

**COMANCHE COUNTY JUVENILE BUREAU  
315 SW 5<sup>th</sup> Street Room 200  
Lawton, OK 73501**

**APPLICATION FOR EMPLOYMENT**

**DATE:** \_\_\_\_\_ **POSITION APPLYING FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle Social Security Number

**ADDRESS:** \_\_\_\_\_  
Street City/State/Zip Phone Number

Why do you choose youth work?  
\_\_\_\_\_

Are you related to anyone that works here? Who? Relationship?  
\_\_\_\_\_

Do you know anyone that works here? Who? Relationship?  
\_\_\_\_\_

Have you ever worked for Comanche County? If yes, when and what department?  
\_\_\_\_\_

	<b>YES</b>	<b>NO</b>
Are you a citizen of the United States of America or otherwise authorized to work in the United States?	_____	_____

Are you a resident of the State of Oklahoma?	_____	_____
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Have you ever been convicted of a felony? If yes, explain fully on last page listing offense, date, city, state	_____	_____
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Have you ever been refused a bond? If yes, for what position?	_____	_____
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Do you drink intoxicating beverages habitually or to excess?	_____	_____
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Are you now or have you been addicted to the use of a habit forming drug?	_____	_____
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Have you ever been dismissed or asked to resign from employment? <b>If so, explain fully on page 5.</b>	_____	_____
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Do you object to our inquiring of your present employer about your character or qualifications? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

How soon are you available for work? \_\_\_\_\_

Are you available to work 8:00 a.m. – 5:00 p.m.? \_\_\_\_\_

Would you work Saturday? \_\_\_\_\_ Sunday? \_\_\_\_\_ Evenings? \_\_\_\_\_ Nights? \_\_\_\_\_

Would you have difficulty in making yourself available for a crisis situation? \_\_\_\_\_

**PERSONAL REFERENCES:** List below four persons, not relatives, who have knowledge of your character and ability. Please list people who can be contacted Monday – Friday between 8:00 a.m. – 5:00 p.m.

<u>NAME</u>	<u>ADDRESS/PHONE #</u>	<u>OCCUPATION</u>	<u>YEARS KNOWN</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Were you ever in the U. S. military? Yes \_\_\_\_\_ No \_\_\_\_\_

Service Branch: \_\_\_\_\_ Date Joined: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

Indicate specific military experience or training that is job related: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY:** List your entire work experience record. Start with the present/most recent job. List promotions separately. Include service in the Armed Forces. List any self-employment. Under specific duties, describe the kind of work you did and the number and kind of employees you supervised, if any. For more space, use the back page. Attach additional sheets if necessary.

**BE COMPLETE & SPECIFIC. PART OF YOUR RATING MAY BE BASED ON THE INFORMATION YOU GIVE BELOW.**

**LAST OR PRESENT JOB:**

Employing Firm & Address \_\_\_\_\_ Full/Part \_\_\_\_\_  
Your Title \_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Total Months Worked \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employing Firm & Address \_\_\_\_\_ Full/Part \_\_\_\_\_  
Your Title \_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Total Months Worked \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employing Firm & Address \_\_\_\_\_ Full/Part \_\_\_\_\_  
Your Title \_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Total Months Worked \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employing Firm & Address \_\_\_\_\_ Full/Part \_\_\_\_\_  
Your Title \_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Total Months Worked \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employing Firm & Address \_\_\_\_\_ Full/Part \_\_\_\_\_  
Your Title \_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Total Months Worked \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**EDUCATION:** (Please attach a photocopy of your diploma or GED certificate and transcript.)

<u>Name &amp; Location of School</u>	<u>Years Completed</u>	<u>Diploma/Degree Date Received</u>	<u>Major</u>
Elementary School _____ _____	5 6 7 8	_____	_____
High School _____ _____	9 10 11 12	_____	_____
College (s) _____ University _____ _____	1 2 3 4 5 6	_____	_____
Trade, Business or Correspondence School _____ _____	1 2 3 4	Certificate: Yes _____ No _____ Subject studied _____	

If not a high school graduate, do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, year obtained: \_\_\_\_\_

List any special certificates, licenses, qualifications or interests pertinent to the position for which you are applying?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate specialized courses completed: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_ Statistics \_\_\_\_\_  
Accounting \_\_\_\_\_ Bookkeeping \_\_\_\_\_ Computer \_\_\_\_\_  
Words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_ Word-processing \_\_\_\_\_  
Other (specify): \_\_\_\_\_

**HOBBIES & INTERESTS:** List below any hobbies, special interests or leisure time activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPLANATIONS & ADDITIONAL INFORMATION:** Use this space for any additional information or comments relative to your application. Attach additional sheets if more space is needed.

**PLEASE READ CAREFULLY BEFORE SIGNING**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.
2. It is my understanding that Comanche County may make a thorough investigation and may verify all data given in this application. I hereby authorize my present and previous employers and educational institutions to provide information requested to Comanche County.
3. I agree that my employment may be terminated by Comanche County at any time without liability for wages or salary except such as may have been earned at the time of such termination.
4. Business needs may at times make the following conditions mandatory: overtime, shift work, a rotation schedule or a work schedule other than Monday through Friday.
5. Comanche County reserves the right to request a post-employment physical examination and comprehensive drug testing as a normal part of the selection process.
6. In making this application for employment, I also understand that an investigative report may be made whereby information is obtained through personal interviews with my neighbors, friends, law enforcement officials and others with whom I am acquainted. This inquiry, if made, may include information as to your character and general reputation.

This is an application for employment. Employment is not being offered at this time. I understand that if I am employed, such employment is for an indefinite period of time and that Comanche County can change wages, benefits and conditions at any time.

If employed, I will comply with all rules and regulations as set forth in the Comanche County Personnel Policy and other policies as established by departmental procedures.

I have read or have had this application read to me and understand all statements and questions contained in the application for employment and have answered to the best of my ability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Information needed for background check:** Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_  
SEX: M    F        RACE: \_\_\_\_\_

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

Address \_\_\_\_\_