

TOWN OF TALALA OFFICER APPLICATION

Thank you for your interest in becoming a member of the Town of Talala Police Department!
Application for Employment & Personal History Statement



Applicant Name: _____

Position: _____

Date Submitted: _____



Read and follow the instructions for completing the Personal History Statement and return it via email to rseaton@talalaoak.gov or in person at 102 W. Watova Street, Talala, OK 74080

If you have any questions or need assistance with the application call
(918) 553-5535 or (918) 340-3083 during business hours.

Applicant's Cover Sheet, Check List & Instructions

Please include the following required documents with your personal history statement. **Copies only**

- | | |
|---|--|
| <input type="checkbox"/> Valid Driver's License | <input type="checkbox"/> College Transcripts (if applicable) |
| <input type="checkbox"/> Social Security Card (Signed) | <input type="checkbox"/> DD-214 (if applicable) |
| <input type="checkbox"/> SDA License (if Applicable) | <input type="checkbox"/> CLEET Certification (if applicable) |
| <input type="checkbox"/> CLEET Training Records (if Applicable) | <input type="checkbox"/> Court Records (if applicable) |
| <input type="checkbox"/> Highschool Diploma or GED Certificate | <input type="checkbox"/> Complete Pages 0-5 |

Additional Supporting Documents (not required)

- | | |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Resume | <input type="checkbox"/> Certificates |
|---------------------------------|---------------------------------------|

This form must be handwritten clearly in black or blue ink. All questions must be answered, blank is not a valid response, write n/a.

All statements in this questionnaire are subject to verification. We encourage you to be open and straightforward as you respond to the questionnaire as past indiscretions may not preclude you from being hired. If additional space is needed, please use the notes/additional information section on the back page or an 8.5 x 11 piece of paper, reference the section/question and return with the packet.

Personal Information

Full Name: _____ Date: _____
Last First M.I.

List other names you have been known by (aliases, nicknames, maiden names):

Address: _____
Street Address Apt/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security #: _____ Desired Salary: \$ _____

Position Applied for: _____ Date of Birth: _____

1. Are you a citizen of the United States? If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever worked for the Town of Talala? If yes, when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
O.S. Title 70, Section 3311 states in part "No person shall be certified as a police or peace officer ...unless the OSBI and FBI have reported that such person has no record of a conviction of a felony, a crime involving moral turpitude, or a crime of domestic violence..."		
3. Have you ever been convicted of a felony, a crime involving moral turpitude, or a crime of domestic violence in any state or federal court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever assaulted anyone which resulted in anyone being injured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you ever threatened to harm anyone while possessing a weapon?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever been terminated by an employer because of theft?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you ever taken anything from a previous employer, without permission?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you ever falsified any documents which resulted in financial gain?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you ever committed a serious crime which has gone undetected?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you ever stolen any property or cash in excess of \$50 or more?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you ever been involved in a traffic accident that resulted in property damage, and you departed the scene without reporting the incident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you ever possessed, distributed, manufactured, sold and/or used an illegal substance? This is to include prescription medications or inhalants used for recreational use.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you or have you ever been a member of the Communist Party USA or any Communist organization anywhere?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Have you ever by word of mouth or in writing advocated or taught the doctrine that the government of the United States of America, or any state, or any political subdivision thereof should be overturned by force, violence, or unlawful means?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you or have you ever been a member of any organization that practices discrimination on the basis of race, creed, sex, or national origin?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Are you currently participating in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Do you currently hold an SDA License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you ever filed bankruptcy or been denied credit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered yes to questions 3 – 16 above, please explain below attach additional pages as needed

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Personal Identifiers

Height	Weight	Eye Color	Hair Color	Scars, Distinguishing Marks, Tattoos

Name of Fiancé(e) – if applicable	Address (Street, City, State, Zip)	Phone Number

Spouse/Ex-Spouse - Full Name	Address (Street, City, State, Zip)	Phone Number

Record of Parenthood: List all of your children, including adopted & stepchildren

Name	Date of Birth	Name of Father/Mother	Child supported by?	Child resides with?

