

APPLICATION



PEACE OFFICER

RESERVE OFFICER



**APPLICATION FOR
PEACE OFFICER EMPLOYMENT**

110 West Seventh Street
Bristow, OK 74010
Attn: Chief of Police

TO: PEACE OFFICER APPLICANT
FROM: W. DON SWEGER, CHIEF OF POLICE
SUBJECT: APPLICATION PROCESS

APPLICANT NAME: _____ JOB NAME: _____

The application process with the City of Bristow is quite lengthy and very strictly regulated by several local, State and Federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action, and merit system provisions must be monitored.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE ATTACHED APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.

BACKGROUND INVESTIGATION: If you are tentatively selected for employment with the City, the police department will conduct a background investigation of your credentials prior to your being appointed to a position with the City. You must sign this form to authorize the City to verify your credentials. This section can include a polygraph examination.

DRUG SCREEN TEST: You will be required to take a pre-employment drug screening test for employment consideration in accordance with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act, effective June 1993 and as amended, and the Omnibus Transportation Employee Testing Act, effective 1991 and as amended, the City of Bristow Policy and Procedures Manual.

NEPOTISM: In accordance with the City's Policy and Procedure Manual, the applicant must "not [be] a member of the immediate family, by blood or marriage, of any elected official to three levels of consanguinity or affinity."

IMMIGRATION REFORM AND CONTROL ACT OF 1986: In accordance with the United States Code, Title 8, Section 132A, the City of Edmond must verify every individual's eligibility for employment in the United States. The Immigration and Naturalization Service, and the United States Department of Labor require you to furnish the City of Bristow with one of the following documents.

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1. United States Passport
2. Certificate of United States Citizenship
3. Certificate of Naturalization
4. Alien Resident/Alien Card with photograph

or, one document from each of the columns below:

- | | |
|---|---|
| 1. Driver's License | 1. Social Security Card |
| 2. United States Military Identification Card | 2. Birth Certificate |
| | 3. Unexpired INS Employment Authorization |

At such time you are extended an offer of employment, you will be required to furnish documentation. Failure to furnish the City of Bristow with the requested documentation will result in denying you employment with the City.

AN EQUAL OPPORTUNITY EMPLOYER: The City of Bristow does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, political affiliation, disability status, or any other legally protected status.

WARNING: All information in this application will remain confidential and only released to those with a need to know; however, it will be subject to an extensive background examination and polygraph test. Any false, misleading, or incomplete statements will be considered grounds for rejection. Leave no blank spaces. If the question does not apply to you, mark N/A (Not Applicable).

At this point, please stop and review the attached job description for Peace Officer.

After reviewing the Essential Job Duties, the Essential Job Qualifications, and the Working Conditions/Physical Requirements sections of the job description, are you able to do them with or without reasonable accommodation? Yes No

Print answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. Use Page 20 if you need to provide additional information.



CITY OF BRISTOW POLICE DEPARTMENT

EMPLOYMENT APPLICATION INSTRUCTIONS

Submit your completed application to: City of Bristow Police Department
ATTN: Chief of Police
110 West Seventh Street
Bristow, OK 74010

Applicants submitting applications after the deadline will be eliminated from the process.

READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY. YOU MUST FOLLOW THESE INSTRUCTIONS PRECISELY WHEN COMPLETING THE APPLICATION. FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN YOUR ELIMINATION FROM THE PROCESS. INFORMATION WILL BE VERIFIED FOR HONESTY AND ACCURACY. PROOFREADING YOUR APPLICATION IS STRONGLY RECOMMENDED.

