



Skiatook Police Department

Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

INSTRUCTIONS

Read and follow all the instructions below. Failure to do so will delay or void your application.

1. Form must be completely filled out by applicant.
2. Answer each question completely and accurately. Each blank must have an answer in it. If the question does not apply to you, write N/A in the appropriate space.
3. Keep a copy of the questionnaire for your records.
4. At a future date you will be required to submit official certified college transcripts and other documents. You will be given a list of these documents by a background investigator.
5. If you require additional space to complete this document (e.g., additional residence or employer information) an expandable field is located at the end of the document. If you use this field simply explain what type of information is being entered.
6. After completing this document return it to the City of Skiatook Located at 110 N. Broadway Skiatook, Ok 74070 or mail to PO Box 399 Skiatook, Ok 74070

PLEASE NOTE THE FOLLOWING:

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is always better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You may be asked to submit additional information or documentation pertaining to your application.
- When filling out the Biography portion please submit a minimum of 500 words.
- All Yes/No boxes may be filled out by double clicking on them.

I. Personal Information

FULL LEGAL NAME (LAST, FIRST, MIDDLE)		Social Security Number
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List all other names or nicknames used (include any maiden names and legal name changes. List date and Reason for name change)

Drivers license #	State Ok	Exp. Date	Birthdate	Birthplace (city, state, country)
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Residence Addresses (street, city, state, zip code)

Home phone number	Mobile Phone	Fax number	E-mail address
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Work phone number	Alternate Phone	Alternate E-mail
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Are you a citizen of the united states? Yes <input type="checkbox"/> no <input type="checkbox"/>	If a U.S. citizen, were you: Native born <input type="checkbox"/> Naturalized <input type="checkbox"/>
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If naturalized, give date, location, and judge

Have you ever applied to the Skiatook police department before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when and disposition
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II. Employment History

IMPORTANT NOTICE: You must list every job you have ever held, regardless of whether you feel it is relevant to the position for which you are applying. Failure to do so will result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

Begin with your current employment and work backward. List all employment chronologically, including summer and part time jobs, temporary and volunteer work. Complete information is required.

Dates employed:

Employer Information:

From:

To:

Name & address of employer (street, city, state, zip)

Employer telephone:

Of hours worked/week & shift worked:

Supervisor's name:

Reason for leaving:

Fired

school

Laid off

quit

Forced

other

Salary wage:

Job title & duties: (List all responsibilities, be specific):

Dates employed:

Employer Information:

From:

To:

Name & address of employer (street, city, state, zip)

Employer telephone:

Of hours worked/week & shift worked:

Supervisor's name:

Reason for leaving:

Fired

school

Laid off

quit

Forced

other

Salary wage:

Job title & duties: (List all responsibilities, be specific):

Dates employed:

Employer Information:

From:

To:

Name & address of employer (street, city, state, zip)

Employer telephone:

Of hours worked/week & shift worked:

Supervisor's name:

Reason for leaving:

Fired

school

Laid off

quit

Forced

other

Salary wage:

Job title & duties: (List all responsibilities, be specific):

Dates employed:

Employer Information:

