

Oklahoma County Sheriff's Office

Tommie Johnson, III, Sheriff 2101 NE 36th Street Oklahoma City, Okla. 73111 (405)-869-2528 Office * (405)-713-1908 Fax Website: sheriff.oklahomacounty.org

RESERVE DEPUTY SHERIFF APPLICATION

Qualifications to Join the Oklahoma County Reserve Deputy Program include:

- Be a U.S. Citizen;
- Be at least 21 years of age at the time of appointment;
- Be a high school graduate or equivalent;
- Possess a valid Oklahoma operator Driver's License or higher;
- Be gainfully employed, retired or a full time student;
- Be available to attend the Sheriff's Office Reserve Academy which runs approximately eight (8) months (usually 2 evenings and some weekend days);
- Be willing to subscribe to the oath of affirmation of allegiance to the Oklahoma County Sheriff's Office and the citizens of Oklahoma County;
- Be in good physical condition, free from disease or defects that would interfere with the satisfactory performance of the duties of this position;
- Undergo and pass a thorough background investigation which includes:
 - Fingerprint search
 - Polygraph examination
 - Psychological examination
- Disqualifying factors include (but are not limited to):
 - Any Felony conviction
 - Job related misdemeanor convictions
 - Certain serious traffic convictions or patterns of traffic violations

WHAT IS A RESERVE DEPUTY SHERIFF?

Reserve Deputy Sheriffs are utilized to supplement the Sheriff's Office law enforcement manpower. Like Full-time Deputies, Reserve Deputies are professionally trained and duly sworn law enforcement personnel. In most cases, Reserves are assigned to the same duties as Full-time Deputies. Since Reserve Deputies have the same powers of arrest as Full-time Deputies, they are required by law to meet the same hiring, background, medical and psychological standards as Full-time Deputies. Reserve Deputies:

- Enjoy the law enforcement challenge and excitement, as well as the satisfaction of providing a worthwhile community service.
- Complete extensive state mandated training and then work assignments on evenings and/or weekends as their regular jobs permit.
- Are issued a badge, an identification card, one uniform, and must furnish all gear, firearm, and any other required clothing item.
- Have full peace officer powers when on duty, and, if issued an Oklahoma armed security license, may choose to carry a concealed weapon when off duty.
- Must volunteer a minimum of 16 hours each month.
- Are offered paid special event assignments that occasionally become available.
- Serve at the will of the Sheriff, must obey all agency regulations, policies and procedures.
- Supplement the regular operations of the Sheriff's Office by working in their assignment of Uniform Reserve, Patrol, Mounted Patrol, Search and Rescue or as a Specialist.
- Must be an active Reserve Deputy in his/her perspective assignment for 1 year prior to working any off-duty paid jobs.
- Will be assigned a mentor upon completing the academy to assist in various aspects of your new assignments such as: Metal Detector, Hospital Guard and Jail Visitation. Your initial assignment will be with the Events Section of the Reserve Division.
 - ✓ Pick up an application at any of the Oklahoma County Sheriff's Office Sub-Stations.
 - Complete the application and return it to the Oklahoma County Sheriff's Office Midwest City Substation, 8029 S.E.
 29th, Midwest City, OK 73110; or any of the Oklahoma County Sheriff's Office substations; or on the website.
 - Reserve Division contact numbers: 405/869-2530, 405/869-2531, Fax 405/869-2509.



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RESERVE DIVISION APPLICATION FOR PROSPECTIVE DEPUTIES

We thank you for your interest in the Oklahoma County Sheriff's Office Reserve Division. This application will help us get to know you better, and for you to better understand what our requirements are.

Please read this letter, signing it at the bottom to acknowledge you have read it. Fill in all of the blanks on the balance of this application. Please attach a copy of your Driver's License and a recent photograph. This is the first step in your becoming a Reserve Deputy.

Following a review of this application and completed background investigation, you will be contacted. If further information is needed, it will be obtained during this contact. When contacted, information about the Reserve Program will be explained or any questions answered at that time. You will be required to participate in an interview process including a medical release, a drug test, and a psychological test given at a later date. These items are at YOUR expense. If you are not CLEET Certified you will be required to pass the CLEET Physical Assessment Test for Safe Participation. You must make your physician aware of this PT test and have his/her release to participate in this PT Test, See CLEET PT TEST PDF.

