

| POSISTION APPLYING FOR:                 |  |  |  |  |
|---|--|--|--|--|
| ( ) COMMUNICATIONS OFFICER              |  |  |  |  |
| ( ) SECRETARIAL                         |  |  |  |  |
| ( ) LAW ENFORCEMENT DEPUTY              |  |  |  |  |
| ( ) FULL TIME                           |  |  |  |  |
| ( ) RESERVE/VOLUNTEER                   |  |  |  |  |
|   |  |  |  |  |
| PERSONAL INFORMATION                    |  |  |  |  |
|   |  |  |  |  |
| NAME OF APPLICANT:                      |  |  |  |  |
|   |  |  |  |  |
| SOCIAL SECURITY NUMBER: PHONE NUMBER:   |  |  |  |  |
|   |  |  |  |  |
| CURRENT ADDRESS:                        |  |  |  |  |
|   |  |  |  |  |
| PLEASE LIST TWO (2) PREVIOUS ADDRESSES: |  |  |  |  |
|   |  |  |  |  |
| 1)                                      |  |  |  |  |
|   |  |  |  |  |
| 2)                                      |  |  |  |  |



| EDUCATIONAL INFORMATION  |              |               |  |    |
|--|--------------|---------------|--|----|
|  |              |               |  |    |
| HIGH SCHOOL:   |              |               |  |    |
| DID YOU GRADUA   | ATE?         | (YES) (NO)    | IF NOT, DO YOU HAVE A GED? (YES) (NO)        |    |
| COLLEGE:   |              |               |  |    |
| DO YOU HAVE A [  | DEGREE?      | (YES) (NO)    | () ASSOCIATE () BACHELOR () MASTERS          |    |
| OTHER SPECIALIZI   | ED TRAINING  | OR CERTIFICAT | TIONS:                                       |    |
|  |              |               |  |    |
|  |              |               |  |    |
|  |              |               |  |    |
| ARE YOU CERTIFIE   | ED BY THE OK | LAHOMA COUN   | NCIL ON LAW ENFORCEMENT EDUCATION & TRAINING | i? |
| (YES) (NO) (F  | ULL TIME) (R | ESERVE)       |  |    |
|  |              |               |  |    |
| ARE YOU CERTIFIED AS A LAW ENFORCEMENT OFFICER IN ANOTHER STATE? |              |               |  |    |
| (YES) (NO) (F  | ULL TIME) (R | ESERVE)       |  |    |
|  |              |               |  |    |
| WHAT STATE ARE YOU CERTIFIED IN?                                 |              |               |  |    |



#### **EMPLOYMENT HISTORY**

PLEASE LIST YOUR LAST THREE (3) EMPLOYERS. APPLICANTS WITH PREVIOUS LAW ENFORCEMENT EXPERIENCE, PLEASE LIST UP TO FIVE (5) PREVIOUS EMPLOYING LAW ENFORCEMENT AGENCIES.

| 1) |                 |      |   |
|----|-----------------|------|---|
|    | DATES EMPLOYED: | _то  |   |
|    | SUPERVISOR:     |      |   |
| 2) |                 |      |   |
|    | DATES EMPLOYED: |      |   |
|    | SUPERVISOR:     |      | _ |
| 3) |                 |      |   |
|    | DATES EMPLOYED: | _ то |   |
|    | SUPERVISOR:     |      | _ |
| 4) |                 |      |   |
|    | DATES EMPLOYED: | _то  |   |
|    | SUPERVISOR:     |      |   |
| 5) |                 |      |   |
|    | DATES EMPLOYED: | _то  |   |
|    | SUPERVISOR:     |      | _ |



|    | NON-FAMILY PERSONAL REFERENCES |   |
|----|--------------------------------|---|
| 1) |                                |   |
|    | RELATIONSHIP:                  |   |
|    | PHONE NUMBER:                  |   |
| 2) |                                |   |
|    | RELATIONSHIP:                  |   |
|    | PHONE NUMBER:                  |   |
| 3) |                                |   |
|    | RELATIONSHIP:                  | - |
|    | PHONE NUMBER:                  |   |



# NON-FAMILY WORK RELATED/JOB HISTORY REFERENCES 1) \_\_\_\_\_ EMPLOYER: PHONE NUMBER: \_\_\_\_\_ 2) EMPLOYER: PHONE NUMBER: \_\_\_\_\_ EMPLOYER: PHONE NUMBER: \_\_\_\_\_



| PLEASE TELL US WHY YOU ARE INTERESTED IN A CAREER IN LAW ENFORCEMENT AND WHY YOU ARE INTERESTED IN WORKING FOR THE CHEROKEE COUNTY SHERIFF'S OFFICE. |       |  |
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|  |       |  |
|  |       |  |
| SIGNATURE OF APPLICANT:  | DATE: |  |
| SIGNATURE OF RECEIVING COSO ENARLOVEE.   |       |  |