

Cleveland County Sheriff's Office

111 N. Peters, 6th Floor; Norman, Oklahoma 73069

Application for Employment



Applicant Name: _____

Position: _____

Date: _____

Cleveland County Sheriff's Office

111 N. Peters, 6th Floor; Norman, Oklahoma 73069

Thank you for your interest in becoming a member of the Cleveland County Sheriff's Office.

Please follow ALL instructions for completing the Application / Personal History Statement (PHS) and return it (Monday – Friday, 7:30am to 4:30pm) to the Cleveland County Sheriff's Office located in the Chase Bank Building at 111 N. Peters, 6th Floor, Norman Oklahoma **as soon as possible**.

If you are unable to return you completed application within (7) business days, please contact our office during business hours (Monday – Friday, 7:30am to 4:30pm).

The information requested on the application is required. If any information is missing, we will attempt to contact you to obtain the information. If we are unable to contact and/or the information is not provided within 30 days, your application will be considered incomplete and will be destroyed.

If you have any questions, please call 405-701-8888 during business hours.

Instructions to the Applicant

Read Carefully

The Cleveland County Sheriff's Office will use the information you provide in this application/personal history statement I the investigation into your background to assist in determining your suitability for employment.

This form must be filled out in its entirety, and all questions must be answered completely and accurately. All statements in this questionnaire are subject to verification. If you find any question(s) unclear or confusing, call for verification.

You **INCREASE** your chances of being selected by answering all questions completely and accurately.

You **REDUCE** your chances of being selected by not answering all questions completely and accurately.

Be sure to include zip codes with every address entered.

If you have been fired from a job, have a criminal record or other derogatory aspects of your life, these items in themselves may not keep you from being accepted. However, the omission or falsification of any pertinent information will cause your application to be rejected. No matter how qualified you may be in other aspects, you cannot become a Cleveland County Sheriff's Office employee if your truthfulness is in doubt.

For this reason, we encourage you to be open and straightforward as you respond to the questions and in all your interactions with the Cleveland County Sheriff's Office.

If the space provided in any section is inadequate, give further details on the explanation page at the end of the application/personal history statement. If this is not adequate, give further details by using the same format on a word or other document.

Please note that Section 14a "Release" is a legal document and **MUST** be signed in front of a notary.

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Applicant's Document Checklist

Please include the following **REQUIRED** documents with your application and personal history statement

Copies ONLY, unless indicated otherwise

Please make your own copies

_____ Valid Driver's License

_____ Social Security Card (Signed)

_____ Birth Certificate

_____ High School Diploma or GED Certificate

_____ OFFICIAL college transcript(s) **NO COPIES**

_____ DD-214 (NGB 22 or other reserve component documents) **MILITARY ONLY**

_____ CLEET certification records (**CLEET certified officers ONLY**)

_____ Other: _____

_____ Other: _____

If you are experiencing problems obtaining your documents, contact the Human Resources Department of the Cleveland County Sheriff's Office in a timely manner. Any delay in returning the Application / Personal History Statement may reduce your chances of being selected.

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1. Personal Information

<u>Last Name</u>		<u>First Name</u>		<u>Middle name</u>		<u>Jr., Sr., II, etc.</u>	
List any other names you have been known by (alias, nicknames, maiden or other changes. Attach statement giving reasons.							
<u>Address (PHYSICAL)</u>				<u>Apt #</u>	<u>City, State</u>		<u>Zip</u>
<u>Address (MAILING) if applicable</u>				<u>Apt #</u>	<u>City, State</u>		<u>Zip</u>
<u>Cell Phone</u>		<u>Home Phone</u>		<u>Work Phone</u>		<u>Email Address</u>	
<u>Driver's License #</u>		<u>DL State</u>		<u>DL Expiration</u>		<u>Endorsements</u>	
<u>CDL A or B?</u>							
<u>Date of Birth</u>		<u>Age</u>	<u>Social Security Number</u>		<u>Place of Birth (city, state)</u>		<u>Male / Female</u>
<u>Height</u>	<u>Weight</u>	<u>Eye Color</u>	<u>Hair Color</u>	<u>Scars, Distinguishing Marks, Tattoos</u>			
<u>Race</u>	<u>American Indian</u>	<u>Asian or Pacific Islander</u>		<u>Black</u>	<u>Hispanic</u>	<u>White</u>	<u>Other: (explain)</u>
One:							
<u>Marriage Status</u>	<u>Married</u>	<u>Divorced</u>	<u>Single</u>	<u>Widowed</u>	<u>Engaged</u>	<u>Separated</u>	<u>Other relationship status</u>
Select One:							
<u>Name of Spouse, Finance, Significant Other</u>			<u>Address</u>			<u>Phone</u>	<u>Email</u>
<u>US Citizen (yes or no)</u>		<u>Native Citizen (yes or no)</u>		<u>Naturalization Certificate #</u>		<u>If derived, Parents Certificate #</u>	
<u>Date, Place and Court of Naturalization</u>							