1. DO NOT type any information in this application.
2. Complete the application in your own handwriting.
3. Use a black ink pen only.
4. Legibly print all information.
5. Use proper spelling, grammar, punctuation and syntax.
6. If the information requested does not apply to you, write: **N/A**
7. If you do not know the requested information, write: **UNKNOWN**
8. If you cannot remember the requested information, write: **CANNOT REMEMBER**
9. DO NOT erase or use a correction pen to correct mistakes. If you do make a mistake, draw one line through the mistake and write your initials above or next to the mistake.
10. Complete all "Release of Information" forms, sign in the presence of a witness and leave them attached to the application.
11. Attach copies of the following documents to the back of the application, **EXACTLY** in the listed order. All copies must be made on a plain white 8½" x 11" piece of paper.
 - Certificate of Birth
 - Valid Driver's License
 - High School Transcript and Diploma or GED Certificate
 - College Transcript and Diploma (if applicable)
 - Other copies of documentation as requested in the Application but not listed in these instructions.
 - CLEET Certificate (certification as a law enforcement officer) or equivalent, from local, state and federal organizations.
 - Letters of recommendation

DO NOT contact the Bristow Police Department. If you are selected to continue in the selection process, you will be notified.

**Thank you for your interest in the Bristow Police Department.
CITY OF BRISTOW**

APPLICATION FOR EMPLOYMENT
POLICE OFFICER APPLICANT

Date of Application

Date Available For Work

Are you available to work: Shift Work Weekends Nights

Last Name

First Name

Middle Name

Street Address

Home Phone

City, State, Zip

Business Phone

Social Security Number

List any other name(s) you have been known by and provide any other Social Security Number you have used:

If you are under twenty-one (21) years of age, you may not be hired.

Date of Birth: _____

Present Age: _____

As you complete the next portions, provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include, regardless of what you might otherwise be able to perform.

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the Peace Officer position. Failure to answer these questions may indicate that you have not provided the information to qualify you for the present position. Use Page 20 if you need additional space.

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1. Have you ever worked for the City of Bristow? Yes No.
If yes, give name of departments, dates, and reason for leaving.

2. Are you related to any City of Bristow employee, or any member of the Bristow City Council?
 Yes No. If yes, give name, department, and relationship.

3. Have you applied with the Bristow Police Department before? Yes No. If yes, give dates you applied.

4. Have you applied with any other Police or Sheriff Department(s) in the last five (5) years?
 Yes No. If yes, to which department have you applied, and when?

POLICE / SHERIFF DEPARTMENT	WHEN APPLIED
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. Do you know any Bristow Police Officers? Yes No. If yes, who?

6. How did you learn about this opening? (Please be specific, i.e. name of newspaper or web site, job line, walk-in, friend, etc.)

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7. Can you operate: Automobile Motorcycle Airplane Helicopter

License Number	State	Date Expires	Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Does your driver's license have any restrictions? Yes No.

If yes, explain: _____

9. Have you ever had a driver's license suspended or revoked? Yes No.

If yes, explain: _____

10. Do you have liability insurance on the vehicles you operate? Yes No. Have you ever had your insurance policy canceled? Yes No.

If yes, explain: _____

11. In the last seven years:

- (a) How many traffic tickets have you received? _____
- (b) Number of times arrested for driving while drinking, or driving under the influence? _____
- (c) Number of arrests for reckless driving of any type? _____
- (d) Number of accidents you were involved in as a driver for which you were charged or cited? _____
- (e) Have you ever been involved in a serious accident or accidents where you were the driver? Yes No.

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If you answered yes, or anything other than "none" (0) to any of the questions above, please explain:

12. It is imperative that law enforcement personnel have a clean conviction record and not be addicted to controlled substances. Arrest information will not necessarily disqualify you.

- Have you ever been arrested? Yes No
- Placed in jail? Yes No
- Detained? Yes No
- Received a conviction? Yes No
- Received a suspended Sentence? Yes No
- Received a deferred sentence which has not been sealed? Yes No
- Placed on probation by any court of law or enforcement body, anywhere?
 Yes No

If you answered yes to any of the previous questions, please explain:

<u>Date</u>	<u>Charge</u>	<u>Age At Time</u>	<u>Jurisdiction</u>	<u>Location of Court of Disposition</u>	<u>Police / Sheriff Agency Involved</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Other Explanation: _____

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13. Have you ever been finger printed? Yes No? If yes, complete the following:

When	Where	For Whom	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Residence. List each and every place you have resided in the past ten (10) years. Provide the phone number of current landlord:

NAME OF CURRENT LANDLORD: _____

DAYTIME PHONE NO.: () _____

From Month/Year	To Month/Year	Number and Street	City, State	Name of Landlord If Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Education. List high school(s), college(s), correspondence, business or technical schools attended. Exclude military schools.

