

**PRELIMINARY APPLICATION FOR EMPLOYMENT  
ELK CITY POLICE DEPARTMENT**

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	CELL PHONE
DATE OF BIRTH		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE ISSUED
MILITARY BRANCH OF SERVICE	DATE ENTERED	DATE SEPERATED	TYPE DISCHARGE

- |  |     |    |
|--|-----|----|
| 1. ARE YOU A CITIZEN OF THE UNITED STATES?   | YES | NO |
| 2. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE?   | YES | NO |
| 3. HAVE YOU EVER ILLEGALLY USED OR EXPERIMENTED WITH ANY CONTROLLED DANGEROUS SUBSTANCES?  | YES | NO |
| 4. HAVE YOU EVER BOUGHT, SOLD, OR TRADED FOR ANY CONTROLLED DANGEROUS SUBSTANCES   | YES | NO |
| 5. HAVE YOU EVER STOLEN OR TAKEN WITHOUT PERMISSION, ANY PROPERTY FROM EMPLOYERS, BUSINESS, OR OTHER PEOPLE?                             | YES | NO |
| 6. HAVE YOU EVER BEEN ARRESTED FOR AND/OR CONVICTED OF DWI, DUI, RECKLESS DRIVING, OR DRIVING UNDER SUSPENSION?                          | YES | NO |
| 7. HAVE YOU EVER BEEN PLACED IN JAIL FOR ANY VIOLATION OR OFFENSE?   | YES | NO |
| 8. HAVE YOU EVER BEEN CONVICTED OF A FELONY, RECEIVED A SUSPENDED OR DEFERRED SENTENCE, PLACED ON PROBATION OR INDICTED BY A GRAND JURY? | YES | NO |
| 9. HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?   | YES | NO |
| 10. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?  | YES | NO |
| 11. HOW MANY TRAFFIC TICKETS HAVE YOU RECEIVED IN THE LAST FIVE (5) YEARS?   |     |    |
| 12. HOW MANY JOBS HAVE YOU HAD IN THE LAST FIVE (5) YEARS?   |     |    |
| 13. HAVE YOU EVER BEEN DENIED EMPLOYMENT IN A LAW ENFORCEMENT AGENCY?  | YES | NO |
| 14. HAVE YOU EVER BEEN CHARGED, ARRESTED AND/OR CONVICTED OF DOMESTIC ABUSE OR SIMILAR OFFENSE?  | YES | NO |
| 15. ARE YOU CURRENTLY CERTIFIED AS A PEACE OFFICER IN OKLAHOMA BY THE COUNCIL OF LAW ENFORCEMENT EDUCATION AND TRAINING (CLEET)?         | YES | NO |
| 16. ARE YOU CURRENTLY EMPLOYED IN A LAW ENFORCEMENT AGENCY UNDER A FEDERAL GRANT (I.E. COPS OR SIMILAR PROGRAM)?                         | YES | NO |
| 17. WOULD YOU BE WILLING TO SUBMIT TO A PRE-EMPLOYMENT SCREENING TEST(S) FOR THE PRESENCE OF DRUGS OR ALCOHOL IN YOUR BODY?              | YES | NO |
| 18. APPLICATION FOR: PATROL / DISPATCH / ANIMAL CONTROL / SCHOOL RESOURCE (CIRCLE ONE)   |     |    |

**I ATTEST THAT I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY, TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE FORWARD ALL REPLIES TO: ELK CITY POLICE DEPARTMENT  
P O BOX 2459  
ELK CITY, OK 73648**

**OFFICIAL DEPARTMENT USE ONLY**

DATE RECEIVED FROM APPLICANT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_



**A THOROUGH INVESTIGATION WILL BE CONDUCTED TO DETERMINE YOUR QUALIFICATION FOR THE POSITION AS A POLICE OFFICER. TO A GREAT EXTENT, YOUR EMPLOYMENT WILL DEPEND ON INFORMATION GAINED DURING CONFIDENTIAL INTERVIEWS WITH PERSONS WITH WHOM YOU HAVE ASSOCIATED. THEREFORE, ANY SUCH INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE AND THE DEPARTMENT CANNOT REVEAL THE REASONS FOR NON-ACCEPTANCE FOR EMPLOYMENT TO YOU.**

**I hereby authorize you to release, furnish, or produce any information concerning my reputation, education, employment, financial and credit status, and physical or mental health, to the Elk City Police Department. Said information is to be used by the Elk City Police Department to assist in determining my qualification and fitness for a position as a Police Officer. A photo static copy or facsimile of this authorization shall be considered as valid as any original documentation.**