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2a. Certifications –List all professional certifications/licenses obtained, possessed or filed for. EXCEPT driver's license

Certification Type	Certification #	Issuing Agency	Issue Date	Expiration	Current?

3a. Motor Vehicle License, Ownership & Driving Record

Do you have ANY unpaid summons or fines outstanding against you for parking or any other traffic violations involving the use of a motor vehicle?	Yes or No
If YES, give details.	

Have you ever had your motor vehicle registration revoked or suspended?	Yes or No
If YES, give details.	

Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license?	Yes or No
If YES, give details.	

Have you ever had your auto insurance cancelled?	Yes or No
If YES, give details. Include reason and companies.	

<u>Name of current auto insurance provider</u>	<u>Policy number</u>	<u>Expiration</u>

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List EVERY accident you have been involved in as a driver, passenger or pedestrian.

<u>Date</u>	<u>City & State</u>	<u>Injuries?</u>	<u>LE Agency Investigating</u>	<u>Citation/Summons Issued?</u>

4a. Social Media, if you have the following social media accounts, please copy/paste the link in the space provided

<u>Account</u>	<u>Yes or No</u>	<u>URL / Copy and paste web address</u>
Facebook		
LinkedIn		
Twitter		
Instagram		
other		

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5a. Military

<u>Registered for Selective Service?</u>	<u>Selective Service Number</u>	<u>Classification</u>	<u>Note</u>

<u>Branch –ACTIVE DUTY</u>	<u>Dates of Service</u>	<u>Rank at Discharge</u>	<u>Type of Discharge</u>	<u>Reason for Discharge</u>

<u>Branch–RESERVE/NATIONAL GUARD</u>	<u>Dates of Service</u>	<u>Rank</u>	<u>Unit</u>	<u>Type of Discharge</u>

<u>List ALL disciplinary action in military</u>	<u>Charges</u>	<u>Proceeding Type –Court Martial, Captain Mass, etc.</u>	<u>Disposition</u>

<u>Has your discharge or separation ever been corrected or changed?</u>	<u>Changed FROM</u>	<u>Changed TO</u>
<u>Authority that changed the discharge</u>	<u>Location</u>	<u>Date</u>
<u>Explain</u>		

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6a. Social Acquaintances - 3-5 persons you have seen frequently and have a knowledge of you and your qualifications.

Do NOT include relatives or employers

Name	Phone	Address	Time known	Employer

7a. Professional References -3-5 persons you have interacted for professional purposes (professors, instructors, co-workers, etc.)

Name	Phone	Address	Time known	Employer

List any Law Enforcement officer you know	Agency	How long have you known them?

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8a. Education

<u>List ALL high schools (grades 9-12)attended</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Graduate?</u>

<u>List ALL colleges/universities attended</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Credit Hours</u>	<u>Major</u>	<u>Graduate?</u>

<u>List ANY other schools</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Credit Hours</u>	<u>Major</u>	<u>Graduate?</u>

<u>Foreign Language</u>	<u>Read –good/fair/exc</u>	<u>Understand –good/fair/exc</u>	<u>Speak –good/fair/exc</u>	<u>Write –good/fair/exc</u>

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9a. Employment –past 10 years, include part-time, explain any gaps in employment

<u>Current Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>	<u>Phone</u>	
<u>Duties</u>				
<u>Reason for Leaving</u>				