Name of School	City and State	Type of School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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<u>Name of School</u>	<u>City and State</u>	<u>Type of School</u>
4.		
5.		

<u>Dates of Attendance</u>	<u>Hours Completed</u>	<u>Graduate/Degree</u>
1.		
2.		
3.		
4.		
5.		

16. List all special educational honors, scholarships, etc. that you have received.

17. List languages other than English that you speak proficiently, including communicating with the deaf.

18. List all memberships in school societies, fraternities, or clubs. You may exclude membership in organizations indicating national origin, if you wish.

19. Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? Yes No. If yes, please explain circumstances:

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20. Employment experience for the past 10 years. In chronological order list all employment, including part time, and Military service, starting with the most current,

Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone:(____)

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone:(____)

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone:(____)

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

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Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone: (____) _____

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone: (____) _____

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone: (____) _____

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

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Dates Employed: From: _____ To: _____

Employed by: Name of Firm: _____

Address: _____

City, State, Zip: _____ Phone: (____) _____

Title: _____ Salary: \$ _____

Job Duties: _____

Reason for Leaving: _____

Supervisor Name & Position: _____

21. If you have had no prior employment experience, please explain what you have done since high school to prepare you for this job?

22. Have you ever been fired, suspended, or put on an inactive status (other than for prior Worker's Compensation cases) by any of your previous employers? Yes No. If yes, state circumstances:

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23. Account for all periods of time since age eighteen (18) that you were not in school, working, in the military, or recuperating from an illness or injury, if over ninety (90) days in duration.

24. In chronological order, list all special training received and occupational schools attended in your employment history. Exclude military schools and training, high schools, colleges, etc.

<u>Name of School</u>	<u>Location City and State</u>	<u>Dates of Attendance</u>	<u>Hours Completed</u>	<u>Certificate Received</u>

25. Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position.

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26. Are you now engaged in any business as an owner, partner (active or silent) or other connection, such as an employee? Yes No. If yes, give full details: (e.g. Name, address, etc.)

27. Has any corporation, partnership, or business of which you are/were an officer, partner, etc. ever been issued or denied a license or permit by any City, State or Federal Government? Yes No. If yes, give full details. Exclude driver's licenses.

28. SELECTIVE SERVICE/MILITARY SERVICE

(a) Have you registered for the selective service? Yes No.
 If yes, when? _____.

(b) Have you served in any branch of the military? Yes No. If yes, indicate branch, current status, and any military training or experience that would assist you in being a Peace Officer:

Branch of Service: _____ From: _____ To: _____

Branch of Service: _____ From: _____ To: _____

Current Military Status: _____

Base or Name of School	Location City and State	School Type	Dates of Attendance	Hours Completed	Certificate Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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- (c) List any medals, decorations, campaign and/or theater ribbons awarded to you while in the armed forces:

- (d) Were you honorably discharged? Yes No. Please provide a copy of any discharge papers, such as Forms DD 214, and DD 214 Member 4.

29. SUBVERSIVE ORGANIZATIONS

As used in this application, a subversive organization shall mean any group or organization which does not support local, State, and Federal Laws, or which advances its beliefs through violence and force.

- (a) Have you advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or any political subdivision thereof should be overthrown by force, violence, or any unlawful means?
 Yes No.
- (b) Are you now or have you ever been a member of any subversive organization?
 Yes No.
- (c) Have you ever been connected, or affiliated in any manner with, or have you ever attended meetings of any subversive organization?
 Yes No.
- (d) Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any subversive organization?
 Yes No.

If your responses are yes to any of the questions in category 28, please indicate the circumstances.