From:	To:	Name & address of employer (street, city, state, zip)		Employer telephone:
# Of hours worked/week & shift worked:		Supervisor's name:	Reason for leaving: Fired <input type="checkbox"/> school <input type="checkbox"/> Laid off <input type="checkbox"/> quit <input type="checkbox"/> Forced <input type="checkbox"/> other <input type="checkbox"/>	
Salary wage:		Job title & duties: (List all responsibilities, be specific):		
Dates employed:		Employer Information:		
From:	To:	Name & address of employer (street, city, state, zip)		Employer telephone:
# Of hours worked/week & shift worked:		Supervisor's name:	Reason for leaving: Fired <input type="checkbox"/> school <input type="checkbox"/> Laid off <input type="checkbox"/> quit <input type="checkbox"/> Forced <input type="checkbox"/> other <input type="checkbox"/>	
Salary wage:		Job title & duties: (List all responsibilities, be specific):		
Dates employed:		Employer Information:		
From:	To:	Name & address of employer (street, city, state, zip)		Employer telephone:
# Of hours worked/week & shift worked:		Supervisor's name:	Reason for leaving: Fired <input type="checkbox"/> school <input type="checkbox"/> Laid off <input type="checkbox"/> quit <input type="checkbox"/> Forced <input type="checkbox"/> other <input type="checkbox"/>	
Salary wage:		Job title & duties: (List all responsibilities, be specific):		
Dates employed:		Employer Information:		
From:	To:	Name & address of employer (street, city, state, zip)		Employer telephone:
# Of hours worked/week & shift worked:		Supervisor's name:	Reason for leaving: Fired <input type="checkbox"/> school <input type="checkbox"/> Laid off <input type="checkbox"/> quit <input type="checkbox"/> Forced <input type="checkbox"/> other <input type="checkbox"/>	
Salary wage:		Job title & duties: (List all responsibilities, be specific):		
Dates employed:		Employer Information:		
From:	To:	Name & address of Employer (street, city, state, zip)		Employer telephone:

# Of hours worked/week & shift worked:	Supervisor's name:	Reason for leaving: Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Forced <input type="checkbox"/>	school <input type="checkbox"/> quit <input type="checkbox"/> other <input type="checkbox"/>
Salary wage:	Job title & duties: (List all responsibilities, be specific):		

If you have held additional jobs list them here:

If you have you ever been dismissed or asked to resign, explain the circumstances (include date, place & specific details)

Have you ever received unemployment insurance? No yes
If yes, when & where?

Have you previously applied to the city of Skiatook? No yes
If yes, which department(s):

Do you have any relatives working for the city of Skiatook?
No yes
If yes: give name, relationship, and department they work for:

Have you ever worked for the city of Skiatook? No yes

If yes, list which department and when:

List supervisor's name and phone number:

Are you now, or have you ever been engaged in business as an owner, partner or corporate member?
No yes

May we communicate with your present employer? Yes no

If no, please explain:

Have you ever applied to any municipal, state or federal agency?
No yes

If yes, list agency and date:

Have you ever applied to any law enforcement agency or public safety agency (e.g., Police Department, Sheriff's Department, Fire Department, EMT) that did not hire you for any reason, including not having sufficient openings?

NO YES

If yes list past and present application, including those with the Skiatook Police Department Below:

Agency	Address	Date of application	Disposition	Background Investigator

Have you ever been involved in the Skiatook police reserve?

No Yes

If yes, list dates:

Have you ever been denied a position with the Skiatook police reserve? No Yes

If yes, list dates and reason:

Have you ever been involved in any other police reserve or auxiliary unit?

No Yes

If yes, indicate below:

AGENCY	ADDRESS	DATE OF SERVICE	POSITION HELD	REASON FOR LEAVING

Have you ever attended a law enforcement academy or been certified or licensed as a law

Enforcement officer? NO YES

If yes, list when and where:

Have you ever been subjected to a polygraph test? No yes

If yes, list details (when, where and why):

III. Education History

Are you currently enrolled in any school, college or university? NO YES

If yes, give projected graduation date:

List all schools ever attended in order. Begin with the most recently attended/currently enrolled school. Include business colleges, technical/vocational, correspondence, and military schools.