If approval is made by the Administration, the next step will be attending our Basic Reserve Academy. You must attend this Reserve Law Enforcement Training as mandated by State Statute, unless you are already certified by the Council on Law Enforcement Education and Training (CLEET), to be a law enforcement officer. If you are already CLEET certified you will be required to attend the Legal / Firearms block of instruction before being commissioned.

Classes are conducted two nights per week and there will be several weekends involved in this CLEET approved training program. Admission to the Academy is no guarantee that this training will be completed, graduation must be earned and class attendance is 100% mandatory for all sessions, there are no exceptions. Upon successfully completing the Academy, you will be certified by CLEET as a Reserve Peace Officer and be commissioned as a Reserve Deputy Sheriff by the Oklahoma County Sheriff.

Before completing this application, you should be aware of the cost that is involved. A Reserve Deputy must supply his/her own uniform, approved weapon and all necessary equipment. The minimum cost will be around \$2,500, but more can be added with a total cost of around \$3,000 to \$4,000. Each Deputy is required to work a minimum of 16 hours each month or nearly 200 hours per year.

I understand the above (signed)	Dated



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REQUEST FOR RESERVE COMMISSION

Name:									
Street Address:									
City/State/Zip:									
Email Address:									
Employer:									
Address:									
Phones - Home:		M	obile:	W	/ork:				
Height:	Weight:	Hair:	Eyes:	Race:	Sex	:[]M[] F		
Date of Birth:		Age:	Place of Birth:		SSN#:				
Have you even	r been known by a	nother name?]] No [] Y	es			
2. Have you ever	r been charged or	convicted of a fe	elony (even if pardoned)?	? [] No [] Y	'es			
3. Have you ever	r been charged or	convicted of an	alcohol related driving of	fense? [] No [] Y	es			
4. Have you ever	r been convicted of	f a charge involv	ving domestic violence of	r VPO? [] No [] Y	es			
Comments:									
Do you hold a lav	w enforcement con	nmission from a	nother agency?]] No [] Y	'es			
Agency:			Position:						
Are you CLEET	certified [] NO [] YES	[] Regular [] Reserv	e Certification	CLEET#_				
Reason Request	ted:								
Signature: Date:									
Record Check	ks:[]NCIC[] OCSO []DPS []OSBI []] CLEET (attac	h findings))			
Approve	d [] Denied I	Division Comr	nander:					Date	
[] Approved [] Denied Division Commander: [Bureau Commander:							Date		
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Website: sheriff.oklahomacounty.org

8029 S.E. 29TH, Midwest City, OK, 73110 : 405-869-2531

INSTRUCTIONS: Print or Type. Please answer all questions. Application must be completely filled out to be considered. Your application will be retained for one year, during which time you may update it.

NOTE: You are a, citizen, lawful permanent resident otherwise, authorized to work in the United States.[]Yes []No							
Name:	Date	э:	SSN:				
Mailing Address:							
Home/Work Phone Numbers:		Are	you 21 or over: []Y []N			
Have you ever worked for Oklahoma County? []Yes []No	If yes, who	If yes, when? What Department?			Who referred you to OK County?		
Do you have any relatives workin for Oklahoma County? []Yes []No	ng If yes, wh	no?	Relationship			What department?	
Education	Name of School and Location	Number of Younglete		gree eived <u>Yea</u>	<u>r</u>	Major Course of Study	
Elementary, High School or GED							
Technical or Trade School							
College or University							
Other							
Note: If you are applying for a position that requires college graduation, submit an official college transcript (application not completed without transcript).							
Were you in the U.S. Military: [] Yes [] No Dates of Duty:							
Duties Performed:							
Professional or trade licenses/certificates:							
Have you ever been charged, or arrested? YES NO							
Have you ever received a moving violation or traffic ticket? YES NO							
Have you ever been refused a Bond? YES NO							
Have you ever been served a VPO? YES NO							
If your answer is YES to any of the above questions, use the following space to explain. List charges, places, dates and disposition.							

MEDICAL HISTORY: List below all medications (prescription & over the counter) currently taken, also those taken for the last three years. Attach a sheet of paper if more room is needed.

