



**REFERENCES**

Name below three persons not related to you.

| Name | Address | Years Acquainted with you |
|------|---------|---------------------------|
|      |         |                           |
|      |         |                           |
|      |         |                           |

**FORMER EMPLOYERS**

List below your work experience, starting with your present or last place of employment.

| Date       | Name & Address of Employer | Name of Supervisor | Position | Reason for Leaving |
|------------|----------------------------|--------------------|----------|--------------------|
| From<br>To |                            |                    |          |                    |
| From<br>To |                            |                    |          |                    |
| From<br>To |                            |                    |          |                    |
| From<br>To |                            |                    |          |                    |
| From<br>To |                            |                    |          |                    |
| From<br>To |                            |                    |          |                    |

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that if I am employed by the Guthrie County Sheriff's Department I shall live within Guthrie County unless exceptions are granted by the Sheriff and the Guthrie County Board of Supervisors.

I understand that if I am employed by the Guthrie County Sheriff's Department that the Sheriff has the Authority to designate the location that the Deputy, Clerk or Dispatcher will reside to provide the Optimum service to the Guthrie County Residents.

**APPLICANT'S STATEMENT**

I understand that my employment by this facility will be on a 180 day probationary basis. If employed by Guthrie County Sheriff's Office, I agree to abide it's rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize the Sheriff to contact any and/or all of my references for full information. I agree to take a physical examination at any time, at the request of the Sheriff, and agree that the examining physician may disclose the findings to the Sheriff or an authorized agent of the Sheriff's office.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date