

# NOBLE POLICE DEPARTMENT

## Application for Employment

### RESERVE POLICE OFFICER

Noble Police Department  
115 N 2<sup>nd</sup>  
PO Box 557  
Noble, OK 73068  
(Phone) 405-872-9231 (Fax) 405-872-7335

**INSTRUCTIONS: PRINT THE ANSWERS TO EACH QUESTION CLEARLY AND COMPLETELY. USE ONLY BLACK INK. APPLICATIONS WHICH ARE NOT COMPLETE WILL NOT BE PROCESSED.**

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#### Personal Information

*\*You must be 21 years of age at time of hire to be eligible for this position*

FULL NAME:		
STREET ADDRESS/CITY/STATE:		
MAILING ADDRESS (IF DIFFERENT):		
HOME PHONE:	CELL PHONE:	EMAIL:
DATE OF BIRTH	AGE	SEX
SOCIAL SECURITY #:	DRIVERS LICENSE #:	DL STATE:
ANY OTHER IDENTIFYING NUMBERS:		

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF NOBLE?  yes  no

IF YES, WHEN, AND IN WHAT CAPACITY: \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED WITH THE NOBLE POLICE DEPARTMENT?  yes  no

IF YES, WHEN? \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN?  yes  no

IF NO, DO YOU HAVE THE RIGHT TO WORK IN THE U.S.? EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?  yes  no

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The City of Noble is an Equal Opportunity Employer**

The City of Noble does not discriminate on the basis of race, color, religion, sex, national origin, marital or veteran status, political affiliation, disability, or any other legally protected status.

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME?  yes  no

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN LISTED AS A PARTY TO A VICTIMS PROTECTION ORDER?  yes  no

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU, OR HAVE YOU EVER BEEN CERTIFIED AS A FULL TIME OR RESERVE PEACE OFFICER?  yes  no

IF YES, WHERE AND WHEN: \_\_\_\_\_

WHAT EXPERIENCE AND/OR TRAINING DO YOU HAVE RELATED TO THIS CAREER?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHERE DID YOU HEAR ABOUT THIS JOB OPENING?

\_\_\_\_\_

LIST YOUR CURRENT OR MOST RECENT EMPLOYER INFORMATION IN THE SPACE BELOW

EMPLOYER:	ADDRESS/CITY/STATE:
PHONE:	POSITION HELD:
DATES OF EMPLOYMENT:	SUPERVISOR:
DUTIES AND RESPONSIBILITIES:	
REASON FOR LEAVING:	

**AT THIS POINT, PLEASE STOP AND READ THE ATTACHED JOB DESCRIPTION FOR POLICE OFFICER.**

AFTER REVIEWING THE JOB DUTIES, JOB QUALIFICATIONS, THE WORKING CONDITIONS, AND THE PHYSICAL REQUIRMENTS SECTIONS OF THE JOB DESCRIPTION, ARE YOU ABLE TO PERFORM THEM WITH OR WITHOUT REASONABLE ACCOMMODATION?  yes  no

\_\_\_\_\_  
INITIAL

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# NOBLE POLICE DEPARTMENT

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### STATEMENT OF TRUTH AND PERMISSION TO INVESTIGATE

I, \_\_\_\_\_, CERTIFY THAT THE FACTS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN SIGNING THIS STATEMENT, I DO SO WITH THE UNDERSTANDING THAT THE TRUTHFULNESS OF ALL STATEMENTS HEREIN WILL BE INVESTIGATED AND IF FOUND INCORRECT, INCOMPLETE, OR MISLEADING, IT MAY RENDER ME INELIGIBLE FOR EMPLOYMENT WITH THE CITY OF NOBLE.