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>	<u>Phone</u>	
<u>Duties</u>				
<u>Reason for Leaving</u>				

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>	<u>Phone</u>	
<u>Duties</u>				
<u>Reason for Leaving</u>				

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9a. Employment, continued –past 10 years, include part-time, explain any gaps in employment

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>		<u>Phone</u>
<u>Duties</u>				
<u>Reason for Leaving</u>				

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>		<u>Phone</u>
<u>Duties</u>				
<u>Reason for Leaving</u>				

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>		<u>Phone</u>
<u>Duties</u>				
<u>Reason for Leaving</u>				

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9a. Employment, continued –past 10 years, include part-time, explain any gaps in employment

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>		<u>Phone</u>
<u>Duties</u>				
<u>Reason for Leaving</u>				

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>		<u>Phone</u>
<u>Duties</u>				
<u>Reason for Leaving</u>				

<u>Previous Employer</u>		<u>Position / Title</u>	<u>Start Date (mo/yr)</u>	<u>End Date (mo/yr)</u>
<u>Address</u>			<u>Phone</u>	<u>Full/Part-Time, Volunteer</u>
<u>Name of Supervisor, Title</u>	<u>Supervisor Phone</u>	<u>Name of Co-worker</u>		<u>Phone</u>
<u>Duties</u>				
<u>Reason for Leaving</u>				

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73069 **10a. General Information**

Have you ever been fingerprinted? If yes, list below			Yes or No
<u>When</u>	<u>Agency & Location</u>	<u>Purpose</u>	

List every social or fraternal organization you are or have been a member.

<u>Name of organization</u>	<u>Address</u>	<u>Dates Attended</u>	<u>Type of Organization</u>

Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license?	Yes or No
If YES, give details.	

Has your name ever been submitted or used as a trustee or officer in an official capacity in any labor, trade union, etc., organization or affiliate	Yes or No
If YES, give details.	

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73069 **10a. General Information, continued**

Are you now or have you ever been a member of the Communist Party USA or any Communist organization anywhere?	Yes or No
If YES, give details.	

Have you ever by word of mouth or in writing advocated or taught the doctrine that the government of the United States of America, or any state, or any political subdivision thereof should be overturned by force, violence or unlawful means?	Yes or No
If YES, give details.	

Are you now or have you ever been a member of any organization that practices discrimination on the basis of race, creed, color, sex or national origin?	Yes or No
If YES, give details.	

Have you ever assaulted anyone that resulted in anyone being injured?	Yes or No
If YES, give details.	

Have you ever threatened to harm anyone while possessing any weapon?	Yes or No
If YES, give details.	

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73069 ***10a. General Information, continued***

Have you ever been terminated by an employer because of theft?	Yes or No
If YES, give details.	

Have you ever taken anything from a previous employer that you did not have permission to take? Include cash, merchandise or other items that you might have simply borrowed and forgot to return	Yes or No
If YES, give details.	

Have you ever been involved in a traffic accident that resulted in property damage and you departed the scene without reporting the incident?	Yes or No
If YES, give details.	

Have you ever falsified any documents that resulted in you obtaining a financial gain?	Yes or No
If YES, give details.	

Have you ever committed a serious crime that has gone undetected?	Yes or No
If YES, give details.	

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73069 **10a. General Information, continued**

Have you ever POSSESSED any illegal drugs?	Yes or No
If YES, give details and list drugs.	

Have you ever DISTRUBUTED any illegal drugs?	Yes or No
If YES, give details and list drugs.	

Have you ever SOLD any illegal drugs for cash or trade?	Yes or No
If YES, give details and list drugs.	

Have you ever abused LEGALLY prescribed drugs?	Yes or No
If YES, give details and list drugs.	

Have you ever used any illegal drugs?	Yes or No
If YES, give details.	

Have you ever stolen more than \$50 or more in cash at one time?	Yes or No
If YES, give details.	

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73069 10a. General Information, continued

Have you ever stolen any property in excess of \$50 or more?	Yes or No
If YES, give details.	

