



STILLWATER POLICE DEPARTMENT
NORMAN MCNICKLE, CHIEF OF POLICE

DEPARTMENTAL MEMORANDUM

Police Officer Applicant:

When you receive your application, it includes the Stillwater Police Department Application Form, and the Stillwater Police Department Background Application.

Fill out the application portion and return it to the Human Resources Office by July 18th, 2008. The Background Application and any supplemental documentation are required to be obtained, fully completed, and returned by the testing dates of July 31st, and August 2nd, 2008.

If you have problems obtaining the supplemental documentation, you will need to provide a written explanation with the completed Background Application. A decision will then be made whether to allow you to continue the process.

Everyone who submits the Stillwater Police Department Application Form by the July 18th, 5:00 PM deadline will need to be at the police department, located at 701 S. Lewis, Stillwater, Oklahoma 74074, on either July 31st, or August 2nd, 2008 for the written test. The written test will be given at 8:30 AM on July 31st , and at 9:00 AM on August 2nd. You will need to arrive at the police department 15 minutes prior to the test starting time. You will need to remain in the lobby until some one comes for you. After the written test, you will receive your interview date & time.

If you have any questions, feel free to contact either the Human Resources Office at 405-742-8281 or myself, Sgt. Steve Hoffman at 405-742-8305 or www.shoffman@stillwater.org.

STILLWATER POLICE DEPARTMENT APPLICATION FORM

PLEASE PRINT LEGIBLY. USE BLUE OR BLACK INK			Date:
Last Name	First Name	Middle Name	Social Security Number:
Present Address	Number, Street, City, State, and Zip Code		Phone Number:
Business or School Address	Number, Street, City, State, and Zip Code		Phone Number:
Have you ever been known by any other name? (i.e. Maiden name, nickname, etc.) If so, what names(s) and for what period of time			Position Applying for: Police Officer () Detention Officer () Dispatcher () Records () Animal Control Officer () Parking Enforcement () Intern () Work Study () Other ()

Minimum Salary Acceptable \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity will be required at time of employment)	IF APPLYING FOR POLICE OFFICER. You must be at least 21 and not over 45 years of age in order to be hired as a police officer Do you meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for employment	Have you ever worked for the City of Stillwater? <input type="checkbox"/> Yes <input type="checkbox"/> No In what position(s)?		Dates of employment From: To:
Have you applied with this Police Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			Are you related to any City employee or any member of the City Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give name, department, and relationship
Have you applied with any other police Department in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Department(s) and when?			

EDUCATIONAL DATA

Name of School or College	Location City, State, and Zip Code	Dates				Major Subject	Scholastic Average	Did You Graduate?
		From	To	From	To			
High School		Mo. XXXX	Yr. XXXX	Mo. XXXX	Yr. XXXX			
College or University								
College or University								
Other Schools Attended								

Have you ever been expelled or suspended from any school or college? Yes No If yes, please explain

PROFESSIONAL / TECHNICAL

Type of registration, license, and or certificate	Issuing Authority	Number	State	Issue Date	Expiration Date

Having reviewed the essential job junctions, qualifications, specific requirements, physical/mental requirements and the working conditions of the job description, are you able to perform them with or without reasonable accommodation? Yes No

The City of Stillwater is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodations. If after reviewing your application, verifying your responses, and conducting necessary interviews and test, you are considered for the job and would need reasonable accommodations to perform the essential job junctions, the parties will explore these alternatives.

EMPLOYMENT DATA

List all employment's in reverse chronological order - **last position first** - include part time periods of unemployment, and periods of student status. *Do not include U.S. military service. If you need additional space, please attach additional pages. All attachments must be signed.*

CURRENT EMPLOYER					
Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.		
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address	City	State	Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current co-worker	Street Address	City	State	Zip	Work Phone No. Home Phone No.
Name of current co-worker	Street Address	City	State	Zip	Work Phone No. Home Phone No.
Have you received any awards or commendations from your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain in detail					
Have you received any disciplinary actions from your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please explain in detail					

STILLWATER POLICE DEPARTMENT APPLICATION FORM

Nature of Duties
Reason for Leaving (Please explain in detail for wanting to leave current employment)

EMPLOYMENT HISTORY (continued)

PAST EMPLOYERS (duplicate this page as needed)			
Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Name of past co-worker	Street Address City State Zip	Work Phone No.	Home Phone No.
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	

Employment Dates From: To	Company Name	Phone No.	Immediate Supervisor and direct phone no.
---	--------------	-----------	---