I HEREBY AUTHORIZE EDUCATIONAL AND OTHER INSTITUTIONS, MY REFERENCES, MY EMPLOYERS, BUSINESS AND PROFESSIONAL ASSOCIATES, DOCTORS WHO HAVE TREATED ME AND HOSPITALS WHERE I HAVE BEEN CONFINED, ALL GOVERNMENT AGENCIES AND INSTRUMENTALITIES AND ALL CONSUMER REPORTING AGENCIES TO RELEASE TO THE CITY OF NOBLE OR ANY OF ITS OFFICERS, ANY INFORMATION, FILES, RECORDS, OR CREDIT REPORTS REQUESTED BY THE CITY OF NOBLE IN CONNECTION WITH THE PROCESSING OF THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

***\*MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC***

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY SEAL

\_\_\_\_\_  
NOTARY SIGNATURE

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## Application for Employment

1. ARE YOU WILLING TO WORK WEEKENDS AND HOLIDAYS?  
YES  NO
2. ARE YOU WILLING TO ROTATE TO ANY OF THREE SHIFTS: DAYS, AFTERNOONS, NIGHT SHIFT?  
YES  NO
3. ARE YOU WILLING TO ACCEPT LAST MINUTE CHANGES IN YOUR WORK SCHEDULE THAT MIGHT REQUIRE YOU TO CANCEL PERSONAL PLANS?  
YES  NO
4. ARE YOU WILLING TO BE SUBJECTED TO ABUSIVE AND PROFANE LANGUAGE?  
YES  NO
5. ARE YOU WILLING TO TAKE DIRECTIONS FROM A SUPERVISOR IN FRONT OF YOUR PEERS?  
YES  NO
6. ARE YOU WILLING TO READ AND STUDY SEVERAL HUNDRED PAGES OF MANUALS, FILL IN STUDY GUIDELINES AND TAKE WRITTEN TESTS DURING YOUR TRAINING PERIOD?  
YES  NO
7. ARE YOU WILLING TO BE CLOSELY SUPERVISED AND QUESTIONED ABOUT WHY YOU FOLLOWED A CERTAIN COURSE OF ACTION WITHOUT TAKING IT PERSONALLY?  
YES  NO
8. ARE YOU WILLING AND ABLE TO DEAL CALMLY WITH ANGRY PEOPLE WHEN THE PROBLEM IS NOT YOUR FAULT?  
YES  NO

THIS QUESTIONNAIRE IS INTENDED FOR YOUR USE TO HELP YOU DETERMINE WHETHER YOU ARE MAKING THE CORRECT DECISION IN APPLYING FOR THE JOB OF RESERVE POLICE OFFICER AT THE NOBLE POLICE DEPARTMENT.

**IF YOU ANSWERED NO TO ANY OF THE QUESTIONS ABOVE, PLEASE RECONSIDER APPLYING FOR THIS POSITION**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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CITY OF NOBLE  
POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT  
FOR SWORN APPLICANTS



**JOB DESCRIPTION**  
**NOBLE POLICE DEPARTMENT**  
***RESERVE POLICE OFFICER***

**OCCUPATIONAL TITLE:** Reserve Police Officer

**DEPARTMENT/DIVISION:** Police

**GENERAL DEFINITION:** This position is an entry-level volunteer law enforcement officer in the Police Department.

This is responsible general duty police work in protecting the life, persons, and property of the citizens of the City of Noble through equitable enforcement of laws and ordinances.

An employee in this class functions as a supplemental responding officer on police calls, conducts investigations, and maintains routine patrol activities to preserve the peace, enforce laws, prevent and deter crime, protect life and property, arrest suspected violators of the law, and render service to the public. A reserve officer will be responsible for special events and or special details assigned by a supervisor.

An employee in this class may be assigned special duties and events such as criminal investigation, drug and alcohol law enforcement and/or education responsibilities, K-9 patrol, and other tasks as required. Duties are performed under general supervision in accordance with well-established police practices, standards, and departmental policy and regulations. This work may frequently involve hazardous or strenuous tasks, but always involves the exercise of initiative and independent judgment in emergency situations.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:** (The items listed below are not intended to be a complete listing of all essential functions and duties of this position.)

1. Operate a motor vehicle for extended periods of time in all environmental conditions, and on occasion operate the vehicle in high speeds and in congested traffic situations;
2. Patrol assigned areas of City and enforce state and federal laws and City ordinances;
3. Patrol and examine buildings and residences to detect suspicious conditions and handle situations accordingly;
4. Direct traffic in congested and emergency areas;
5. Report safety hazards;
6. Respond to accident scenes, administer first aid, investigate causes, and file accident reports;
7. Issue citations to violators of traffic laws;
8. Visit the scene of crimes and accidents;
9. Search for and preserve evidence;
10. Investigate and interview victims, witnesses and potential suspects;
11. Apprehend suspects of crimes or misdemeanors;
12. Participate in line-ups;
13. Make oral and written reports;
14. Provide testimony in court;
15. Speak before citizens and citizens' groups;
16. Participate in various training sessions;
17. Do any and all other functions that may be required by the Sergeant or other appropriate supervisors.

