

COMANCHE COUNTY JUVENILE BUREAU



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

Date: _____ Position Applying For: _____

Name: _____
last first middle social security #

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?

Table with 2 columns: YES, NO. Rows include questions about citizenship, residency, criminal history, bond, alcohol use, drug use, and employment history.

YES

NO

Do you object to our inquiring of your present employer about your character or qualifications?

How soon are you available for work? _____

What shift or hours would you work? _____

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.

NAME	ADDRESS/PHONE#	OCCUPATION YEARS KNOWN
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:

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 _____

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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 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

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

<p>Information needed for background check:</p> <p>Social Security # _____</p> <p>DOB: _____</p> <p>Printed Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p>

DO NOT WRITE IN THIS AREA -- FOR OFFICE USE ONLY

Interview Dates

Referred Dates

Department

(CCJB 02/03)