STILLWATER POLICE DEPARTMENT APPLICATION FORM

Salary / Pay Rate <input type="checkbox"/> Mo. <input type="checkbox"/> Wk <input type="checkbox"/> Hr \$	Street Address City State Zip	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Job Title
Nature of Duties		Reason for Leaving	
Have you ever been discharged, suspended, disciplined or put on an inactive status (other than for prior worker's compensation cases) by any of your previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the circumstances			
Are you now engaged in any business as an owner, partner (active or silent) or other connection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details (e.g. name of business, address, nature of business, names of partners, etc)			
AN EQUAL OPPORTUNITY EMPLOYER			
The City of Stillwater adheres to the equal employment opportunity guidelines set forth by State and Federal laws. All applicants are considered for employment without regard to race, color, religion, national origin, martial status, veteran status, political affiliation, disability, or other legally protected status.			
APPLICANT'S CERTIFICATION AND AGREEMENT			
I certify that all the information contained in this application is true, complete, and correct to best of my knowledge, and I understand that any material omission, misrepresentation, or falsification of this information is grounds for dismissal from or refusal of employment, I hereby authorize investigations of all statements contained in this application.			
I understand that the City of Stillwater is an employment-at-will employer, which means that either the City or I can terminate the employment relationship at any time, with or without notice and for any reason not prohibited by statute. All employment is conducted on that basis. I understand that no supervisor or manager of the city, other than the City Manager of City Commission has any authority to alter the foregoing. I further understand that this application for employment is not an employment contract..			
Date	Applicant Signature		



STILLWATER POLICE DEPARTMENT SUPPLEMENTAL APPLICANT FORM

Documentation To Return with Completed Application Packet:

- Copy of Birth Certificate
- Copy of High School Diploma/ G.E.D. or High School Transcript
- All Official College Transcripts, if applicable
- Military Discharge Documentation, if applicable
- Copy of certificates of applicable training
- Copy of Typing Test (**Must be taken at Employment Office**)

**** Original Documentation will not be returned ****

Failure to return a complete application may keep you from being considered form the employment process.

Any information disclosed in this questionnaire may be verified using a polygraph. Questionnaire MUST be handwritten.

Stillwater Police Department Background Application

BACKGROUND INFORMATION

Because a full background investigation will be conducted before any job is offered, the following information is necessary					
Date of Birth / /	Place of Birth	City	County	State	Zip Code
Do you hold a current and valid drivers license (with endorsements specific to the equipment you will be operating)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give expiration date, and Number					
State of drivers license	Class / Type of D.L.	List all special endorsements (i.e. motorcycle, bus, commercial vehicle, etc)			
Have you ever had a drivers/ license suspended, revoked, or seized by the state? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please explain					
Do you have liability insurance on the vehicle(s) you operate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain					
Have you ever had insurance policy canceled on any vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain					
In the last seven years:					
How many traffic tickets have you received (include ticket number)?			Number of arrests for reckless driving of any type		
Have you ever been involved in a serious accident where you were the driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of times arrested while driving under the influence?		
If you answered yes or anything other than none on the last four questions, please use the space provided to explain					
List all accidents in which you were the driver and you were charged or cited. (include date, location, who investigated, how many injuries and how serious, and the nature of the citation)					

ARREST INFORMATION

Arrest information will not necessarily disqualify you as an applicant. Each case will be examined individually. Please answer the following					
a) Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		e) Suspended Sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b) Have you ever been placed in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No		f) Deferred sentence which has not been sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c) Have you ever been detained? <input type="checkbox"/> Yes <input type="checkbox"/> No		g) Have you ever received a conviction <input type="checkbox"/> Yes <input type="checkbox"/> No			
d) Put on probation by any court or enforcement body? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes to any on the above questions, please use the space provided to include as complete details of the circumstances as possible					
Date	Nature of case	Age at time	Court of jurisdiction	Disposition	Location of Agency Involved

ADDITIONAL SPACE

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 the job? <input type="checkbox"/> Yes <input type="checkbox"/> No This space may also be used to include information that would not fit in preceding sections. Please indicate page number and section with any information included here.					

