

**COMANCHE COUNTY JUVENILE BUREAU OF THE DISTRICT COURT**

Comanche County Juvenile Bureau  
 315 SW 5th Street, Room 200  
 Comanche County Courthouse  
 Lawton, OK 73501

Comanche County Regional  
 Juvenile Detention Center  
 701 SW 17th Street  
 Lawton, OK 73501

**EMPLOYMENT APPLICATION FOR POSITION OF DIRECTOR**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

last

first

middle

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

street

city/state/zip

phone #

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?

	Yes	No
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?		
Have you ever been convicted of a criminal offense (felony or misdemeanor)? (If yes, explain fully on last page listing offense, date and place {city & state})		
Have you ever been refused a bond? (if yes, for what position)		
Do you drink intoxicating beverages habitually or to excess?		
Are you now or have you been addicted to the use of a habit forming drug?		
Have you ever been dismissed or asked to resign from employment? (If yes please fully explain in the last page)		
Do you object to our inquiring of your present employer about your character or qualifications?		

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

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

Would you have difficulty in making yourself available after hours? \_\_\_\_\_

PERSONAL REFERENCES: List below four persons, not relatives, who have knowledge of your character and ability.

NAME	ADDRESS/PHONE#	OCCUPATION	YEARS KNOWN
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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: \_\_\_\_\_

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

Have you ever written a grant that was funded or administered a grant? Yes No

If so please list & explain in the space below:

Dates	Grant Source	Amount	Purpose
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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 \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
Your Title \_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Total Months Worked \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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

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

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

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

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

Name & Location of School	Years Completed	Diploma/Degree Date Received	Major
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 & describe any specialized courses completed:

Statistics : \_\_\_\_\_  
Accounting: \_\_\_\_\_  
Budgeting: \_\_\_\_\_  
Administration \_\_\_\_\_  
Leadership: \_\_\_\_\_  
Human Resources : \_\_\_\_\_  
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**

I understand and agree that:

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

<b>Information needed for background check:</b> Social Security # _____ DOB- _____  <b>Printed Name</b> _____  <b>Address:</b> _____
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**DO NOT WRITE IN THIS AREA -- FOR OFFICE USE ONLY**

Interview Dates	Referred Dates	Department