Colleges and Universities

School information

School name:	Address (street, city, state, zip)			From:	To:
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Year graduated:	Type of degree obtained:	Hours earned:	GPA:	Comments:	
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School Information

School name:	Address (street, city, state, zip)			From:	To:
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Year graduated:	Type of degree obtained:	Hours earned:	GPA:	Comments:	
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School Information

School name:	Address (street, city, state, zip)			From:	To:
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Year graduated:	Type of degree obtained:	Hours earned:	GPA:	Comments:	
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School Information

School name:	Address (street, city, state, zip)			From:	To:
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Year graduated:	Type of degree obtained:	Hours earned:	GPA:	Comments:	
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School Information

School name:	Address (street, city, state, zip)			From:	To:
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Year graduated:	Type of degree obtained:	Hours earned:	GPA:	Comments:	
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Vocational / technical / military or other post-secondary schools

School Information

School name:	Address (street, city, state, zip)			From:	To:
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Year graduated:	Type of degree obtained:	Hours earned:	GPA:	Comments:	
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School Information				
School name:		Address (street, city, state, zip)		From:
Year graduated:		Type of degree obtained:	Hours earned:	GPA:
School Information				
School name:		Address (street, city, state, zip)		From:
Year graduated:		Type of degree obtained:	Hours earned:	GPA:
School Information				
School name:		Address (street, city, state, zip)		From:
Year graduated:		Type of degree obtained:	Hours earned:	GPA:
School Information				
School name:		Address (street, city, state, zip)		From:
Year graduated:		Type of degree obtained:	Hours earned:	GPA:
High school				
School Information				
School name:		Address (street, city, state, zip)		From:
Year graduated:				
School Information				
School name:		Address (street, city, state, zip)		From:
Year graduated:				
School Information				

School name:	Address (street, city, state, zip)	From:	To:
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Year graduated:

School Information

School name:	Address (street, city, state, zip)	From:	To:
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Year graduated:

Was any disciplinary action taken against you while you were in college or high school, including probation, suspensions, dismissals or loss of scholarships for disciplinary reasons?

No yes

If yes, list the dates and details below:

Give explanation for academic problems, including academic probations, academic suspensions, withdrawals (passing or failing), and any grade below a 2.00 GPA:

List all honors, citations, special recognition, offices held, and groups or teams you belonged to while attending high school and college:

List any foreign language ability you have and to what extent (including sign language):

Use a scale of 1 to 5. Example: 1=some, 3=moderate, 5=fluent

Language and dialect (if applicable):

	Speak	Read	Write
1			
2			
3			

IV. Military History

Have you ever been denied entry into the military? No yes

If yes, explain:

Have you ever served in a military organization of any foreign government? No yes

If Yes, explain:

Have you ever joined the military service? No yes

If yes, list military branch and units served

Branch	Service number	Type of unit	M.O.S.	Job title and Description
1.				
2.				
Date of enlistment		Dates of active duty		Highest rank on active duty

Type of Discharge or Separation:

Honorable General-Under Honorable
 Dishonorable General-Under other than Honorable
 Bad Conduct

Give a brief explanation of reasons for discharge:

Indicate status at time of discharge below:

Date of discharge	Rank at time of discharge	Date of rank	Total amount of military service		
			YEARS	MONTHS	DAYS

List all citation or commendations:

List all military training and education:

Have you ever been under investigation by a military authority?

No Yes

If Yes: List all disciplinary problems while in the military (Article 15's, UCMJ convictions, demotions- including any judicial or non-judicial action etc.) Include disposition of investigation and explain in full detail:

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Phone	# of years known
1			
2			
3			

Have you ever been a member of a reserve unit?

NO YES

If yes indicate your status below?

Currently Active Reserve?

NO YES

Member in I.R.R.? NO YES

How often do you attend drills?

WEEKLY

MONTLY

SUMMER ONLY

Give details of you current reserve unit below:

Unit name and address	Commanding officer name & phone	Your current rank

V. Criminal and Driving History

List all official contact you have had with any law enforcement agency or court system, this includes traffic tickets. This includes municipal, county, state and federal agencies or court systems, including military courts, military police and military investigative units. List all incidents where you have been questioned, warned, issued a summons, traffic tickets, criminal citations, detained, arrested or convicted. This includes all infractions, ordinance violations, misdemeanors and felonies.

NOTE: The existence of an arrest record and/or convictions is **NOT** an automatic disqualifying factor. Giving a false answer to this question **IS** a disqualifying factor.

