

OSAGE COUNTY
P.O. Box 87 ~ 600 Grandview Ave.
Pawhuska, OK 74056

APPLICATION FOR EMPLOYMENT

NOTICE TO ALL APPLICANTS: It is the policy of Osage 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, genetic information, or gender. Osage 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 Code)

Telephone Number: _____ Email: _____

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 ___ Jailor ___ Other (Be Specific) _____

GENERAL INFORMATION:

Have you ever been employed with Osage County? _____ Yes _____ No

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 Osage County? ___ Yes ___ No
If yes, 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).

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:

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 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 Osage County. Your application will be placed in an active file for one year from the date completed. We will need to be notified of any changes on the application throughout the year.

**OSAGE COUNTY
AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT**

THIS FORM MUST BE SIGNED & NOTARIZED & ATTACHED TO YOUR COMPLETED APPLICATION

Applicant's Name: _____

To whom it may concern,

I am an applicant for employment with Osage County. This agency needs to thoroughly investigate 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 Osage 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 Osage 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 Osage County, I hereby agree as follows:

I have applied for employment with Osage 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 Osage 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 Osage County and any such institution or person conducting the screening, from liability thereof.

Osage 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

OSAGE COUNTY

Signature

Employer Representative Signature

Printed Name

Printed Name/Title

Date

Date