



OOLOGAH POLICE DEPARTMENT

225 W. ALTA
P.O. BOX 939
OOLOGAH, OKLAHOMA 74053

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Social Security# _____ Driver's License# _____ State: _____

Place of Birth: _____ State: _____

Position Applied For: _____

Rate of Pay Expected: _____

Full Time: _____ Part-time: _____

CLEET or COPS Certification Number:

MARITAL INFORMATION:

Indicate your current marital status:

Single ___ Married ___ Engaged ___ Separated ___ Divorced ___ Widowed ___

If married, provide the following information.

Spouse' Maiden Name:

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Employer: _____

Employer's phone number: _____

MARITAL INFORMATION (Continued)

If engaged or separated, provide the following information:

Full Name: _____ [] Separated [] Engaged

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Provide all requested information for all previous marriages:

Date of Marriage: _____ Divorce / Annulled: _____

Ex-Spouse's current Full Name: _____

Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Cause for Divorce / Annulment: _____

.....

Date of Marriage: _____ Divorce / Annulled: _____

Ex-Spouse's current Full Name: _____

Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Cause for Divorce / Annulment: _____

PARENTS:

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone: _____ Phone: _____

SPOUSE'S PARENTS: (CURRENT OR EX)

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone Number: _____ Phone Number: _____

Please use the space below to provide name, address, and phone number for step-parents and/or additional ex-spouse's parents, if applicable.

Beginning with your current address, list all your addresses for the past 7 (seven) years. There cannot be any gaps in the time periods. Include military stations.

Street Address Apt # City/State Zip Mo/Yr to Mo/Yr

List any club or organization to which you have been a member since eighteen years of age.

Name of Organization From To

List any friends or relatives working for the Town of Oologah/Oologah Police Department

Name Department

Have you ever been a party to a civil action or proceeding or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? (DO NOT list divorce/annulments previously noted) _____

If Yes, Complete the following:

Date Location Action Plaintiff/Defendant Disposition

EMPLOYMENT HISTORY

List all employment you have had during the past ten (10) years. List your current or most recent job first. Military service and part-time jobs are to be included. Do not omit any employers

Name / Complete Address of Company

Business Telephone Number _____

Owner / Immediate Supervisor Name _____

Best time to contact Owner / Supervisor _____

Beginning Salary or Rate of Pay _____

Ending Salary or Rate of Pay _____

Month and Year Employed From _____ / _____ To _____ / _____

Did you receive any promotions while employed? _____

If Yes, Explain _____

Your Job Title _____

Your Job Description _____

Reason for Leaving: Resigned _____ Terminated _____ Other _____

Explain: _____

Are you eligible for re-hire with this company? _____

*If you have been discharged from military service, please include a copy of your DD214, Member 4 when submitting this application.

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FINANCIAL HISTORY:

Have you ever filed bankruptcy? _____ If yes, complete the following.

Year _____ State _____ County _____

Reason _____

Are you currently experiencing any difficulties in meeting your normal living expenses?

_____ If Yes, Explain _____

Are you currently past due on any scheduled payments? _____

If Yes, Explain _____

Are you currently delinquent on any loans? _____

If Yes, Explain _____

If applicable, have you ever been delinquent with child support payments? _____

If Yes, Explain _____

Have you ever had any property repossessed? _____

If Yes, Explain _____

Have you ever written a check that was referred for collection or prosecution? _____

If Yes, Explain _____

FINANCIAL INFORMATION (Continued)

Have you been refused being bonded? _____

If Yes, Explain _____

Do you receive income from any source other than your principal occupation? _____

If Yes, Explain _____

Signed _____ Date _____

CRIMINAL HISTORY INFORMATION:

Answer all of the questions completely and accurately. Any falsification or misstatement of fact may be sufficient cause to be disqualified from further consideration.

Have you ever, at any age, stolen or taken without permission, anything from anyone or any place? _____ If Yes, Explain _____

Have you ever been questioned as a suspect, arrested or convicted of any crime? _____
If yes, complete the following.

Date	Violation	Location	Police Agency	Disposition

Have you ever been reported as a runaway or missing person? _____

If Yes, Explain _____

Have you ever been served with a Protective Order? _____

If Yes, Explain _____

DISCLOSURE/AUTHORIZATION FORM

1. By this document the Town of Oologah/ Oologah Police Department discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by Premium Background Checks, National Employment Screening or its associates or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for Premium Background Checks or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Premium Background Checks or its affiliates.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize Dealers Insurance Services and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Applicant's
Signature _____

Print
Name _____

Date _____

Other Names Used _____

Social Security Number _____ Date of
Birth _____

Driver's License # _____ State _____

Current Address _____

City/Town _____ State _____ Zip Code _____

Previous address _____

City/Town _____ State _____ Zip _____

I, (print name) _____ hereby certify that the facts set forth in the above employment application and documentation provided are true and complete to the best of my knowledge . I understand that if employed, falsified statements on this application and or during the application process shall be considered sufficient cause for termination of employment with the Town of Oologah/Oologah Police Department.

Applicants Signature

Date and Time

State of Oklahoma, County of _____ SS:
Before me, the undersigned Notary Public is and for said County and State, on this day
Personally appeared _____ known to me to be the person
whose name 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____

My Commission expires _____

Notary Public: _____