11a. Continuation and Explanation Page –list section & page number for any information listed below. If additional information is needed attach a separate **TYPED** sheet, include **NAME** and **DATE OF BIRTH** on the top line

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12a. Residence History –List all locations where you actually resided within the last 10 years, regardless of length of time. Start with address immediately prior to your present address.

<u>From</u>	<u>To</u>	<u>Street Address & apt #</u>	<u>City, State Zip</u>	<u>County</u>
<u>Person or company leased/rented/mortgage</u>		<u>Address</u>		<u>Phone Number</u>

<u>From</u>	<u>To</u>	<u>Street Address & apt #</u>	<u>City, State Zip</u>	<u>County</u>
<u>Person or company leased/rented/mortgage</u>		<u>Address</u>		<u>Phone Number</u>

<u>From</u>	<u>To</u>	<u>Street Address & apt #</u>	<u>City, State Zip</u>	<u>County</u>
<u>Person or company leased/rented/mortgage</u>		<u>Address</u>		<u>Phone Number</u>

<u>From</u>	<u>To</u>	<u>Street Address & apt #</u>	<u>City, State Zip</u>	<u>County</u>
<u>Person or company leased/rented/mortgage</u>		<u>Address</u>		<u>Phone Number</u>

<u>From</u>	<u>To</u>	<u>Street Address & apt #</u>	<u>City, State Zip</u>	<u>County</u>
<u>Person or company leased/rented/mortgage</u>		<u>Address</u>		<u>Phone Number</u>

<u>From</u>	<u>To</u>	<u>Street Address & apt #</u>	<u>City, State Zip</u>	<u>County</u>
<u>Person or company leased/rented/mortgage</u>		<u>Address</u>		<u>Phone Number</u>

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13a. Record of Parenthood –List all of your children, including adopted & step-children

Name	Date of Birth	Place of Birth	Name of Father or Mother	Child supported by?	Who does child reside

14a. Other Dependents –List any dependents, other than spouse or children, you claim as tax exemptions

Name	Address	City, State Zip	Relationship	%% of Support

15a. Marriage -List all marriages you have had

When	Where	Who Officiated	Spouse FULL name

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16a. Divorce/Separation -List name, address and phone number of spouse(s) if divorced or

Name	Address	Phone
	<i>separated</i>	

17a. Divorce/Separation -If ever separated, annulled or divorced, provide the following information

Action –separated, divorce, etc.	Date of Order	By Who	Court Location	Other Party	Reason

18a. Vehicle License & Ownership -List ALL vehicles, boats, planes, etc. currently owned by you.

Year	Make & Model	License Plate/ Registration #	VIN or Serial Number

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21a. Foreign Travel –*Exclude trips of LESS than 30 days to Mexico, Canada and travel as a direct result of military service*

<u>Date From</u>	<u>Date To</u>	<u>Country Visited</u>	<u>Purpose of Travel</u>

22a. Legal –*List all arrests and police investigations NOT resulting in an arrest. Include juvenile delinquency, youthful offender, wayward minor and family court proceedings. Including ANY instances that were expunged or sealed*

<u>Date of Occurrence</u>	<u>City, State</u>	<u>Charge</u>	<u>Disposition</u>

23a. Legal - Summons Record –*List all summonses and traffic citations served on you or your vehicle by a peace officer, court or other lawful authority, in any state, for any violations of parking regulations, traffic regulations and vehicle and traffic laws or any criminal law. Also list court summonses in civil matters. Including any instances that were expunged or sealed*

<u>Date of Violation</u>	<u>City, State</u>	<u>Violation / Regulation</u>	<u>Court Disposition & Date</u>

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24a. Legal - Complaint, Court & Hearing Record –List all incidents in which you were a complainant or witness in a criminal case, ALSO administrative hearings or investigative hearings by a city, state, federal agency or grand jury. EXCLUDE law enforcement related. Include any instances that were expunged or sealed

Date	City, State	Court or Investigative Agency	Name of Defendant & Purpose of Hearing

25a. Legal - Civil Action

Were you or your spouse ever involved in a lawsuit or settlement for any purpose or could such a possibility ensue as a result of recent occurrence(s) or transaction?	Yes or No
If YES, give details.	

