

# Oscoda County Sheriffs' Office

SHERIFF  
**KEVIN R. GRACE**  
 P.O. BOX 129  
 301 S. MORENCI AVE.  
 MIO, MI 48647



UNDERSHERIFF  
**EDWARD P. POKRZYWNICKI**  
 PHONE: 989-826-3214  
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## APPLICATION FOR EMPLOYMENT

OSCODA COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

Position Applied for (circle one):      Deputy Sheriff    Dispatcher    Auxiliary Officer    Secretary

### Instruction to Applicant:

1. Make sure others can read your application.
2. Fill out entire application, including the information at the top of the pages.
3. Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies based upon the stated Occupational Preference or other suitable positions identified when vacancies exist.
4. Applications are considered active for one year unless renewed by the applicant.
5. If you are offered employment, you will be required to complete a physical examination and the results will have to be judged satisfactory by the organization.

NAME: \_\_\_\_\_  
                             FIRST                              MIDDLE                              LAST

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE STATE? \_\_\_\_\_

ARE YOU A U.S. CITIZEN?      YES [   ]    NO [   ]

IF YOU ARE NOT A CITIZEN, GIVE VISA TYPE AND IMMIGRATION NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ RENEWAL DATE: \_\_\_\_\_

PLEASE GIVE THE FOLLOWING INFORMATION REGARDING SCHOOLING/TRAINING/APPRENTICESHIPS COMPLETED, INCLUDING SPECIALIZED ARMED FORCES TRAINING.

	NAME AND LOCATION	ATTENDANCE DATES, MONTH & YEAR	YEARS COMPLETED	GRADUATE	DEGREE OBTAINED
HIGH SCHOOL				yes [ ] no [ ]	
TRADE OR BUSINESS SCHOOL				yes [ ] no [ ]	
COLLEGE/UNIVERSITY/UNDERGRADUATE				yes [ ] no [ ]	
COLLEGE/UNIVERSITY/GRADUATE				yes [ ] no [ ]	
OTHER EDUCATION, INCLUDING RELATED SEMINARS, INSTITUTIONS, ETC.				yes [ ] no [ ]	

What courses at which institution have you taken that are particularly useful to the position(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_

College or University Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Scholarships/Academic Honors/Awards/Prizes: \_\_\_\_\_

\_\_\_\_\_

Typing Speed: \_\_\_\_\_ wpm      Speedwriting or Shorthand Speed: \_\_\_\_\_ wpm

Please list all equipment or office machines that you can operate: \_\_\_\_\_

\_\_\_\_\_

Please list all Professional Licenses you hold: \_\_\_\_\_

\_\_\_\_\_

Please list any other information, including volunteer and community work, you feel might be helpful in determining how you may be employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

(Please begin with your most recent employer and list all jobs held.)

NAMES AND ADDRESS	JOB TITLE, DEPT AND DUTIES	EMPLOYMENT DATES (MONTH & YEAR)	REASON FOR LEAVING	BEGINNING AND ENDING SALARY
1) _____ _____ _____ Phone: _____ Supervisor: _____ _____ If presently employed, may we contact your supervisor? yes [ ] no [ ]				
2) _____ _____ _____ Phone: _____ Supervisor: _____ _____ If presently employed, may we contact your supervisor? yes [ ] no [ ]				
3) _____ _____ _____ Phone: _____ Supervisor: _____ _____ If presently employed, may we contact your supervisor? yes [ ] no [ ]				
4) _____ _____ _____ Phone: _____ Supervisor: _____ _____ If presently employed, may we contact your supervisor? yes [ ] no [ ]				

List any professional (work or career related) societies or activities in which you participate: \_\_\_\_\_

References: List personal or business references other than prior employers and relatives:

1. Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Have we your permission to contact your current employer(s), school(s) and references listed? Yes [ ] No [ ]

Have you ever worked for this organization before? Yes [ ] No [ ] If yes, when?

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Have you received a disciplinary suspension or been discharged from any position(s) within the last four years:

Yes [ ] No [ ] If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime, are you now under indictment, or are you currently involved in any

litigation? Yes [ ] No [ ] If yes, list when, where, and the nature of the offense: \_\_\_\_\_  
\_\_\_\_\_

Do you have any impairments, physical, mental, or medical which would interfere with your ability to do the job for which you have applied? Yes [ ] No [ ] If yes, please explain the nature of the condition and how we might

accommodate it: \_\_\_\_\_  
\_\_\_\_\_

Do you have any contagious or communicable diseases which may endanger other? Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If there are any positions for which you should not be considered or job duties you can not perform due to a

physical or mental handicap, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives employed by this organization: Yes [ ] No [ ] If yes, who and which department?

Who suggested that you apply for the position? \_\_\_\_\_

Have you been certified by MCOLES Yes [ ] No [ ]

If yes, when and where: \_\_\_\_\_

Please add any additional information, skills you possess, etc., that you feel may aid us in deciding if and where we can employ you: \_\_\_\_\_  
\_\_\_\_\_

I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand any incorrect, incomplete or false statements or information furnished by me, may void this application or subject me to discharge at any time after employment. I also hereby permit my present and prior employers to divulge to this organization relevant personal information from my personnel file(s) they possess.

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

\_\_\_\_\_  
Date

## OSCODA COUNTY SHERIFF DEPARTMENT CRIMINAL RECORD CHECK FORM

APPLICANT FOR:	<input type="checkbox"/> Criminal Justice Employment	<input type="checkbox"/> Liquor License	<input type="checkbox"/> Concealed Weapons License
	<input type="checkbox"/> Other govt Employment	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Purchase Permit

FULL NAME				SOCIAL SECURITY NUMBER		
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	STATE OF BIRTH
DRIVERS LICENSE NUMBER				DATE OF BIRTH	TELEPHONE	
ADDRESS						
ADDITIONAL ADDRESSES (LAST 5 YEARS)						
OTHER NUMBERS:						
<input type="checkbox"/>	MILITARY ID# _____			SCARS/MARKS/TATOOS/PIERCED		
<input type="checkbox"/>	MEDICAL MARIJUANA # _____					
<input type="checkbox"/>	CONCEALED WEAPONS # _____					
ALIASES						

I authorize the Oscoda County Sheriff Department to check my criminal record for the purpose indicated above. I further declare that I am a citizen of the United States, a resident of Oscoda County, Michigan, 18 years of age or older, have never been adjudged insane or legally incapacitated unless competency has been restored and declared so by court order. I am not under involuntary commitment due to mental illness, nor am I under indictment for not have I ever been convicted of a felony and I am not under restraint of a Personal Protection Order (PPO).

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_