Stillwater Police Department Background Application

MILITARY SERVICE

Have you registered with the selective service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Periods of U.S. Military service From: / / To / /	Branch(es) of Service:	Total years of military service
Have you ever been in the service of a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain (e.g. country, dates, jobs performed, etc)			
Where were you stationed for your basic training?		What was your initial MOS? (Please describe in civilian terms)	
What was your rank when you left the service.	Types of discharge from military service (Honorable, General, Retired, Dishonorable, etc)		

MILITARY SERVICE HISTORY

List Base:	Unit:	Command Officer	MOS (In Civilian terms)
Describe your activities while stationed at the above location			
List Base:	Unit:	Command Officer	MOS (In Civilian terms)
Describe your activities while stationed at the above location			
List Base:	Unit:	Command Officer	MOS (In Civilian terms)
Describe your activities while stationed at the above location			
List all military commendations, awards, decorations, etc			
Have you ever been reviewed for misconduct (i.e. Captain's Mast, Court Marshal, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain			

OTHER SPECIAL SKILLS / TRAINING

List your special skills or training you may have that meet the qualification for this job.

CIVIC & PROFESSIONAL ACTIVITIES / EXPERIENCES / MEMBERSHIPS

List any activities, experiences, achievements, memberships in clubs or organizations, and qualifications which are relevant to this application of employment.

PERSONAL REFERENCES

Submit the following personal references, not to include any former employers.			
Name of Current spouse, fiancée, or significant other if applicable	Street	City	State Zip
			Home Phone:
			Work Phone:
Name of former spouse, if applicable	Street	City	State Zip
			Home Phone:
			Work Phone:
Name of former spouse, if applicable	Street	City	State Zip
			Home Phone:
			Work Phone:
List all children - adopted or biological	Street	City	State Zip
Name of parent, if living	Street	City	State Zip
			Home Phone:
			Work Phone:
Name of parent, if living	Street	City	State Zip
			Home Phone:
			Work Phone:
Past co-worker	Street	City	State Zip
			Home Phone:
			Work Phone:

CITY OF STILLWATER
POLICE DEPARTMENT
PERSONAL QUESTIONNAIRE

As an applicant for the City of Stillwater Police Department, 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. You must answer all questions honestly and to the best of your ability. **Failure to do so will cause you to no longer be considered for employment.**

1. Have you **ever** used any controlled substance such as a narcotic, speed, PCP, barbiturate, amphetamine, LSD, cocaine, crank, heroine, 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. Except as covered by medical procedure, have you **ever** 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 committed any crime or act that you could have been arrested for? Yes No. If yes, please explain in detail.

5. Are you able to do the essential functions of the job for which you are applying for with or without reasonable accommodation? Yes No.

6. Do you support the local, State and Federal Laws, and are you willing to do so without reservation.
 Yes No

7. Have you withheld any information that would be detrimental to you if we were to find out about it.
 Yes No

Date: _____

Signature: _____

City of Stillwater Police Department

CONFIDENTIAL INFORMATION AGREEMENT FORM

***** THIS FORM NEEDS TO BE NOTARIZED *****

A thorough investigation will be conducted to determine your qualification for the position for which you are applying. 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 was more suitable for employment. All information regarding the application process is confidential.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT

Signature: _____
(Full Name)

Date: _____

(Printed Name)

Notary Public

My commission expires the _____ day of _____ 20_____

City Of Stillwater Police Department

Authority to release Information

TO WHOM IT MAY CONCERN:

I hereby authorize any sworn Police Officer or other authorized representative of the Stillwater Police Department bearing this release, or a Photostat copy 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, achievement, attendance, athletics, personal (not medical) history and disciplinary record. 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 Stillwater Police Department. Consent is granted for the Stillwater Police Department to furnish such information as 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 education 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 questions as to the validity of this release, you may contact me as indicated below.

Signature: _____ Date: _____

(Full Name)

Address: _____

(Full Printed Name)

Phone: _____

Witness: _____

Date: _____

City of Stillwater Police Department

AUTHORIZATION TO RELEASE MEDICAL AND WORKER'S COMPENSATION INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any physician or other authorized medical representative, under contract with the City of Stillwater bearing this release, or a Photostat copy thereof, within one of its date, to obtain information from your files pertaining to any medical records, charts, or any medical history information to determine whether I can do the essential functions of the position of for which I am applying for the City of Stillwater. 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 Stillwater. Consent is granted for the purposes of performing such post offer medical or psychological exam as required by the Stillwater 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 record 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 questions as to the validity of this release, you may contact me as indicated below.

Signature: _____ Date: _____
(Full Name)

Address: _____

_____ (Full Printed Name)

Witness: _____ Phone: _____

Date: _____