Medication:	Dates:
List any health problems that we need to know abo	out. (Example: knee, elbow, back, etc)
WORK EXPERIENCE: List record of each employr with PRESENT OR LAST employment and work be	ment for the last ten years. Use additional paper if more space is necessary. Start eack through previous positions.
Dates:	Title of Position:
From: To:	
Name of Employer:	Starting salary:
	Final salary:
Address:	Duties:
City: State: Zip:	
Name of Supervisor:	Reason for Leaving:
Phone Number:	
Dates:	Title of Position:
From: To:	
Name of Employer:	Starting salary:
	Final salary:
Address:	Duties:
City: State: Zip:	
Name of Supervisor:	Reason for Leaving:
Phone Number:	
Dates:	Title of Position:
From: To:	
Name of Family and	Otantia mandamin
Name of Employer:	Starting salary:
	Final salary:

Address:		Duties:			
City: S	tate: Zip:				
Name of Supervisor:		Reason for	Leaving:		
Phone Number:					
REFERENCES: Give the give information about you		persons, other than relative	ves or past employers, who	know you well enough to	
Name:	Address:	Telephone:	Occupation:	How Long Acquainted?	
	PLEASE	READ BELOW BEFOR	RE SIGNING		
I understand and agre	ee that: (Initial each state	ement after you have re	ad it)		
1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal to the Oklahoma County Sheriff's Reserve program. 2. Oklahoma County Sheriff's Office will make a thorough investigation and may verify all information and dates given in this application, including a background check, police, criminal record check, credit check, medical history check, employment history check, education and military check. I hereby authorize my present and previous employers, educational institutions, references and health institutions to provide information requested by Oklahoma County Sheriff's Office. 3. Oklahoma County Sheriff's Office reserves the right to request a physical examination and comprehensive					
drug testing as a normal part of the selection process. 4. Oklahoma County Sheriff's Office Reserve program is a volunteer program and I pay all expenses.					
I have read or have had the application read to me and understand all statements and questions contained in the application for the Oklahoma County Sheriff's Office Reserve program, and have answered honestly to the best of my ability. You may contact all the references and employers.					
	Applicant Signature		Date		

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT:						
Last Name	First Name		Middle Name			
ADDRESS:						
Street	City	State	Zip Code			
Birth Date:	Sex:	SSN:				
Mo Day	Yr					
Driver's License Number	er:	State:				
This Authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize released will be used to verify information provided in your employment application or upon hiring which is necessary for employment in a specific position. If any information you have provided is determined to be false after the hiring process is complete, you will be terminated immediately. Information determined to be false prior to hiring will result in your not being hired. The information obtained as a result of your signature on this Authorization will be furnished to designated officers and employees of Oklahoma County to verify information necessary to process your application for employment with Oklahoma County. Military, education, police, criminal and employment information must be verified on every person hired. Credit will only be checked if credit worthiness is necessary to be employed in your position. Check (X) each of the areas below for which you are authorizing a release of all information pertaining to your background: (Please remember, only the items checked will be released.) This authorization for release of information constitutes my consent and authority to have examined and/or obtained copies and abstracts of records and to receive statements and information regarding my background. I hereby authorize the release of the following data, records and information to Oklahoma County.						
{ } POLICE & CRIMINAL	RECORD	{	} EMPLOYMENT HISTORY			
{ } EDUCATION	{ } CREDIT HISTORY	{	} MILITARY			
SIGNATURE OF APPLICAN	NT:	DATE:				
REQUESTING AGENCY:	OKLAHOMA COUNTY S					
	2101 NE 36th Street C	Oklahoma Cit	y, Oklahoma 73111			

Physical Fitness Authorization

Must be completed by a Medical Doctor

Applicant Name	Last Name	First Name	
	Last Name	First Name	
SSN	DOB		
The above listed person is clea	red for the a	activities listed below.	Physician initials
The above listed person is not	cleared for	the activities listed below.	Physician initials
·			
See CLEET Physical Assessmer	it rest for Sar	re Participation (including tr	ne following)
Run	332	Feet	
Step and Slide to Left	30	Feet	
Diagonal Shuffle to Rear and Rig Step and Slide to Right	tht 32 30	Feet Feet	
Diagonal Shuffle to Rear and Lef		Feet	
Crawl of Stomach	44	Feet	
Bear Crawl	75	Feet	
Obstacle Dodge	113	Feet	
Weight Drag 95 Lbs.	96	Feet	
Physicians Name			
Printed	Last Name	First Name	
Physicians Signature			
Date of Examination			
Applicant Signature			