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26a. Financial –*The management of personal finances is relevant to an individual's qualifications for a position within CCSO. Please fill in the financial statement below. Be complete & accurate. The amount of indebtedness is in itself will not be used in evaluating qualifications but rather the behavior exhibited in meeting financial obligations. All information is held in confidence.*

<u>Current Monthly Income</u>		<u>Current Monthly Expenditures</u>	
<u>Monthly Salary</u>	<u>Amount</u>	<u>Mortgage or Rent (list to who)</u>	<u>Amount</u>
<u>Other Income (list)</u>		<u>Monthly Payments (describe)</u>	
		<u>Estimate monthly cost of living Include utilities, food, fuel, home & car maintenance, entertainment, etc</u>	
Total Monthly Income		Total Monthly Expenditures	
<u>Current Assets</u>		<u>Current Liabilities</u>	
<u>Savings</u>	<u>Amount</u>	<u>Real Estate Indebtedness</u>	<u>Amount</u>
<u>Checking</u>		<u>Long term loans</u>	
<u>Real Estate</u>		<u>Charge Accounts</u>	
<u>Autos</u>		<u>Other Liabilities (describe)</u>	
<u>Other Assets (describe)</u>			
Total Assets		Total Expenditures	

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27a. Financial

Have your wages ever been garnished?	Yes or No
If YES, give details; include when, where, why.	

28a. Financial —Please list the following information regarding charge accounts, contracts or other financial liabilities

<u>Name of Firm</u>	<u>Address</u>	<u>Account Number</u>

29a. Financial

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?	Yes or No
If YES, give details.	

30a. Financial

Have any of your bills ever been turned over to a collection agency?	Yes or No
If YES, give details.	

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31a. Financial

Have you ever had purchased good repossessed?	Yes or No
If YES, give details.	

32a. Financial

Have you ever been delinquent on income or other tax statement or payments?	Yes or No
If YES, give details.	

33a. Continuation and Explanation Page —list section & page number for any information listed below. *If additional information is needed attach a separate TYPED sheet, include NAME and DATE OF BIRTH on the top line*

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33a. Continuation and Explanation Page —list section & page number for any information listed below. If additional information is needed attach a separate TYPED sheet, include NAME and DATE OF BIRTH on the top line

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34a. Statement of Ownership

I understand that all items submitted with this application/personal history questionnaire become the property of Cleveland County Sheriff's Office. These items include but are not limited to birth certificate, education transcripts, military documents and all other items submitted. I also understand these items may not be returned.

Signature in FULL

Date

35a. Certification

I, _____, hereby certify that all statements made in this application/personal history questionnaire are true, correct, and complete. I understand that ANY misstatements of material facts will subject me to disqualification or dismissal.

Signature in FULL

Date

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14a. Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date in ink.

I, _____, authorize any investigator, deputy sheriff or other duly credentialed or accredited representative of the Cleveland County Sheriff's Office in Norman, Oklahoma conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, employment history, criminal history record information, financial and credit information. I authorized the Cleveland County Sheriff's Office in Norman, Oklahoma conducting my investigation to disclose the record of my background investigation to the requesting elected official of Cleveland County, Oklahoma for the purpose of making a determination of suitability for a position of trust.

I understand that for the financial or lending institutions, medical institutions, hospitals, health care professionals and other sources of information, a separate specific release will be needed and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of specific questions, relevant to the job description, which the doctor or therapist will be asked.

I further authorize any investigator, deputy sheriff or other duly credentialed or accredited representative of the Cleveland County Sheriff's Office in Norman, Oklahoma conducting my background investigation to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for a position of trust with a public office Cleveland County in Norman, OK. I understand that I may request a copy of such records as may be available to me under law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request to the investigator, deputy sheriff or other duly credentialed or accredited representative of the Cleveland County Sheriff's Office in Norman, Oklahoma regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Cleveland County Sheriff's Office in Norman, Oklahoma only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon termination of my affiliation with Cleveland County in Norman, Oklahoma whichever is sooner.

Signature (including maiden name)

Social Security Number

Address

Date of Birth

City, State, Zip

Notary

Subscribed and sworn before me on this _____ day of _____, 20____.

My Commission expires _____, 20____.