



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.

- Questionnaire responses must be **TYPED**, no hand written questionnaires will be accepted. Questionnaire must be completed by applicant.
- Answer each question completely and accurately.
- **Each blank must have an answer in it.** If the question does not apply, write "N/A" in the appropriate space **AND** all related spaces to the question.
- Keep a copy of the questionnaire for your records.
- If you require additional space to complete this questionnaire (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.
- After completing the questionnaire please email to kim@cityofskiatook.com or return/mail the document to the below address below:

City of Skiatook
Attn: Human Resources
110 N. Broadway St/ PO Box 399
Skiatook, OK 74070

PLEASE NOTE THE FOLLOWING

- ✓ Incomplete or inaccurate answers may be grounds for rejection or removal.
- ✓ If you cannot remember specific dates, get as close as you can and note it as unsure and the reason as to why.
- ✓ 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 are required to submit additional information or documentation pertaining to your application such as certified copies of college and high school transcripts, birth certificate, diplomas, military records, marriage license etc. (see pg. 2 for complete list).

IMPORTANT!

Any discrepancies between this background/application packet and the polygraph examination will result in automatic withdrawal from the hiring process.

Documentation Required to be Submitted with Background Investigation Questionnaire:

- ✓ Copy of your driver's license
- ✓ Copy of your birth certificate
- ✓ **Official** High School or GED transcript/diploma

Documentation Required (IF APPLICABLE):

- ✓ Official college transcript(s)*
- ✓ Copy of CLEET Transcript
- ✓ Copy of college diploma
- ✓ Copy of college transcript
- ✓ Copy of military records (DD-214, etc.)
- ✓ Copy of marriage license(s)
- ✓ Copy of divorce decree(s)s
- ✓ Copy of child support/court order documentation
- ✓ Copy of child custody papers
- ✓ Copy of SDA handgun license
- ✓ Copy of Social Security Card

Documentations can be mailed or emailed with the packet, depending on how you return your packet.

***If submitting college transcripts, we have to have official college transcripts. These can be mailed to you directly from the college and you submit it to the City with all other documents or the college can mail them directly to the City's address listed on the cover page of this questionnaire. Transcripts must be delivered in a sealed envelope, or submitted electronically directly to the City from the school.**

Absolutely NO scanned copies of school transcripts will be accepted.

I. PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		
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	EXP. DATE			
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)					
HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		
WORK PHONE NUMBER	ALTERNATE PHONE NUMBER FOR MESSAGES		PAGER NUMBER		
ARE YOU PRESENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
HAVE YOU EVER APPLIED TO THE SKIATOOK POLICE DEPARTMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF SO, WHEN AND DISPOSITION		

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:		PHONE AND EXT. NUMBER:	
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:			

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
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:			

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
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: :			

DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND EXT. NUMBER:	
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 LAID OFF FORCED	SCHOOL QUIT OTHER
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED LAID OFF FORCED	SCHOOL QUIT OTHER
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED LAID OFF FORCED	SCHOOL QUIT OTHER
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED LAID OFF FORCED	SCHOOL QUIT OTHER
SALARY WAGE:	JOB TITLE & DUTIES:		
DATES EMPLOYED:		EMPLOYER INFORMATION:	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	PHONE AND EXT. NUMBER: EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED LAID OFF FORCED	SCHOOL QUIT OTHER
SALARY WAGE:	JOB TITLE & DUTIES:		
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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN & WHERE?			
HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF SKIATOOK? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHICH DEPARTMENT(S):			
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF SKIATOOK? NO <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/>			
MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN:			
HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/>				
IF YES, LIST PAST AND PRESENT APPLICATIONS, 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST DATES:				
HAVE YOU EVER BEEN DENIED A POSITION WITH THE SKIATOOK POLICE RESERVE? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST DATES AND REASON:				
HAVE YOU EVER BEEN INVOLVED IN ANY OTHER POLICE RESERVE OR AUXILIARY UNIT? NO <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST WHEN AND WHERE:				
HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST DETAILS (WHEN, WHERE AND WHY):				
III. EDUCATION HISTORY				
ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO <input type="checkbox"/> YES <input type="checkbox"/> 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:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
VOCATIONAL / TECHNICAL / MILITARY OR OTHER POST-SECONDARY SCHOOLS				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
HIGH SCHOOL				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:				
SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:				
HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:				
HAVE YOU EVER JOINED THE MILITARY SERVICE? NO <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL-UNDER HONORABLE <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> GENERAL-UNDER OTHER THAN HONORABLE <input type="checkbox"/> 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 CITATIONS OR COMMENDATIONS:				
LIST ALL MILITARY TRAINING AND EDUCATION:				
HAVE YOU EVER BEEN UNDER INVESTIGATION BY A MILITARY AUTHORITY? NO <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, INDICATE YOUR STATUS BELOW				
CURRENTLY ACTIVE RESERVE? NO <input type="checkbox"/> YES <input type="checkbox"/>		MEMBER IN I.R.R.? NO <input type="checkbox"/> YES <input type="checkbox"/>		
HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SUMMER ONLY <input type="checkbox"/>				
GIVE DETAILS OF YOUR 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 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, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES. THIS INCLUDES ALL TRAFFIC STOPS WHETHER OR NOT YOU WERE ISSUED A CITATION, WRITTEN WARNING, OR GIVEN A VERBAL WARNING.