### **MINIMUM QUALIFICATIONS:**

1. Must possess a high school diploma or GED equivalency certificate.
2. Must be 21 years old. Must be able to qualify on the shooting range. Must be State certified by CLEET;
3. Ability to operate two-way radio, walkie-talkie, in field situations, and to effectively operate radar equipment, etc.;
4. Ability to read, understand, and interpret ordinances, laws, and other operating procedures and communicate orally and in writing;
5. Ability to deal effectively with the public using tact and diplomacy, and remain calm in emergency situations;
6. Ability to make split second decisions that could affect the well being of the public, department, fellow employees, as well as the officer's safety;
7. Ability and willingness to maintain strict confidentiality;
8. Must be able to respond to varying situations with tact and diplomacy and ability to deal with stressful, hostile or irrational persons, whether due to physical or mental disability, drugs, socio-economic differences, or other factors;
9. Ability to investigate crimes and complete reports;
10. Meet constitutional requirements, and perform first aid and/or CPR;
11. Ability to interface with other law enforcement personnel and safety personnel;
12. To perform routine preventative maintenance on vehicle;
13. Must be able to pass psychological requirements as required by law;
14. Must possess a valid Oklahoma Drivers license, and be insurable.

### **WORKING CONDITIONS/PHYSICAL REQUIREMENTS:**

1. Some exposure to unpleasant weather and requires continuous attention to safe working and operating procedures to ensure the safety of one's self and fellow citizens;
2. Possible exposure to hazardous materials and/or infectious bloods or other infectious materials;
3. Possibility of body attacks while making an arrest; severe bodily harm while dealing with felons;
4. Must possess the physical strength and stamina to chase and subdue fleeing persons; to arrest them if necessary and to bring them into custody;
5. Must have the physical strength and stamina to rescue victims;
6. Must have the visual acuity to read and review written correspondence, reports, statistical and technical information, maps, identify suspects, detect danger, read licenses and tags, etc. Vision correctable to 20/20 in one eye, no worse than 20/30 in the other eye;
7. Must possess the aural acuity to understand conversation in quiet and noisy environments, communicate clearly and distinctly by telephone and in person, understand radio transmissions, distinguish between car backfires and gun shots, determine locations of persons in distress, etc.;
8. Must be able to communicate effectively to transmit information via the radio, talk to victims, suspects, etc.;
9. Must be able to meet established mental, physical, and medical requirements including good physical strength and agility;
10. Must be able to work rotating shifts, extended hours, emergency call outs, and to testify at court on days off;
11. Ability to remember names, faces, and details of incidents;
12. Weight must be in proportion to height;
13. May be required to attend local or out-of-town conferences and seminars, etc.;
14. Must have skill in foot/hand/eye coordination and a high degree of concentration to operate a vehicle, weapon, and other equipment required to fulfill essential job duties;
15. Must be willing to perform all duties described in this job description under adverse weather conditions, including extreme heat and inclement weather;
16. Must be mentally and physically prepared for unforeseen emergencies at all times;

**WORKING CONDITIONS/PHYSICAL REQUIREMENTS:** (Continued)

- 17. May be exposed to offensive smells, dust, dirt, water, vibrations, and loud continuous noises;
- 18. Must have strength to pull, lift, or push 50 pound objects on a frequent basis and up to 100 pounds on an infrequent basis;
- 19. Must have the flexibility to bend, twist, reach, and the mobility to climb crawl, walk; and the stamina to exert oneself throughout the day in all weather conditions.

**SUPERVISION:** The Reserve Police Officer performs under direct supervision of a superior officer at the direction of the Police Chief or his/her designee. The Reserve Officer reports directly to the Police Lieutenant.