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30. Background references pertaining to past character. This information is used to question family members and associates to determine your fitness to do the essential functions of the job. If applicable, provide:

Name of Current Spouse: _____

Address, City, State: _____

Daytime Phone No.: () _____

Name of Former Spouse: _____

Address, City, State: _____

Daytime Phone No.: () _____

Name of College Roommate: _____

Address, City, State: _____

Daytime Phone No.: () _____

Name of Military Associate: _____

Address, City, State: _____

Daytime Phone No.: () _____

Name of Father: _____

Address, City, State: _____

Daytime Phone No.: () _____

Name of Mother: _____

Address, City, State: _____

Daytime Phone No.: () _____

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Name of Sibling: _____
Address, City, State: _____

Daytime Phone No.: () _____

Name of Sibling: _____
Address, City, State: _____

Daytime Phone No.: () _____

Name of Sibling: _____
Address, City, State: _____

Daytime Phone No.: () _____

Name of Sibling: _____
Address, City, State: _____

Daytime Phone No.: () _____

Name of Sibling: _____
Address, City, State: _____

Daytime Phone No.: () _____

Name of Sibling: _____
Address, City, State: _____

Daytime Phone No.: () _____

Use Page 22 if addition space is needed.

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Other personal references:

Name: _____ Daytime Phone:(____) _____

Address, City, State: _____

Name: _____ Daytime Phone:(____) _____

Address, City, State: _____

Name: _____ Daytime Phone:(____) _____

Address, City, State: _____

Name: _____ Daytime Phone:(____) _____

Address, City, State: _____

Name: _____ Daytime Phone:(____) _____

Address, City, State: _____

Name: _____ Daytime Phone:(____) _____

Address, City, State: _____

31. List any social, labor, civic, and fraternal organizations, that you have or now belong to, which demonstrates your fitness for this position. You may exclude any organization that indicates national origin, if you wish.

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32. Are you the co-maker or signer on an outstanding loan? Yes No. If yes, explain details.

33. Have you ever been bonded? Yes No. With respect to each time bonded, state details below:

<u>Date</u>	<u>Reason</u>	<u>By Whom</u>	<u>Address, City, State</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

34. Which of your previous jobs did you like the best? Explain the duties, the type of supervisor and other reasons.

35. Which of your previous jobs did you like the least? Explain the duties and reasons why?

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36. What prior experience have you had with Firearms? Please explain:

37. Have you ever been served with a summons or subpoena? Yes No. If yes, how many times [] and list reasons.

<u>Date</u>	<u>Charge</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency Concerned</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

38. Do you know of any other information that we have not asked for, which may come out in the background information, concerning your present fitness to handle the essential functions of this job? Yes No. If yes, you have an opportunity to disclose at the present time. This question does not refer to your physical or mental ability to do the job.

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What have you done in your past (schooling, extra curricular activities, including sports, etc., or other training and experience) to prepare you for a career in law enforcement?

What has been your association or experience with law enforcement officers?

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PEACE OFFICER APPLICATION

READ CAREFULLY BEFORE SIGNING

I certify that I am the person named above and that facts given in this application are true and complete to the best of my knowledge. In signing this statement I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Peace Officer.

I hereby grant permission to the City of Bristow to investigate any information included in the application and I agree to submit to a pre-employment drug screen and a post offer medical examination. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City.

I hereby authorize any City, County, State, or Federal Agency or former employer or any individual to furnish, to any member of the Bristow Police Department, any information concerning me necessary to process this questionnaire. A photo and/or fax copy of this authorization shall be considered as valid as the original.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Date _____ Printed Name: _____
Month, Day, Year First, Middle, Last

Signature: _____

Subscribed and sworn to me this _____ day of _____, 20_____.

My commission expires: _____

Notary: _____

BRISTOW POLICE DEPARTMENT
AUTHORITY TO RELEASE INFORMATION



TO WHOM IT MAY CONCERN:

I hereby authorize any sworn Police Officer or other authorized representative of the Bristow Police Department bearing this release, or a photocopy thereof, within one year of its date, to obtain any information from your files pertaining to my employment, credit, or educational records including, but not limited to, academics, achievements, attendance, athletics, personal (non medical) history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Bristow Police Department. Consent is granted for the Bristow Police Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and, any school, college university or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Date _____ Signature: _____
Month, Day, Year

Name Typed or Printed: _____

Current Address: _____

Phone Number: _____

Subscribed and sworn to me this _____ day of _____, 20_____.

