

**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 _____



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

OFFICIAL DEPARTMENT USE ONLY

**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 _____

Agency _____ Date Applied _____

Agency _____ Date Applied _____

Agency _____ Date Applied _____

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 _____

MARITAL AND FAMILY HISTORY CONTINUED

If separated, name of spouse _____
 First Middle Last

Spouse's maiden name _____
 First Middle Last

Address _____ Home Phone (_____) _____

Business Address _____ Business Phone (_____) _____

Date of Separation _____

(1) If divorced/annulled, name of former spouse _____
 First Middle Last

Former spouse's maiden name _____
 First Middle Last

Address _____ Home Phone (_____) _____

Business Address _____ Business Phone (_____) _____

Date of Court Order/Decree of Divorce/Annulment _____

State & County (Court) of Order/Decree _____

(2) If divorced/annulled, name of former spouse _____
 First Middle Last

Former spouse's maiden name _____
 First Middle Last

Address _____ Home Phone (_____) _____

Business Address _____ Business Phone (_____) _____

Date of Court Order/Decree of Divorce/Annulment _____

State & County (Court) of Order/Decree _____

(3) If divorced/annulled, name of former spouse _____
 First Middle Last

Former spouse's maiden name _____
 First Middle Last

Address _____ Home Phone (_____) _____

Business Address _____ Business Phone (_____) _____

Date of Court Order/Decree of Divorce/Annulment _____

State & County (Court) of Order/Decree _____

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. EDUCATIONAL HISTORY- Provide all information relating 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.) _____

List any special equipment or machinery which you can operate _____

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 _____

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