This job description should not be interpreted as all-inclusive. It is intended to identify the major responsibilities and requirements of this job. The incumbents may be requested to perform job-related responsibilities and tasks other than those stated in these specifications. Any essential function or requirement of this class will be evaluated as necessary should an incumbent/applicant be unable to perform the function or requirement due to a disability as defined by the Americans with Disabilities Act (ADA).

I understand and agree that my employment is at will only and for no term of definite duration. I also understand and agree that either the City of Noble or myself may terminate my employment relationship at any time.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**The City of Noble Oklahoma is an Equal Opportunity Employer.**

*Retain in employee personnel file  
Revised 05/28/2015*



**SWORN APPLICANT**  
**BACKGROUND INVESTIGATION PROCEDURES**

The Noble Police Department seeks to employ only those individuals who are most qualified. Towards this effort, we insist upon impeccable moral character, uncompromising integrity, and the possession of certain attributes common to all successful applicants. We have identified those attributes, or job dimensions, which must be met before an applicant may be appointed to a position within our Department. The job dimensions for the position for which you have applied are:

1. **Communication Skills**
2. **Problem Solving Ability**
3. **Learning Ability**
4. **Judgment Under Pressure**
5. **Observation Skills**
6. **Willingness to Confront Problems**
7. **Interest In People**
8. **Interpersonal Sensitivity**
9. **Desire For Self Improvement**
10. **Dependability**
11. **Physical Ability**
12. **Integrity/Honesty**
13. **Operation Of Motor Vehicle**
14. **Credibility As A Witness In A Court Of Law**

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is a very lengthy process that will verify the information that you provide in your Personal History Statement. A background investigator will contact you, and at that time the investigator will review with you the contents of your completed background packet and then determine if an extensive background investigation will be conducted.

**Be thorough and accurate in the completion of the Personal History Statement; omissions, inaccuracies and/or incomplete information may be cause for rejection from the application process.**

Confidentiality is imperative. Therefore, the findings of the background investigation will only be used to determine your suitability for placement within the Department. The information provided by you, obtained from third party sources (references, employers, co-workers, etc.), or discovered during the investigation will not be released to other persons or agencies unless they present this Department with a signed, notarized release from you. In addition, information we obtain from third party subjects during the course of the investigation will not be released to you at any time. An exception to this confidentiality exists: if it is discovered that you are currently involved in a criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction will be notified.

Enclosed with this correspondence you will find:

1. Authorization to Release Information Form
2. Personal History Statement
3. Required Document List

Complete the **Personal History Statement** using **black ink** and return **all** of these documents as soon as possible to:

Noble Police Department  
115 N. 2nd / P.O. Box 557  
Noble, OK 73068

**REQUIRED DOCUMENT LIST**  
**SWORN POSITIONS**

The below listed documents are to be provided by the applicant. These documents, along with this checklist, must be turned in with the Personal History Statement. Place your initials in the spaces provided to the left of this form to verify the required documents have been obtained. If a particular document does not apply to you, enter "N/A" in the space provided.

**YOU MUST OBTAIN ALL REQUIRED DOCUMENTS OR EXPLAIN IN WRITING WHY YOU DID NOT. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.**

- \_\_\_ 1. Waiver of Liability and Release Form – Notarized
- \_\_\_ 2. Birth Certificate or other official proof of birth
- \_\_\_ 3. High School Diploma/G.E.D. and High School Transcripts
- \_\_\_ 4. College Diploma and College Transcripts
- \_\_\_ 5. Marriage Certificate for each marriage
- \_\_\_ 6. Divorce Decree/Annulment for each incident
- \_\_\_ 7. Bankruptcy Documents
- \_\_\_ 8. Military Discharge Form DD-214
- \_\_\_ 9. Motor Vehicle Accident reports in which you were listed as a driver (within the last 10 years)
- \_\_\_ 10. Police reports in which you were arrested, convicted or not convicted
- \_\_\_ 11. C.L.E.E.T. Certificate(s) (if applicable)
- \_\_\_ 12. Other Certificates, Awards or Commendations that you would like to be considered
- \_\_\_ 13. Any Temporary Restraining Order or Temporary Protection Order issued on your behalf or against you

