



Town of Haskell Police Department Application

Please fill out on computer or in black ink only

Position Applied For: _____

Date Completed: _____

PERSONAL

1. Full Name: _____ LAST FIRST MIDDLE

Maiden name or any other name(s) by which you are or have been known:
(List name, date of name change, reason for change and where name change was registered)

2. Date of Birth: _____ MONTH DAY YEAR

3. Place of Birth: _____ CITY STATE COUNTY COUNTRY

4. Social Security Number: _____

5. Present Home Address: _____

6. How long have you resided at this address? _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____

7. Driver's License Number: _____ State Issued: _____

Expiration Date: _____

8. Have you ever applied with any other law enforcement agency? (City, State or Federal) [] Yes [] No

If yes, list agency, position(s), date applied and status or outcome _____

9. Are you currently or have you ever been law enforcement or corrections certified? [] Yes [] No

If yes, list certification, issuing state and date of certification _____

10. Do You Drink Alcoholic Beverages? [] Yes [] No

If yes, describe your average weekly or monthly consumption _____

11. Have you, in the past two years, illegally used, tried or experimented with any narcotic drug, barbiturate or any hallucinogenic drugs? [] Yes [] No If Yes, Provide Details On Separate Sheet

RESIDENCE HISTORY

12. List Chronologically, **ALL** Residence Addresses For The Last Ten Years. Continue On A Separate Sheet If Necessary.

Address: _____			
STREET ADDRESS	CITY	STATE	ZIP
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Landlord's Name: _____	
Phone #: (____) _____	Date Lived At Address: From _____ To _____		
Landlord's Mailing Address: _____			
STREET ADDRESS	CITY	STATE	ZIP

Address: _____			
STREET ADDRESS	CITY	STATE	ZIP
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Landlord's Name: _____	
Phone # _____	Date Lived At Address: From _____ To _____		
: (____) _____			
Landlord's Mailing Address: _____			
STREET ADDRESS	CITY	STATE	ZIP

Address: _____			
STREET ADDRESS	CITY	STATE	ZIP
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Landlord's Name: _____	
Phone #: (____) _____	Date Lived At Address: From _____ To _____		
Landlord's Mailing Address: _____			
STREET ADDRESS	CITY	STATE	ZIP

Address: _____			
STREET ADDRESS	CITY	STATE	ZIP
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Landlord's Name: _____	
Phone #: (____) _____	Date Lived At Address: From _____ To _____		
Landlord's Mailing Address: _____			
STREET ADDRESS	CITY	STATE	ZIP

Address: _____			
STREET ADDRESS	CITY	STATE	ZIP
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Landlord's Name: _____	
Phone #: (____) _____	Date Lived At Address: From _____ To _____		
Landlord's Mailing Address: _____			
STREET ADDRESS	CITY	STATE	ZIP

EDUCATIONAL BACKGROUND

17. If you answer **YES** to any of the following questions, list the questions number and the detailed explanation on a separate sheet.

Yes No

18. While in high school or college were you ever subject to disciplinary action? (i.e suspended or expelled)
19. While in school did you receive any awards or honors?

ORGANIZATIONS / MEMBERSHIPS

20. List below **ALL** organizations you are or have been a member of.

Organizations/Memberships	Complete Address <small>(List Street Name, City, State & Zip)</small>	Dates From & To <small>(List Month & Year)</small>

PERSONAL REFERENCES

21. List six (6) personal references. These references must be people that you have known for at least three (3) years. Do not list relatives, if possible do not list neighbors.

Name: _____ _____	Phone: _____
STREET ADDRESS	CITY STATE ZIP
Occupation: _____	Years Known: _____
BUSINESS ADDRESS	CITY STATE ZIP

Name: _____ _____	Phone: _____
STREET ADDRESS	CITY STATE ZIP
Occupation: _____	Years Known: _____
BUSINESS ADDRESS	CITY STATE ZIP

Name: _____ _____	Phone: _____
STREET ADDRESS	CITY STATE ZIP
Occupation: _____	Years Known: _____
BUSINESS ADDRESS	CITY STATE ZIP

Name: _____ _____	Phone: _____
STREET ADDRESS	CITY STATE ZIP
Occupation: _____	Years Known: _____
BUSINESS ADDRESS	CITY STATE ZIP

Name: _____ _____	Phone: _____
STREET ADDRESS	CITY STATE ZIP
Occupation: _____	Years Known: _____
BUSINESS ADDRESS	CITY STATE ZIP

PERSONAL REFERENCES (Continued)

Name: _____ Phone: _____

STREET ADDRESS CITY STATE ZIP

Occupation: _____ Years Known: _____

BUSINESS ADDRESS CITY STATE ZIP

NEIGHBORHOOD REFERENCES

22. List the names and addresses of three (3) neighbors that live on your street or in your apartment complex. **You do not have to personally know the persons listed.**

Name (If Known)	Address (Required)	Telephone (If Known)

PERSONS RESIDING IN HOUSEHOLD

23. List **ALL** persons that live in your household and their occupation (If under 18, please state age)

Name	Age (If Under 18 Years of Age)	Occupation

EMPLOYMENT HISTORY

24. List **ALL** previous employment beginning with your current or most recent employment. Include **EVERY** job you have held in your lifetime. You must include all information requested for all periods of employment. Include all periods of unemployment of thirty (30) days or longer.