**Further, I hereby release you from any liability or damages which may result from releasing, furnishing, or producing the aforementioned information and waive any right of access I have, under any statute or common law to the information you furnish about me to the Elk City Police Department.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

STATE OF OKLAHOMA, COUNTY OF \_\_\_\_\_ SS:

**BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, THIS DAY PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME TO BE THE PERSON WHOSE SIGNATURE IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.**

**GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPRES \_\_\_\_\_



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ELK CITY POLICE DEPARTMENT  
P.O. BOX 2459  
ELK CITY, OK 73648**

**OFFICIAL DEPARTMENT USE ONLY**

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**ELK CITY POLICE DEPARTMENT  
APPLICATION QUESTIONNAIRE INSTRUCTIONS READ**

**THESE INSTRUCTIONS CAREFULL BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in black ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Include City, State, and Zip Code on all questions concerning addresses and Area Code on all phone numbers.
5. If there is insufficient space on the form for you to include all information required, you may attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing to answer.
6. An accurate and complete form will help expedite your background investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

\_\_\_\_\_  
Applicant Name

**OFFICIAL DEPARTMENT USE ONLY**

**DATE RECEIVED FROM APPLICANT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_**



**C. WORK HISTORY-** Beginning with your present or most recent job, list all employment for the past ten (10) years, including part-time, temporary or seasonal employment. Include all periods of unemployment.

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

**WORK HISTORY CONTINUED**

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-Worker \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
Reason for Leaving \_\_\_\_\_

**C.1 List all law enforcement agencies in which you have applied for employment.**

Agency \_\_\_\_\_ Date Applied \_\_\_\_\_  
Agency \_\_\_\_\_ Date Applied \_\_\_\_\_

**D. REFERENCES-** List three (3) persons who you know well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ )

Business Address: \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ )

Amount of time known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ )

Business Address: \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ )

Amount of time known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ )

Business Address: \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ )

Amount of time known: \_\_\_\_\_

**E. MARITAL & FAMILY HISTORY-** Provide information concerning your family history.

Are you? \_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
\_\_\_\_\_ Annulled \_\_\_\_\_ Widowed

If engaged, name of fiancé \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ )

Business Address \_\_\_\_\_ Business Phone ( \_\_\_\_\_ )

If married, name of spouse \_\_\_\_\_  
First Middle Last

Spouse's Maiden Name \_\_\_\_\_  
First Middle Last

Date Married \_\_\_\_\_ City & State \_\_\_\_\_



**F. LIST ALL CHILDREN RELATED TO YOU AND/OR SPOUSE (BIOLOGICAL, STEP, ADOPTED, FOSTER)**

(1) Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Supported by Whom \_\_\_\_\_

(2) Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Supported by Whom \_\_\_\_\_

(3) Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Supported by Whom \_\_\_\_\_

(4) Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Supported by Whom \_\_\_\_\_

(5) Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Supported by Whom \_\_\_\_\_

(6) Name \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Supported by Whom \_\_\_\_\_

**G. LIST RELATIVES IN FOLLOWING ORDER: Biological Father, Mother, Brother, Sister, Step-Father, Mother, Brother, Sister. Include Maiden Name of Mother and married name of Sister, if applicable. Indicate if any relative is deceased.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**H. CRIMINAL HISTORY**—Provide all information relating to Arrest, Detention and/or litigation

Have you ever been arrested or detained by police for a criminal investigation? \_\_\_\_ Yes \_\_\_\_ No

If “Yes” complete the following:

(1) Offense \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_

(2) Offense \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_

(3) Offense \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_

(4) Offense \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_

Have you ever been summoned to court for criminal or civil matters? \_\_\_\_ Yes \_\_\_\_ No

If “Yes” complete the following:

(1) Reason \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_

(2) Reason \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_

(3) Reason \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition \_\_\_\_\_



**J. EDUCATION ALHISTORY- Provide all informati orelating to education.**

High School attended \_\_\_\_\_ Dates attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

High School attended \_\_\_\_\_ Dates attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you did not graduate high school, do you have a GED certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Institution awarding certificate \_\_\_\_\_ Date \_\_\_\_\_

College/University attended \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Hours completed \_\_\_\_\_ Major \_\_\_\_\_

Received Degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes" date received \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters Other: \_\_\_\_\_

College/University attended \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Hours completed \_\_\_\_\_ Major \_\_\_\_\_

Received Degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes" date received \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters Other: \_\_\_\_\_

List other schools completed (Trade, Vocational, Business, etc.)