**CERTIFICATION**

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary requested documents or offering fictitious/erroneous statements may result in the rejection of my application.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETING THE  
PERSONAL HISTORY STATEMENT**

1. The completion of the Personal History Statement is **mandatory**. Please read all instructions carefully. The ability to follow instructions in an accurate, thorough and timely manner is part of the background investigation process. Rejection from this process may occur if the Personal History Statement is not completed properly.
2. Answer all questions truthfully and completely. Those factors in your background which could be considered negative will be evaluated based on the specific circumstances and facts surrounding the incident. All factors will be scrutinized to determine their degree of relevance to the job dimensions for the position for which you have applied.
3. Any deliberate omission, lie, falsification or fraudulent response will automatically and irrevocably result in your rejection from the background information process and you will not be considered for placement. Ensure all that you read and understand the Penalty and Certification clause on the last page of the Personal History Statement before signing it.
4. Answer **ALL** questions completely. Be sure to include full addresses, zip codes, area codes, etc. If the question does not apply to you, enter “N/A” (not applicable) in the appropriate space. If you do not know the answer to the question, enter “UNK” (unknown) in the appropriate space. It is **imperative** that you reply to every question in the Personal History Statement. Do not leave blanks. Again, failure to complete the Personal History Statement may cause rejection.
5. If you require more space to answer a question completely, a continuation page has been provided. If this page is not sufficient, attach additional 8-1/2 x 11 inch, white sheets of paper to the back of the Personal History Statement. Be sure to identify which question you are answering by its correct number.
6. Print (do not use cursive) all of your answers in **black ink**.
7. The original Personal History Statement will not be returned to you. Keep a copy for yourself for future reference.

Applying Position \_\_\_\_\_

**PERSONAL**

<b>NAME:</b> (Last, First, Middle)	<b>DATE OF BIRTH:</b>
<b>Other names you have been known by:</b> (Nicknames, maiden name, etc.)	<b>SOCIAL SECURITY NUMBER:</b> (Disclosure is voluntary, used for background purposes)
<b>PLACE OF BIRTH:</b> (City and State)	<b>SCARS, MARKS, TATTOOS:</b> (Identification Purposes)
<b>HEIGHT AND WEIGHT:</b> (Identification Purposes)	<b>HAIR AND EYE COLOR:</b> (Identification Purposes)

**ADDRESSES**

<b>CURRENT HOME ADDRESS</b> CITY STATE ZIP	<b>CURRENT MAILING ADDRESS</b> (P.O. Box if applicable) CITY STATE ZIP
<b>PREVIOUS ADDRESS</b> CITY STATE ZIP	<b>PREVIOUS ADDRESS</b> CITY STATE ZIP
<b>PREVIOUS ADDRESS</b> CITY STATE ZIP	<b>PREVIOUS ADDRESS</b> CITY STATE ZIP

**PHONE NUMBERS**

<b>HOME PHONE:</b>	<b>WORK/MESSAGE PHONE:</b> (Cell phone, pager, etc.)
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**STATUS**

<b>CURRENT MARITAL STATUS:</b> (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<b>SPOUSE NAME:</b> <b>ADDRESS:</b> <b>PHONE NUMBER:</b> <b>OCCUPATION:</b> (Including Address)
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**FORMER SPOUSE(S)**

<b>NAME:</b> <b>ADDRESS:</b> <b>PHONE NUMBER:</b>	<b>NAME:</b> <b>ADDRESS:</b> <b>PHONE NUMBER:</b>
<b>NAME:</b> <b>ADDRESS:</b> <b>PHONE NUMBER:</b>	<b>NAME:</b> <b>ADDRESS:</b> <b>PHONE NUMBER:</b>

**LIST OF CHILDREN (Including adopted and step-children)**

NAME	AGE	ADDRESS

**FAMILY HISTORY**

FATHER	ADDRESS	PHONE OCCUPATION
MOTHER	ADDRESS	PHONE OCCUPATION
FATHER-IN-LAW	ADDRESS	PHONE OCCUPATION
MOTHER-IN-LAW	ADDRESS	PHONE OCCUPATION
STEP-FATHER	ADDRESS	PHONE OCCUPATION
STEP-MOTHER	ADDRESS	PHONE OCCUPATION
BROTHER/SISTER	ADDRESS	PHONE OCCUPATION
BROTHER/SISTER	ADDRESS	PHONE OCCUPATION
BROTHER/SISTER	ADDRESS	PHONE OCCUPATION
BROTHER/SISTER	ADDRESS	PHONE OCCUPATION
BROTHER/SISTER	ADDRESS	PHONE OCCUPATION