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYMENT HISTORY (Continued)

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYER _____	From	_____ MONTH & YEAR	To	_____ MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX _____	CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	()	AREA CODE & PHONE NUMBER _____		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME & TITLE OF SUPERVISOR _____			REASON FOR LEAVING _____	

EMPLOYMENT HISTORY (Continued)

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet of paper.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Do you object to your present employer being contacted?
(If yes, contact with your current employer will be delayed until an employment offer has been made.) |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever discharged, terminated, fired or forced to resign? |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been suspended by an employer? |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been sued by an employer? |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | Has an employer ever taken disciplinary action against you? |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Have you even taken anything without authorization/permission from an employer?
(This includes, but not limited to, theft of time or money) |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have objections to shift work or working weekends or holidays? |

CRIMINAL HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (include dates, location, offense and penalty or final disposition)

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any criminal wants, warrants or court process of any other type pending? |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested or convicted of a crime by any court of law or police agency? |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a criminal sentence plea bargained, had your rights restored or pardoned? |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had criminal prosecution deferred? |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served community service in lieu of criminal conviction? |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made a false insurance claim? |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any records sealed or expunged? |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been detained by a law enforcement officer for investigative purposes or to our knowledge, have you ever been the subject or a suspect in any criminal investigations? |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a member of a gang or associate with a known gang member? |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in the unlawful use of illegal drugs or alcohol use on the job? |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed or been involved in any undetected crime of any type? |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in the sale, delivery, manufacture or trafficking of an illegal or controlled substance? |

CIVIL HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (include dates, location and penalties)

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any type of civil process or litigation pending at this time? |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been served civil process of any type, either directly or by service through another person, family member, or attorney? |
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in civil litigation or court process of any type, either as a plaintiff, respondent or witness. (Example: Divorce, Repossession, Lien, Debt of any type, Contract dispute, Eviction, Contempt of court)? |
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever settled a civil matter in which you were involved? |
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | Has a legal judgment ever been issued against you (i.e. Divorce, Child support, Alimony or any other type)? |
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any property repossessed? |
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had your wages garnished? |
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in an eviction? |
| 53. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever owned your own business or been self-employed? |
| 54. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever obtained a city or county occupational license? |
| 55. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever registered with any State Department of Revenue for the payment of sales tax? |
| 56. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever incorporated, been involved in a partnership, or filed for a fictitious name? |
| 57. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a lien or judgment filed against you or your business? |

DRIVING HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (include dates, location and penalties)

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 58. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been refused a driver's license by any state? |
| 59. | <input type="checkbox"/> | <input type="checkbox"/> | Has your driver's license ever been revoked or suspended? |
| 60. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a traffic citation? |
| 61. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any traffic citations which you failed to pay? |
| 62. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? |
| 63. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever reported your driver's license lost or stolen? |
| 64. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever issued a duplicate license? |
| 65. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a traffic accident? |
| 66. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been issued a driver's license in another state? If yes, list state(s) |
-
-

MILITARY HISTORY

In this background application, the term “Armed Forces” is defined as any Military, Paramilitary or Coast Guard organization of any nation, including ROTC, Reserve or National Guard component of any such organization.

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet.

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 67. | <input type="checkbox"/> | <input type="checkbox"/> | Are you registered with the Selective Service System? If so, list the date and location registered:

Classification Number: _____ |
| 68. | <input type="checkbox"/> | <input type="checkbox"/> | Have you received information from the Selective Service System indicating that you may be inducted into the armed forces in the near future? |
| 69. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in the armed forces of the United States? (Continued on separate sheet if more than one branch served)
Branch Served: _____
Dates Served: _____
Highest Rank Achieved: _____
Service Number: _____ |
| 70. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in the armed forces in another country? |
| 71. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever employed by the government of any foreign nation? |
| 72. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever tried, punished, reprimanded or reduced in rank for the infraction of any rule or regulation while in the armed forces? |
| 73. | <input type="checkbox"/> | <input type="checkbox"/> | Has your separation or discharge ever been changed? |
| 74. | <input type="checkbox"/> | <input type="checkbox"/> | While in the armed forces, did you ever receive any medals, awards or decorations? |
| 75. | <input type="checkbox"/> | <input type="checkbox"/> | Are you on active duty at this time? |
| 76. | <input type="checkbox"/> | <input type="checkbox"/> | Have you received other than an honorable discharge? (If so, provide type of discharge and written explanation) |

The Town of Haskell is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application and is subject to public inspection in accordance with the Oklahoma Open Records Act, Title 51, Oklahoma Statutes 24A.1-29.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation, falsification or omission of facts shall cause forfeiture of all rights to employment with the Town of Haskell. If accepted for employment I agree to abide by and comply with all rules, regulations, policies and procedures of the Town of Haskell. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Town of Haskell.

I freely and voluntarily agree to submit to a drug/alcohol test as part of my application for and as a condition of employment. I understand that either my refusal to submit to the drug/alcohol test or my failure to qualify according to the minimum standards established by the Town of Haskell for this examination will disqualify me for further consideration for employment.

Signature: _____

Date: _____