

**JACKSON COUNTY**  
**P.O. Box 515; 101 N. MAIN**  
**ALTUS, OK 73522**

**EMPLOYMENT APPLICATION**

NOTICE TO ALL APPLICANTS: It is the policy of Jackson 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. Jackson 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: \_\_\_\_\_

**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 Jackson 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 Jackson 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: \_\_\_\_\_  
(Address) (Grade Completed)  
College: \_\_\_\_\_  
(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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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.

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Legal Signature of Applicant

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Date

Please Note: Completion of this application DOES NOT GUARANTEE AN INTERVIEW OR EMPLOYMENT with Jackson 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: Jackson County Clerk**

**(101 N. Main; located on second floor )**

**-Or- by mail to:**

**P.O. Box 515, Altus, OK 73522**

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

**THIS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION**

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

To whom it may concern,

I am an applicant for employment with Jackson 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 Jackson 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 Jackson 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 Jackson County, I hereby agree as follows:

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

Jackson 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

JACKSON COUNTY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date