**RESIDENCE(S) AND CO-HABITANT(S)** (List all residences for the past 10 years)

Address Co-Habitant(s) name and phone #	From: To: Reason For Leaving:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: Phone #:
Address Co-Habitant(s) name and phone #	From: To: Reason For Leaving:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: Phone #:
Address Co-Habitant(s) name and phone #	From: To: Reason For Leaving:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: Phone #:
Address Co-Habitant(s) name and phone #	From: To: Reason For Leaving:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: Phone #:
Address Co-Habitant(s) name and phone #	From: To: Reason For Leaving:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: Phone #:

**ASSOCIATION WITH PERSONS CONVICTED/CHARGED WITH CRIMES CATEGORIZED AS A FELONY** (List any family members, friends and acquaintances that you know to be a felon, ex-felon or involved in any criminal activity.)

NAME	ADDRESS	RELATIONSHIP	DATE OF LAST CONTACT

**PERSONAL REFERENCES** (Please list 5 references that are not relatives)

NAME	ADDRESS	PHONE	OCCUPATION

**EDUCATION** (College, Technical, and High School)

<b>HIGH SCHOOL</b>	<b>ADDRESS</b>	<b>DATES ATTENDED TO: FROM:</b>	<b>SCHOOL REFERENCES</b>
<b>COLLEGE</b>	<b>ADDRESS</b>	<b>DATES ATTENDED TO: FROM:</b>	<b>SCHOOL REFERENCES</b>
<b>COLLEGE</b>	<b>ADDRESS</b>	<b>DATES ATTENDED TO: FROM:</b>	<b>SCHOOL REFERENCES</b>
<b>COLLEGE</b>	<b>ADDRESS</b>	<b>DATES ATTENDED TO: FROM:</b>	<b>SCHOOL REFERENCES</b>
<b>TECHNICAL SCHOOL</b>	<b>ADDRESS</b>	<b>DATES ATTENDED TO: FROM:</b>	<b>SCHOOL REFERENCES</b>
<b>OTHER</b>	<b>ADDRESS</b>	<b>DATES ATTENDED TO: FROM:</b>	<b>SCHOOL REFERENCES</b>

- I possess a **4-year** college degree (must attach certified copy) Major/Name of School: \_\_\_\_\_  
 I possess a **2-year** college degree (must attach certified copy) Major/Name of School: \_\_\_\_\_  
 I possess a **Master's** degree (must attach certified copy) Major/Name of School: \_\_\_\_\_  
 I possess/possessed a **C.L.E.E.T. Certificate** (must attach certified copy). If so:

What State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Category: \_\_\_\_\_

Status:  Active or  Inactive

Other professional training certificate(s):

Type: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Have you ever been expelled or suspended from a high school or post-secondary school (after high school)?

YES  NO \*If yes, please provide details of the incident(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

**Selective Service Number:** \_\_\_\_\_ \*(18-26 year old males must register, per the U.S. Selective Service) Date and Address at time of Registration: \_\_\_\_\_

\_\_\_\_\_



Have you ever served in the Armed Forces, National Guard or Military Reserves?  YES  NO \*(If yes, please answer the information below)

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates of Active Duty service: From: \_\_\_\_\_ To: : \_\_\_\_\_ Requirement dates after active duty: \_\_\_\_\_

Type of Discharge:  Honorable  General  Medical  Less than honorable \*(Must provide a DD-214)

Did you ever receive any judicial or non-judicial discipline while in the military?  Yes  No \*(if yes, please explain in detail any and all incidents: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT** \*Beginning with your most current employment, list all jobs you have held in the past 10 years. **Part-time, volunteer and temporary work should also be included. Periods of unemployment must also be identified.**