My commission expires: _____

Notary: _____

CITY OF BRISTOW
POLICE DEPARTMENT



**AUTHORIZATION TO RELEASE MEDICAL
AND WORKERS' COMPENSATION INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any physician or other authorized medical representative, under contract with the City of Bristow, bearing this release, or a photocopy thereof, within one year of its date, to obtain information from your files pertaining to my medical records, charts, or any medical history information to determine whether I can do the essential functions of the position of Peace Officer with the City of Bristow. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner or professional for the City of Bristow. Consent is granted for the purpose of performing such post offer medical or psychological exam as required by the Bristow Police Department. Such information is confidential and will not be released to the City except as covered by the Americans with Disabilities Act and as required by State Law.

I hereby release you as the custodian of such records and any hospital or other repository of medical records, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Date _____ Signature: _____
Month, Day, Year

Name Typed or Printed: _____

Current Address: _____

Phone Number: _____

Subscribed and sworn to me this _____ day of _____, 20_____.

My commission expires: _____

Notary: _____

CITY OF BRISTOW
POLICE DEPARTMENT



CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the position of Peace Officer. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including the personal references you have listed.

If the reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date but that other candidates provided experience, education, and background data that were more suitable for employment. All information regarding the application process is confidential.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

Date _____ Signature: _____
Month, Day, Year

Witness: _____ Date: _____

CITY OF BRISTOW
POLICE DEPARTMENT

PERSONAL QUESTIONNAIRE

As an applicant for the position of Peace Officer with the City of Bristow, you will be subjected to an intense background investigation, including a polygraph on any of these questions. The following questionnaire is a preview of items that will be necessary for us to check into. It will be to your benefit to answer all questions honestly and to the best of your ability.

1. Have you, in the past seven (7) years used any controlled substance such as a narcotic, speed, PCP, barbiturate, amphetamine, LSD, cocaine, crack, heroin, marijuana, etc. that was not prescribed for you by a medical doctor? Yes No. If yes, please indicate the type of drug, the date of use, and extent of usage:

2. During the past five (5) years, except as covered by medical procedure, have you sniffed or inhaled glue, paint, lacquer, gasoline, or any substance with the intent of getting high or intoxicated? Yes No. If yes, please indicate the particulars:

3. Have you ever stolen anything of value? Yes No. If the answer is yes, please indicate what it was, when it happened, and how often it happened.

4. Have you ever been arrested and/or convicted of any crimes? Yes No. If yes, be sure you have explained this in detail indicating the outcome of the conviction on Page 7 of the application form.

5. Do you support the local, State and Federal laws, and are you willing to do so without reservations. Yes No.

6. Are you able to do the essential functions of the job of Peace Officer with or without reasonable accommodation? Yes No.

DATE: _____ SIGNATURE: _____
(Month, Day, Year)

Human Resources Department
EQUAL EMPLOYMENT OPPORTUNITY
APPLICATION DATA FORM



The completion of this form is voluntary and will be kept in a confidential file separate from the Application for Employment; however, its completion will help the City of Bristow comply with state and federal reporting requirements. This information will be used for statistical purposes only and will not be used in the selection process. Thank you for providing us with this information.

Position Applied For: _____ Job Number: _____

Applicant Name: _____ Social Security No.: _____

Address: _____ City/State/Zip: _____

ETHNIC BACKGROUND

- Alaskan Native
- Asian
- American Indian
- Black
- Caucasian (White)
- Hispanic (Spanish Origin or Descent)
- Pacific Islander
- Other

SEX

- Male Female

DATE OF BIRTH: _____ AGE: _____

ACTIVE MILITARY SERVICE IN THE ARMED FORCES: Branch _____

From: _____ To: _____ Type of Separation: _____

Highest Rank Achieved: _____ Duties: _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped Individual