Have you ever been in or affiliated with any street gang? No yes

If yes, explain in full detail:

Have you ever been reported to a law enforcement agency as a missing person or a runaway?

No yes

If yes, explain in full detail:

Have you ever stolen or taken anything from anyone without permission, or committed any other crime in which you were not caught? No Yes

If yes, explain in full detail, including dates, places and amount taken or crime committed:

Have you ever applied for a permit to carry a concealed weapon? No yes

If yes, was the request granted?

No yes If no please explain:

Has an ex parte or other type of restraining order or protective order ever been placed against you?

No yes

If yes, explain:

List below any friends, associates or relatives, past and present who have been arrested or convicted of a felony or participated in a criminal act. Give a brief explanation of your relationship to the person and the criminal activity in which they are or were involved:

Name (Last, First, Middle)	Relationship	Explain criminal activities and/or convictions

Do you currently have any unpaid fines, court costs, or court ordered restitution?

No Yes

If yes, give all details, including the law enforcement agency, location and court dates:

Have you ever been fingerprinted? No yes

If yes, by whom and why?

Have you ever been the victim of a crime? No yes

If yes, did you report it to a law enforcement agency?

No yes

If yes, explain:

Give information on any driver's license or permit that you have been issued currently or in the past (including military and any special endorsements):

Approx. Date issued	state	license number	Type (operator, commercial, military, etc.)	Expiration date

Have you ever been involved as a **driver** in a motor vehicle collision?

No yes if yes, list each collision below starting with the most recent:

1

Collision information

Date occurred:	Location (city, state):	Investigating agency:	Injury involved? No <input type="checkbox"/> yes <input type="checkbox"/>
Amount of damage?	Who was at fault?		How did collision occur?

2

Collision information

Date occurred:	Location (city, state):	Investigating agency:	Injury involved? No <input type="checkbox"/> yes <input type="checkbox"/>
Amount of damage?	Who was at fault?		How did collision occur?

3

Collision information

Date occurred:	Location (city, state):	Investigating agency:	Injury involved? No <input type="checkbox"/> yes <input type="checkbox"/>
Amount of damage?	Who was at fault?		How did collision occur?

4

Collision information

Date occurred:	Location (city, state):	Investigating agency:	Injury involved? No <input type="checkbox"/> yes <input type="checkbox"/>
Amount of damage?	Who was at fault?		How did collision occur?

Has your license ever been suspended or revoked? No yes

If yes, please give details (include when, where):

Have you ever been denied auto insurance or had insurance cancelled? No yes
If yes, explain below:

Please list all of your current vehicles below

Year:	Make:	Model:	Tag number:	State:	Registered to:
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VI. Drug and Alcohol use

Do you currently use any drug that you have obtained without a prescription or have obtained by some trick or deception? No yes

If yes, list what kind and to what extent:

Do you have any close friends that you know use illegal drugs or similar substances?

No yes

If yes, tell us how many of your friend(s) and what type of drugs your friend(s) use or used:

Do you now, or have you ever used, possessed, supplied or sold any narcotic or controlled substance such as, but not limited to; marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroid pharmaceuticals or drugs of similar nature? (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.)

No yes If yes, list below.

Substance:	Ever used?	First date Used	Last date used	Number of times used	Largest amount you possessed
Marijuana	No <input type="checkbox"/> yes <input type="checkbox"/>				
Hashish	No <input type="checkbox"/> yes <input type="checkbox"/>				
Cocaine	No <input type="checkbox"/> yes <input type="checkbox"/>				
PCP	No <input type="checkbox"/> yes <input type="checkbox"/>				
Heroin	No <input type="checkbox"/> yes <input type="checkbox"/>				
LSD	No <input type="checkbox"/> yes <input type="checkbox"/>				
Methamphetamine	No <input type="checkbox"/> yes <input type="checkbox"/>				

Other (list)					
Other (list)					
Other (list)					

Give a detailed summary concerning the circumstances of any of the drug history indicated above