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PHONE NUMBER (CURRENT)
POSITION/TITLE	FROM: TO:	SUPERVISOR
CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #
[ ] FULL TIME	[ ] PART TIME	[ ] TEMPORARY [ ] VOLUNTEER
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PHONE NUMBER (CURRENT)
POSITION/TITLE	FROM: TO:	SUPERVISOR
CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #
[ ] FULL TIME	[ ] PART TIME	[ ] TEMPORARY [ ] VOLUNTEER
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PHONE NUMBER (CURRENT)
POSITION/TITLE	FROM: TO:	SUPERVISOR
CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #
[ ] FULL TIME	[ ] PART TIME	[ ] TEMPORARY [ ] VOLUNTEER
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PHONE NUMBER (CURRENT)
POSITION/TITLE	FROM: TO:	SUPERVISOR
CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #
[ ] FULL TIME	[ ] PART TIME	[ ] TEMPORARY [ ] VOLUNTEER
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PHONE NUMBER (CURRENT)
POSITION/TITLE	FROM: TO:	SUPERVISOR
CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #	CO-WORKER/ADDRESS/PHONE #
[ ] FULL TIME	[ ] PART TIME	[ ] TEMPORARY [ ] VOLUNTEER
REASON FOR LEAVING: _____ _____		

Have you ever been **fired** or **asked to resign** from any place of employment?  YES  NO  
 \*If yes, please give details to include when, name of employer and why? \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer during the course of the background investigation?  YES  NO  
 \*If no, when should contact be made? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever received any **documented reprimands** or **write-ups** from an employer?  YES  NO \*If yes, please list when, circumstances and employer (if additional space is required please attach to this application)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF APPLYING FOR A POSITION IN LAW ENFORCEMENT, PLEASE LIST ALL LAW ENFORCEMENT AGENCIES YOU HAVE APPLIED TO AND HAVE BEEN A SUCCESSFUL OR UNSUCCESSFUL CANDIDATE.**

\* If you **have never** applied to a law enforcement agency please check this box:  NO

AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND

**LEGAL** \*If you have ever been **arrested, taken in physical custody or convicted of any crime as an adult or juvenile**, please indicate this below in the boxes provided. **Exclude traffic citations.**

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

Have you been placed on court probation as an adult?  YES  NO

\*If yes, list all details: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been involved as a plaintiff or defendant in a civil court action?  YES  NO

\*If yes, please give details to include date, name of court and circumstances: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been a Temporary Restraining Order?  YES  NO

\*If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

**MOTOR VEHICLE OPERATION and DRIVER'S LICENSE INFORMATION**

An investigation of all applicants who have applied for a position with this agency will have a records check conducted regarding their driving history. Please supply the following information:

CURRENT DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

Please list other states in which you have been licensed to operate a motor vehicle:

CURRENT DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:
CURRENT DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:
CURRENT DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

Please list all vehicles registered to you and/or your spouse:

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>VEHICLE ID NUMBER (VIN)</b>
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>VEHICLE ID NUMBER (VIN)</b>
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>VEHICLE ID NUMBER (VIN)</b>

Have you ever been refused a driver's license by any state?  YES  NO

\*If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has your driver's license ever been suspended or revoked or placed in a negligent operator's probation or restriction?

YES  NO

\*If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Please list all **traffic citations** you have received as an adult (after the age of 18):

NATURE OF VIOLATION	LOCATION/AGENCY NAME/CITY	DATE	DISPOSITION
NATURE OF VIOLATION	LOCATION/AGENCY NAME/CITY	DATE	DISPOSITION
NATURE OF VIOLATION	LOCATION/AGENCY NAME/CITY	DATE	DISPOSITION
NATURE OF VIOLATION	LOCATION/AGENCY NAME/CITY	DATE	DISPOSITION

Please list all **motor vehicle accidents** in which you have been involved as a driver that occurred within the last 10 years:

DATE	LOCATION (CITY)	INVESTIGATING AGENCY	WERE YOU FOUND AT FAULT? [ ] YES [ ] NO
DATE	LOCATION (CITY)	INVESTIGATING AGENCY	WERE YOU FOUND AT FAULT? [ ] YES [ ] NO
DATE	LOCATION (CITY)	INVESTIGATING AGENCY	WERE YOU FOUND AT FAULT? [ ] YES [ ] NO
DATE	LOCATION (CITY)	INVESTIGATING AGENCY	WERE YOU FOUND AT FAULT? [ ] YES [ ] NO

