
Notary Public



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HEPATITIS B VACCINE DECLINATION

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIONS MATERIALS I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE AT NO CHARGER TO MYSELF. HOWEVER, I DECLINE THE HEPATITIS B VACCINE AT THIS TIME. I UNDERSTAND THAT BE DECLINING THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. IF IN THE FUTURE I CONTINUE TO HAVE OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS AND I WANT TO BE VACCINATED WITH HEPATITIS B VACCINE, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGER TO ME BY NOTIFYING MY EMPLOYER.

SIGNATURE OF EMPLOYEE

DATE

PRINTED NAME

HEPATITIS B VACCINE ACCEPTANCE

DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS, I WOULD LIKE TO ACCEPT THE OPPORTUNITY TO BE VACCINATED WITH THE HEPATITIS B VACCINE AT NO CHARGE TO ME. I UNDERSTAND THAT THERE WILL BE A SERIES OF THREE VACCINE SHOTS.

SIGNATURE OF EMPLOYEE

DATE

PRINTED NAME



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PAYROLL RELEASE AUTHORIZATION

MUST PROVIDE ID

I _____ authorize _____
(Employee Name) (Name and Relationship to Employee)

to pick up my payroll check from Logan County Sheriff's Office.

In the event the first person listed is not available to pick up my payroll check I

authorize _____
(Name and Relationship to Employee)

(Employee Signature) Date

Given under my hand and seal the day and year last written above.

Notary Public

My Commission Expires: _____

My Commission Number: _____



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Oath of Office

I DO SOLEMNLY SWEAR THAT I WILL BEAR TRUE ALLEGIANCE TO THE CONSTITUTION OF THE UNITED STATES, TO THE STATE OF OKLAHOMA AND LOGAN COUNTY.

I FURTHER SOLEMNLY SWEAR THAT I WILL DILIGENTLY DISCHARGE ALL ORDERS AND DIRECTIONS OF THE SHERIFF OF LOGAN COUNTY, AND OTHER SUPERVISORY DEPUTIES APPOINTED OVER ME ACCORDING TO THE RULES, REGULATIONS, AND POLICIES OF LOGAN COUNTY SHERIFF'S DEPARTMENT.

I FURTHER SOLEMNLY SWEAR THAT I WILL SERVE HONESTLY AND FAITHFULLY IN THE PERFORMANCE OF MY DUTIES AS A DEPUTY SHERIFF AND WILL ACCEPT MY COMMISSION AS A SYMBOL OF AUTHORITY AND THE MARK OF SERVICE TO THE PEOPLE OF THE COMMUNITY

AS A LAW ENFORCEMENT OFFICER, MY FUNDAMENTAL DUTY IS TO SERVE MANKIND; TO SAFEGUARD LIVES AND PROPERTY; TO PROTECT THE INNOCENT AGAINST DECEPTION, THE WEAK AGAINST OPPRESSION OR INTIMIDATION, AND THE PEACEFUL AGAINST VIOLENCE OR DISORDER; AND TO RESPECT THE CONSTITUTIONAL RIGHTS OF ALL PEOPLE TO LIBERTY EQUALITY AND JUSTICE.

I WILL KEEP MY PRIVATE LIFE UNSULLIED AS AN EXAMPLE TO ALL; MAINTAIN COURAGEOUS CALM IN THE FACE OF DANGER, SCORN OR RIDICULE; DEVELOP SELF-RESTRAINT BE CONSTANTLY MINDFUL OF THE WELFARE OF OTHERS; AND WILL BEHAVE IN A MANNER THAT DOES NOT BRING DISCREDIT TO ME OR TO THE LOGAN COUNTY SHERIFF'S DEPARTMENT.

HONEST IN THOUGHT AND DEED AND BOTH MY PERSONAL AND OFFICIAL LIFE. I WILL BE EXEMPLARY IN OBEYING THE LAW OF THE LAND AND THE REGULATIONS OF MY DEPARTMENT. WHATEVER I SEE OR HEAR OF A CONFIDENTIAL NATURE OR THAT IS CONFIDED IN ME IN MY OFFICE CAPACITY WILL BE KEPT EVER SECRET UNLESS REVELATION IS NECESSARY IN THE PERFORMANCE OF DUTY

DATE _____

DEPUTY'S SIGNATURE

SHERIFF