Other Dependents: List any dependents, other than spouse or children, you claim as tax exemptions

Name	Address (Street, City, State, Zip)	Relationship	% of Support

Residence History: List all locations where you resided within the last 5 years

From:	To:	Residence Address (Apt #, Street, City, State, Zip Code)
Person or Company Rented From:		Phone Number:
From:	To:	Residence Address (Apt #, Street, City, State, Zip Code)
Person or Company Rented From:		Phone Number:

Driver License

Oklahoma Driver's License #	Expiration Date:	Name on Driver's License
Other States Driver's License #	Expiration Date:	Name on Driver's License

Motor Vehicle Ownership: List all vehicles, etc. currently owned by you

Year	Make and Model	License Plate/Registration #

- Do you have reliable transportation to/from work? YES NO
- Have you ever had your motor vehicle registration revoked or suspended? YES NO
- Have you ever had your Driver's License revoked/suspended/denied? YES NO

Legal: List all arrests, traffic citations, and police investigations not resulting in arrest. Include juvenile delinquency, youthful offender, wayward minor, protective orders, and family court proceedings. This is to include all information, even if expunged or record is sealed.

Date:	City	State	Charge	Disposition

Civil Action: Were you or your spouse ever involved in a lawsuit or settlement for any purpose; or could such a possibility ensue as a result of a recent occurrence or transaction? YES NO
 If yes, explain below and attach additional pages as needed.

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Memberships: List every social or fraternal organization of which you are or have been a member

Name of Organization	Address	Dates Attended	Type of Organization

Emergency Contact:

Name	Relationship	Address	Phone Number

Education/Skills/Qualifications

State law requires that persons employed as police or peace officers on November 1, 1985, or after, must provide a copy of their High School Diploma or GED equivalency certificate before they may be certified. Guidelines of the Oklahoma Department of Education will determine acceptance of proof of education. Applicants who attended private high schools or home schools should contact the Oklahoma Department of Education to determine if their school is accredited. A copy of a college degree will be accepted in lieu of a high school diploma or GED certificate.

List all colleges and universities attended

Name/Location	Dates Attended	Credit Hours	Degree	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

List other schools or training (trade, vocational, business, or military)

Name/Location	Dates Attended	Subject	Certificate	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Foreign Language: Enter language and indicate your knowledge (E-Excellent G-Good F-Fair)

Language	Reading	Understanding	Speaking	Writing

Special Qualifications & Skills

Indicate Self or Company	License Type	Governmental Agency	Revoked/Suspended

References

List three professional references:

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I, _____, hereby certify that all statements made in this application/personal history statement are true, correct, and complete. I understand that ANY misstatements of material facts will be subject to disqualification or dismissal.

Signature: _____ Date: _____

Statement of Ownership

I understand that all items submitted with this personal history statement become the property of the Town of Talala and the Talala Police Department these items include but are not limited to a birth certificate, educational transcripts, military papers, and all other items submitted.

I also understand these items will not be returned to me.

Signature: _____ Date: _____

NOTARY PUBLIC

State of Oklahoma, County of _____)

The above, _____, appeared before me and voluntarily executed his/her signature. Sworn and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC

Commission # _____
My Commission Expires on _____

Please note that the Authorization for Release is a legal document and must be signed in front of a notary public. If submitting the application electronically, the Authorization for Release will be completed after your interview and prior to the background investigation.

Authorization for Release of Information

I am an applicant for a position with the Town of Talala. The Town needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Town of Talala.

I hereby authorize any representative of the Town of Talala bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Town of Talala, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I further consent to your release, including photocopies, of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records and any information contained in investigatory files, efficiency ratings, complaints or grievances filed against me. I further request release of attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files, which are deemed to be confidential and/or sealed.

I understand my rights under Title 5 USC § 552a, the Privacy Act of 1974, with regard to access and disclosure of records, along with 51 OS § 24A.8, with regard to Open Records Act, and I waive those rights with the understanding that information furnished will be used by the Town of Talala in conjunction with employment procedures.