**FINANCIAL**

Have you ever filed for or **declared bankruptcy**?  YES  NO

\***If yes**, please provide paperwork and an explanation: \_\_\_\_\_  
\_\_\_\_\_

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?  YES  NO

\* **If yes**, please give details and documentation regarding any collections to include when, where and why: \_\_\_\_\_  
\_\_\_\_\_

Within the last seven (7) years, have you ever had purchased goods repossessed?  YES  NO \* **If yes**, please give details of the circumstances to include when, where and why: \_\_\_\_\_  
\_\_\_\_\_

Within the last seven (7) years, have your wages ever been garnished?  YES  NO \* **If yes**, please give details to include when, where and why: \_\_\_\_\_  
\_\_\_\_\_

Do you currently pay child support?  YES  NO \* **If yes**, please give details to include when, where and why: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been delinquent on child support, income tax or other tax payments?  YES  NO \* **If yes**, please give details to include when, where and why: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

Have you ever applied for a permit to carry a concealed firearm (CCW permit) or any other weapon?  YES  NO

\* **If yes**, please provide the name of the Law Enforcement Agency: \_\_\_\_\_

Date granted: \_\_\_\_\_

**ARE YOU WILLING TO WORK ALL HOURS OF THE DAY, ALL DAYS OF THE WEEK, HOLIDAYS AND OVERTIME WHEN ASSIGNED?**  YES  NO

**DRUG QUESTIONNAIRE**

Have you ever used, tried, experimented, injected, ingested or in any way introduced into your body any illegal controlled substance?

 YES  NO

TYPE OF DRUG	YES OR NO	DATE FIRST USED	DATE LAST USED	APPROX. TIMES USED
MARIJUANA	<input type="checkbox"/> YES <input type="checkbox"/> NO			
HASH, HASHISH OIL	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COCAINE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
CRACK, ROCK, ICE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Barbituates, Hypnotics, or other "Downers"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Amphetamines (Cross tops, Whites, Bennies, "Uppers")	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Methamphetamines (Speed, Crank)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LSD or other Hallucinogens	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PCP (Angel Dust, Sherm)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Heroin or other Opiates	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Pharmaceutical drugs not prescribed for you	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other controlled substances	<input type="checkbox"/> YES <input type="checkbox"/> NO			

**DRUG USE QUESTIONNAIRE (CONTINUED)**

1. Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?  YES  NO
2. Have you introduced into your body a substance, which you thought was an illegal drug and then found out it was not?  YES  NO
3. Have you ever injected an illegal drug into your body?  YES  NO
4. Have you ever sold or purchased any illegal drug?  YES  NO
5. Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance?  YES  NO
6. Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?  YES  NO
7. Have you ever acted as a middle man, go-between, or “done a favor for a friend” by becoming involved in any illegal drug transaction?  YES  NO
8. Have you ever told anyone where to purchase illegal drugs?  YES  NO
9. Have you ever temporarily stored or “held” any illegal drug, narcotic or controlled substance?  YES  NO
10. Have you ever had illegal drugs in your possession while at work?  YES  NO
11. Have you ever bought or sold any illegal drugs at work?  YES  NO
12. Are any illegal drugs presently in your home or car?  YES  NO

**If you answered yes to any of the above questions, please give details and circumstances on the next page of this Personal History Statement.**









**NOBLE POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, am an applicant for employment with the Noble Police Department. In order to process my application, certain information must be made available to the Noble Police Department, Noble, Oklahoma. This information is for my benefit. I authorize, request, and direct educational institutions, my references, my employers (past and present), financial institutions, or organizations; all governmental agencies (local, state, federal, or foreign); where ever said individuals or organizations may be situated, to release to the Chief of Police of the City of Noble, or to any representative thereof, any document, information, record or file that he/she deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief of Police or his/her representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his/her representative as my agent and attorney-in-fact for sole purpose of collecting information for processing my application and direct that he/she be permitted to inspect all of said files and information, and be permitted to make copies thereof at his/her discretion. This request can be treated as if I were making the request in person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission # / Expiration