Do you currently consume alcoholic beverages? No Yes

If yes, please explain by including frequency, quantity and type of beverage (e.g., liquor, wine, beer):

Have you ever driven under the influence of drugs or alcohol? No yes

If yes, explain the circumstances and number of times

VII. Organizations and other activities

List all groups, clubs, and organizations to which you currently belong or have belonged in the past. Excluding high school and college (include offices held, name of organization, address and phone number, activities you were involved in while belonging to this group, name of a contact person, address and phone number):

Do you belong to any group that holds beliefs, or do you hold beliefs that would prevent you from vowing allegiance to the flag of the united states and/or the constitution of the united states?

No yes If yes, give complete details

List any hobbies, skills and special interests or abilities you have, including any honors you have received while involved in these activities:

List any specialized training, skills or areas of expertise that you have which are directly or indirectly related to law enforcement work:

List any other information about yourself that is not asked by the above questions which you feel would be beneficial for us to know :

VIII. Credit and Financial History

List and explain all financial problems, past or present. Include overdue accounts, late payments, bankruptcies, failure to pay student loans, etc. (a complete credit history will be obtained by the Skiatook police department):

List and explain all liens or other encumbrances that have been placed against your property, files, school transcripts, etc., for failure to pay debts:

Have you ever had purchased goods repossessed or had any of your bills turned over to a collection agency? No yes

If yes, please explain:

Have your or your spouse's wages ever been garnished? No yes

If yes, please explain:

Have you ever been, or are you now delinquent on taxes to any city, county, state or federal government? No yes

If yes, please explain:

Have you or your spouse ever written any bad or insufficient fund checks? No yes

If yes, please list and explain (include estimated number of bad checks and date of last bad check

written):

Was property repossessed as a result? No yes

If yes, please explain:

To whom were the bad checks written?

Have any of your checks ever been turned over to the district attorney for prosecution?

No yes

If yes, please explain what the outcome was:

Have you ever had a judgment rendered against you? No Yes

If yes, provide amount and details:

IX. Family Information ~ Marital

Current marital status: Married Widowed Divorced Engaged Separated
Unmarried Annulled Other

(If other, Please Explain)

Give information below on current marital status:

(A copy of the marriage license must be supplied at a later date)

Date of present marriage Place of marriage (country, state, county and city)

Date: _____ Location: _____

Spouse's full name before marriage: _____ Date of birth: _____ Best phone number by which to be reached: _____

Spouse's former address: Spouse's place (or former place) of employment:

Spouse's current job title: _____ Spouse's work _____ Spouse's work hours: _____

phone: _____

List all your children and/or other dependents (include foster, step, adopted):

Full name of child Date of birth Legal Father and Mother Present address

The following questions pertain to you if you have children not living with you

Do you pay child support?

No Yes if yes, how much?

Is the child support court ordered? No Yes

Are your child support payments current? No Yes

If no, why not?:

Have you ever been delinquent with child support? No Yes

If so, when and why?

Have you ever been taken back to court? No Yes

If yes, explain:

If you are not paying child support, what is the financial arrangement for care of the child?

Who has present legal custody of the children?

What are your visitation rights?

Is your visitation supervised or unsupervised?

List all former marriages (give all information even if deceased).

Full name before marriage	Current last name	Present address	Date of marriage
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Place of marriage	Present phone number	Date of divorce
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Place of divorce	Court	Court file number
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Reason for divorce

Full name before marriage	Current last name	Present address	Date of marriage
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Place of marriage	Present phone number	Date of divorce
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Place of divorce	Court	Court file number
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Reason for divorce

Do you pay alimony? No Yes

Have you ever been taken back to court for more alimony? No Yes

If yes, explain briefly:

Have you been involved in a domestic violence incident? No Yes

If yes, please explain:

X. Family Information ~ Parents and Siblings

List all parental information (include adoptive parents if applicable)