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.

DATE	AGENCY OR COURT	DESCRIPTION	SENTENCE	DISPOSITION

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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):					
HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BELOW:					
PLEASE LIST ALL OF YOUR CURRENT VEHICLES BELOW					
YEAR:	MAKE:	MODEL:	TAG NUMBER:	STATE:	REGISTERED TO:
VI. DRUG AND ALCOHOL USE					
DO YOU NOW OR HAVE YOU EVER USE ANY DRUG THAT YOU HAVE OBTAINED WITHOUT A PRESCRIPTION OR HAVE OBTAINED BY SOME TRICK OR DECEPTION? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST BELOW AND GIVE DETAILS:					
DO YOU HAVE ANY CLOSE FRIENDS THAT YOU KNOW USE ILLEGAL DRUGS OR SIMILAR SUBSTANCES? NO <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST BELOW.					
SUBSTANCE:	EVER USED?	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMT. 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"/>				
METHAMPHETAMINES	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 <input type="checkbox"/> YES <input type="checkbox"/>					
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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN:
HAVE YOUR OR YOUR SPOUSE'S WAGES EVER BEEN GARNISHED? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN, OR ARE YOU NOW DELINQUENT ON TAXES TO ANY CITY, COUNTY, STATE OR FEDERAL GOVERNMENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN:
HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT FUND CHECKS? NO <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:
HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PROVIDE AMOUNT AND DETAILS:
THE FOLLOWING QUESTIONS PERTAIN TO YOU IF YOU HAVE CHILDREN NOT LIVING WITH YOU
DO YOU PAY CHILD SUPPORT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, HOW MUCH?
IS THE CHILD SUPPORT COURT ORDERED? NO <input type="checkbox"/> YES <input type="checkbox"/>
ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF NO, WHY NOT?:
HAVE YOU EVER BEEN DELINQUENT WITH CHILD SUPPORT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF SO, WHEN AND WHY?
HAVE YOU EVER BEEN TAKEN BACK TO COURT? NO <input type="checkbox"/> YES <input type="checkbox"/> 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?
IX. REFERENCES
LIST THREE (3) REFERENCES, <u>NOT</u> RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. <u>DO NOT</u> LIST ANY PAST OR PRESENT EMPLOYERS. INDICATE IF THE PERSON IS A MR. OR MS. NOTE: COMPLETE INFORMATION IS REQUIRED.

1. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
EMAIL:			
2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
EMAIL:			
3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
EMAIL:			
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:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:
EMAIL:			
2. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:
EMAIL:			
3. FULL NAME:	# OF YEARS KNOWN:	DATE OF BIRTH:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	NAME OF EMPLOYER:
EMAIL:			
X. RESIDENCES			
WITH WHOM DO YOU PRESENTLY RESIDE? (LIST BELOW): NOT INCLUDING FAMILY MEMBERS LISTED IN SECTION XII			
FULL NAME:	BIRTHDATE:	RELATIONSHIP:	
FULL NAME:	BIRTHDATE:	RELATIONSHIP:	
FULL NAME:	BIRTHDATE:	RELATIONSHIP:	
LIST <u>ALL</u> RESIDENCES WHERE YOU HAVE LIVED (INCLUDING WHILE IN SCHOOL OR MILITARY). BEGIN WITH <u>PRESENT</u> 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:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	

LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
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.			

XI. AUTOBIOGRAPHY
<p>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.</p>



Skiatook Police Department

Background Investigation Questionnaire

FOR DISTRIBUTION TO BACKGROUND INVESTIGATING OFFICER ONLY



APPLICANT NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

BIRTHPLACE (CITY, STATE, COUNTRY)

THE FOLLOWING INFORMATION WILL BE USED FOR BACKGROUND INVESTIGATION ONLY

XII. 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 PHONE:

SPOUSE'S WORK HOURS:

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

XIII. FAMILY INFORMATION ~ FORMER MARRIAGES, PARENTS AND SIBLINGS

LIST ALL FORMER MARRIAGES (GIVE ALL INFORMATION EVEN IF DECEASED).

FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE			

FULL NAME BEFORE MARRIAGE		CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE		PRESENT PHONE NUMBER		DATE OF DIVORCE
PLACE OF DIVORCE		COURT	COURT FILE NUMBER	
REASON FOR DIVORCE				
DO YOU PAY ALIMONY? NO <input type="checkbox"/> YES <input type="checkbox"/>				
HAVE YOU EVER BEEN TAKEN BACK TO COURT FOR MORE ALIMONY? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN BRIEFLY:				
HAVE YOU BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN:				
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	

XIV. 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:

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:

Authorization for Release of Credit Information

I. Applicant's Full Name:

**II. Applicant's
Address:**

City _____ State _____ Zip Code: _____

Applicant's Social Security Number _____

Applicants 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.

Authority for Release of Information (Please Print Legibly)

Last Name	First Name	Middle Name	Sex
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, where so ever 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