

TOWN OF TALALA POLICE 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 online or via email to rseaton@talalaok.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) 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**

- | | |
|---|--|
| ☐ Valid Driver's License | ☐ College Transcripts (if applicable) |
| ☐ Social Security Card (Signed) | ☐ DD-214 (if applicable) |
| ☐ SDA License (if Applicable) | ☐ CLEET Certification (if applicable) |
| ☐ CLEET Training Records (if Applicable) | ☐ Court Records (if applicable) |
| ☐ Highschool Diploma or GED Certificate | ☐ Complete Pages 0-5 |

Additional Supporting Documents (not required)

- | | |
|---------------------------------|---------------------------------------|
| ☐ Resume | ☐ 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: _____ Apt/Unit # _____
Street Address
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 ☐	NO ☐
2. Have you ever worked for the Town of Talala? If yes, when? _____	YES ☐	NO ☐
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 ☐	NO ☐
4. Have you ever assaulted anyone which resulted in anyone being injured?	YES ☐	NO ☐
5. Have you ever threatened to harm anyone while possessing a weapon?	YES ☐	NO ☐
6. Have you ever been terminated by an employer because of theft?	YES ☐	NO ☐
7. Have you ever taken anything from a previous employer, without permission?	YES ☐	NO ☐
8. Have you ever falsified any documents which resulted in financial gain?	YES ☐	NO ☐
9. Have you ever committed a serious crime which has gone undetected?	YES ☐	NO ☐
10. Have you ever stolen any property or cash in excess of \$50 or more?	YES ☐	NO ☐
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 ☐	NO ☐
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 ☐	NO ☐
13. Are you or have you ever been a member of the Communist Party USA or any Communist organization anywhere?	YES ☐	NO ☐
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 ☐	NO ☐
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 ☐	NO ☐
16. Are you currently participating in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense?	YES ☐	NO ☐
17. Do you currently hold an SDA License?	YES ☐	NO ☐
18. Have you ever filed bankruptcy or been denied credit?	YES ☐	NO ☐

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

--

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:
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 ☐

NO ☐

Date:	City	State	Charge	Disposition

Name of Organization	Address	Dates Attended	Type of Organization

Name	Relationship	Address	Phone Number

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.

Name/Location	Dates Attended	Credit Hours	Degree	
			YES ☐	NO ☐

			YES ☐	NO ☐
--	--	--	---------------------------------	--------------------------------

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

Name/Location	Dates Attended	Subject	Certificate	
			YES ☐	NO ☐
			YES ☐	NO ☐
			YES ☐	NO ☐

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: _____

LEFT BLANK USE AS NEEDED FOR ADDITIONAL SPACE

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 _____