School attended \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Hours completed \_\_\_\_\_

Received Diploma/Certificate \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" date received \_\_\_\_\_

School attended \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Hours completed \_\_\_\_\_

Received Diploma/Certificate \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" date received \_\_\_\_\_

School attended \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Hours completed \_\_\_\_\_

Received Diploma/Certificate \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" date received \_\_\_\_\_

**K. MILITARY RECORD- Provide all information relating to service in the Armed Forces.**

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes," Branch \_\_\_\_\_

(1) Date(s) of Service: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rank held at time of Separation/Discharge \_\_\_\_\_

Job title (Rifleman, Cook, MP, etc.) \_\_\_\_\_

(2) Date(s) of Service: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rank held at time of Separation/Discharge \_\_\_\_\_

Job title (Rifleman, Cook, MP, etc.) \_\_\_\_\_

(3) Date(s) of Service: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rank held at time of Separation/Discharge \_\_\_\_\_

Job title (Rifleman, Cook, MP, etc.) \_\_\_\_\_

Were you ever disciplined while in Military service?

(If "Yes," include Article 15, Court-Martial, Captain's Mass, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for disciplinary action \_\_\_\_\_

Action taken by whom (CO, MP, CID, etc.) \_\_\_\_\_

Date of Action \_\_\_\_\_ Your age at the time \_\_\_\_\_

Disposition \_\_\_\_\_

Reason for disciplinary action \_\_\_\_\_

Action taken by whom (CO, MP, CID, etc.) \_\_\_\_\_

Date of Action \_\_\_\_\_ Your age at the time \_\_\_\_\_

Disposition \_\_\_\_\_

Reason for disciplinary action \_\_\_\_\_

Action taken by whom (CO, MP, CID, etc.) \_\_\_\_\_

Date of Action \_\_\_\_\_ Your age at the time \_\_\_\_\_

Disposition \_\_\_\_\_

**L. SPECIAL QUALIFICATIONS & SKILLS-Provide all information relating to any special qualifications/skills you may have.**

List any special licenses or certificates you hold (Pilot, Radio Operator, Scuba Diver, etc.) \_\_\_\_\_

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List any special equipment or machinery which you can operate \_\_\_\_\_

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Are you fluent in a foreign language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," indicate in each area your degree of fluency- "Excellent," "Good," "Fair"

Language \_\_\_\_\_

\_\_\_\_\_ Reading-Fluency \_\_\_\_\_ Speaking-Fluency \_\_\_\_\_ Writing-Fluency \_\_\_\_\_

Language \_\_\_\_\_

\_\_\_\_\_ Reading-Fluency \_\_\_\_\_ Speaking-Fluency \_\_\_\_\_ Writing-Fluency \_\_\_\_\_

Language \_\_\_\_\_

\_\_\_\_\_ Reading-Fluency \_\_\_\_\_ Speaking-Fluency \_\_\_\_\_ Writing-Fluency \_\_\_\_\_

List any other special skills or qualifications you may possess \_\_\_\_\_

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**M. MEMBERSHIP IN ORGANIZATIONS- (Past and Present) - Provide all information relating to any social, fraternal or volunteer groups with whom you are or have been a member or associate.**

List Organizations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**N. PERSONAL DECLARATIONS**

**1. Describe in your own words the frequency and extend of your use of intoxicating liquors and/or beer (Past & Present).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Describe in your own words the frequency and extent of your use of illegal narcotics (Past & Present).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Describe in your own words the frequency and extent of your use of prescription medications (Past & Present).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Attach applicant personal photograph inside the box located at the bottom of this page. Photograph shall be a front view of head and shoulders and not more than six (6) months old.

2. Enclose the following described documents with your questionnaire:

**DO NOT ATTACH THESE ITEMS TO YOUR QUESTIONNAIRE; SUBMIT AS SEPARATE ITEMS**

- A. High School Diploma or GED Certificate
- B. College Diploma and/or Transcript (if applicable).

Diploma/Degree must be accredited by:

- State Dept. of Education of State of Issuance
- Regents for High Education of State of Issuance

Note: Home Schooling and/or Distant Learning is not recognized  
Some Private Schools/Correspondence Courses not accredited, per discretion of CLEET

- C. Military Separation Papers, DD214

3. Applicants MAY enclose the following:

- A. Letters of recommendation, no more than three (3)
- B. Applicant Resume
- C. Handwritten statement by applicant stating why you should be considered for the position.  
Letter should be no more than five hundred (500) words.

**Attach Photograph Here**

**Head & Shoulders Photo of  
Applicant Photo not more than 6  
months old**

\_\_\_\_\_ attest that I have answered the above questions truthfully, to the  
APPLICANT NAME

best of my knowledge.

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

\_\_\_\_\_  
Date