Father's full name	Birthdate	Place of birth	
Address (street, city, state, zip)	Home phone	Place of employment and work phone	
Step-father's full name	Birthdate	Place of birth	
Address (street, city, state, zip)	Home phone	Place of employment and work phone	
Mother's current name	Maiden name	Birthdate	Place of birth
Address (street, city state, zip)			
Home phone	Place of employment and work phone		
Step-mother's current name	Maiden name	Birthdate	Place of birth
Address (street, city state, zip)			
Home phone	Place of employment and work phone		
List all siblings, including step, half, and adoptive			
1. Full name	Birthdate	Relationship (full/half/step/adoptive)	
Address (street, city, state, zip)	Home phone	Place of employment and work phone	
Spouse's full name	Place of employment and work phone		
2. Full name	Birthdate	Relationship (full/half/step/adoptive)	

Address (street, city, state, zip)	Home phone	Place of employment and work phone
Spouse's full name	Place of employment and work phone	
3. Full name	Birthdate	Relationship (full/half/step/adoptive)
Address (street, city, state, zip)	Home phone	Place of employment and work phone
Spouse's full name	Place of employment and work phone	
4. Full name	Birthdate	Relationship (full/half/step/adoptive)
Address (street, city, state, zip)	Home phone	Place of employment and work phone
Spouse's full name	Place of employment and work phone	
5. Full name	Birthdate	Relationship (full/half/step/adoptive)
Address (street, city, state, zip)	Home phone	Place of employment and work phone
Spouse's full name	Place of employment and work phone	
6. Full name	Birthdate	Relationship (full/half/step/adoptive)
Address (street, city, state, zip)	Home phone	Place of employment and work phone
Spouse's full name	Place of employment and work phone	

XI. Family information ~ Spouse's Family

List spouse's parents, step-parents, siblings, and step-siblings below.

1. Full name:	Birthdate:	Relationship to spouse:
Best phone number to contact this person:		Place of employment:
2. Full name:	Birthdate:	Relationship to spouse:
Best phone number to contact this person:		Place of employment:
3. Full name:	Birthdate:	Relationship to spouse:

Best phone number to contact this person:		Place of employment:
4. Full name:	Birthdate:	Relationship to spouse:
Best phone number to contact this person:		Place of employment and work phone:
5. Full name:	Birthdate:	Relationship to spouse:
Best phone number to contact this person:		Place of employment and work phone:
6. Full name:	Birthdate:	Relationship to spouse:
Best phone number to contact this person:		Place of employment and work phone:
7. Full name:	Birthdate:	Relationship to spouse:
Best phone number to contact this person:		Place of employment and work phone:

XII. References

List three (3) references, not relatives, who have known you for at least three (3) years. Do not list any past or present employers. Indicate if the person is a Mr. or Ms.
 Note: complete information is required.

1. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Work address (street, city, state, zip):
2. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Work address (street, city, state, zip):
3. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Work address (street, city, state, zip):

List three (3) references, not listed in the section above, who are social acquaintances and have known you for at least three (3) years. (Preferably your age group). Indicate if the person as a Mr. or Ms.

1. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Name of Employer:
2. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Name of Employer:
3. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Name of Employer:
List three (3) additional references, <u>not listed in the section above</u> , who are not relatives. There is no time requirement for these references. Indicate if the person as a Mr. or Ms.			
1. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Name of Employer:
2. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Name of Employer:
3. Full name: E-mail Address	# of years known:	Date of birth:	Home/cell/work phones:
Home address (street, city, state, zip):		Occupation:	Name of Employer:

XIII. Residences

With whom do you presently reside? (list below):

Full name:	Birthdate:	Relationship:
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Full name:	Birthdate:	Relationship:
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Full name:	Birthdate:	Relationship:
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List all residences where you have lived (including while in school or military). Begin with present residence first. If needed, a supplemental page is included at the end of this packet.