I hereby authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record (if applicable) to release to the Town of Talala information or photocopies from my military personnel records. This could include photocopies of my DD214 Report of Separation, etc.

A photocopy of this release form will be valid as an original thereof, although the said photocopy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

Applicant's Signature _____ Date _____
Printed Name _____ Date of Birth _____
Address _____
City, State, Zip _____
Telephone (_____) _____ Social Security Number _____

NOTARY PUBLIC

State of Oklahoma, County of _____)

The above, _____, appeared before me and voluntarily executed his/her signature. Sworn and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC
Commission # _____
My Commission Expires on _____

You DO NOT need to fill out this form. If you are extended a conditional offer of employment or appointment you will then be required to complete the Psychological Evaluation.

NOTIFICATION OF PSYCHOLOGICAL EVALUATION FOR PEACE OFFICERS (Full-time and Reserve)

The Applicant, whose data you are about to examine, is applying for a peace officer position. This individual will be put in a position of public trust and will be authorized to carry a firearm. The examining psychologist is required to comment, in the space provided below, on the Applicant's psychological suitability for the position of a peace officer.

Effective September 1, 1992, Title 70, Section 3311 of the State Statutes was amended to place additional requirements on the psychological screening of applicants to be certified as peace officers in the State of Oklahoma. The law requires the **employing agency** to report to the Council on Law Enforcement Education and Training that:

1. Such person has undergone psychological evaluation using a psychological instrument approved by the Council, the Council recognizes the MMPI (Minnesota Multiphasic Personality Inventory), CPI (California Psychological Inventory), and EPPS (Edward Personal Preference Schedule).
2. The psychological instrument utilized shall be evaluated by a psychologist licensed by the State of Oklahoma.
3. Certification has been made to the Council on Law Enforcement Education and Training, that the evaluation was conducted in accordance with this provision, and that the employee/applicant is suitable to serve as a peace officer in the State of Oklahoma.

The law further states:

1. 70 O. S. Section 3311 E.2b requires confirmation of the identity of the individual taking the test.
2. Nothing herein shall preclude a state licensed psychologist from employing additional psychological techniques to assist the employing agency's determination of the applicant's suitability to serve as a peace officer.

THE EMPLOYING AGENCY then notifies CLEET that the evaluation was conducted in accordance with this provision and that the employee/applicant is suitable to serve as a peace officer in the State of Oklahoma. Any person found not to be suitable for employment by the EMPLOYER, shall not be employed, retained in employment as a peace officer or certified by the Council for at least one (1) year, at which time the employee/applicant may be reevaluated by a psychologist licensed by the State of Oklahoma.

SECTION D: PSYCHOLOGICAL TEST CERTIFICATION

RELEASE OF INFORMATION: I hereby willingly subject myself to a psychological evaluation by a licensed psychologist as required by 70, O.S. 3311E.2.b. I hereby reserve the right to have the psychological data and conclusions of the psychologist remain confidential except to the employing agency listed above and the Council on Law Enforcement Education and Training. No other release of this information, explicit or implied, is granted at this time.

Signature of Applicant _____ Date: _____

Applicant's Name: _____ Applicant's SSN: _____

Applicant's Employing Agency: _____ Name of Agency Head: _____

Psychologist Name: _____

State License No: _____ Telephone: _____

Address: _____
Street City State Zip

Evaluation Instrument Used: MMPI CPI EPPS Other:

(List additional instruments used): _____

I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically SUITABLE or UNSUITABLE for employment as a peace officer.
(Circle one)

Date Tested: _____ Date determined suitable for employment as a Peace Officer: _____

Signature of Psychologist: _____

Pursuant to 70 O.S. 3311 (E)(2)(b) and upon review of the Psychological Evaluation Certification for _____, I, _____, the Agency Administrator, deem employee SUITABLE or UNSUITABLE to serve as a peace officer.

(Circle one)

Date: _____ Date determination made: _____

Signature of Agency Administrator: _____