From:	To:	Street address: (include apt. Or box no.) City, state, zip:
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Landlord's name:	Landlord's address:	Landlord's phone:
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From:	To:	Street address: (include apt. Or box no.) City, state, zip:
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Landlord's name:	Landlord's address:	Landlord's phone:
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From:	To :	Street address: (include apt. Or box no.) City, state, zip:
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Landlord's name:	Landlord's address:	Landlord's phone:
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From:	To :	Street address: (include apt. Or box no.) City, state, zip:
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Landlord's name:	Landlord's address:	Landlord's phone:
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From:	To :	Street address: (include apt. Or box no.) City, state, zip:
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Landlord's name:	Landlord's address:	Landlord's phone:
------------------	---------------------	-------------------

From:	To:	Street address: (include apt. Or box no.) City, state, zip:
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From:	To:	Street address: (include apt. Or box no.) City, state, zip:	
Landlord's name:		Landlord's address:	Landlord's phone:
Have you ever been evicted or asked to leave a rental house, apartment or other dwelling? yes <input type="checkbox"/> no <input type="checkbox"/> if yes, explain:			
Give a brief explanation of any serious disputes you have had with friends, associates, relatives with which you've lived, or neighbors. Include the nature of the problem, the people involved, the resolution and your role.			

XV. Biography

In the space below, in your own words, complete a short biography of your life. In this biography describe the reasons you chose to apply with the Skiatook Police Department.

XVI. Biography

I have completed this questionnaire to the best of my ability. I hereby state that there are no willful misrepresentations, omissions, or falsifications in the questionnaire and that all answers are true and correct to the best of my knowledge and belief. By agreeing with this statement, I understand that if at any time during the background investigation, questions should arise concerning the validity of this questionnaire; I could be removed from the application process.

Agree Disagree

If you require additional space to answer questions use the following field:
List the question prior to providing the answer.

Authorization for Release of Credit Information

I. Applicant's Full Name

Name _____

II. Applicant's Full

Address _____

City _____ State _____ Zip Code _____

Applicant's Social Security Number _____

Applicant's Date of Birth _____

If checked, a consumer report may be obtained by the Skiatook Police Department for employment purposes in connection with your application for employment.

You have the right to request a written summary of your rights under the federal Fair Credit Reporting Act from the credit bureau.

By signing below, the applicant named above hereby authorizes the procurement by the Skiatook Police Department of a consumer report in connection with the applicant's application for employment.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, _____.
Year

Signature of Notary _____

WAIVER AND RELEASE

I, _____, having filed an application to participate in examinations to be held for the position of police service personnel for the Skiatook Police Department, understand it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests. I hereby release the City of Skiatook from any and all claims whatsoever which might occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for myself, my heirs, executors, and administrators and do hereby release the City of Skiatook, Oklahoma as well as all its employees or agents from any or all liability for damages incurred as a result of these tests.

(Applicant writes in his/her own hand: "I certify that I have read the foregoing Waiver and Release and understand its provisions.")

Date _____ Signature of Applicant _____

SS# _____

Applicant must read, write the "statement" legibly, and sign, in order to participate in the PHYSICAL AGILITY TEST.

This Waiver and Release must be completed and signed, then submitted to HR along with all other required documentations.

110 N. Broadway
PO Box 399
Skiatook, Oklahoma 74070

**Authority for Release of Information
(Please Print Legibly)**

Last Name	First Name	Middle Name	Sex
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Alias Names	Date of Birth (Month, Day & Year)
Social Security Number	Drivers' License Number and Issuing State

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 City of Skiatook, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; *employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me*, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is *to provide full and free access* to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Skiatook to consider determining my suitability for employment by the City of Skiatook. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Skiatook. I understand that all materials pertaining to this background investigation become the property of the City of Skiatook and will not be returned to me.

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 understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ day of

_____ . 20 _____.

My commission Expires _____ . 20 _____.

Notary _____

Commission # _____

Applicant Signature		
_____ _____		
Street Address		
_____ _____		
City	State	Zip
_____ _____		