

NOBLE POLICE DEPARTMENT

SALARY AND BENEFITS

July 2019

- Starting Pay Commissioned Peace Officers: \$29,369
- Annual Uniform Allowance: \$1,350
- Monthly Cleaning Allowance \$125/ month
- Education and Training Incentives:
 - Intermediate LE Certificate \$1.25 per hr.
 - Advanced LE Certificate \$1.75 per hr.
 - Associates Degree \$1.00 per hr.
 - 80+ Accredited College Hours \$1.00 per hr.
 - Bachelor's Degree \$1.50 per hr.
 - Master's Degree \$2.00 per hr.
- Shift Differential:
 - Evening Shift \$0.25 per hr.
 - Overnight Shift \$0.50 per hr.
- 75% of Health & Dental Insurance Paid by City
- College Tuition Reimbursement Available
- Vacation Earned As Follows:
 - 0-5 yrs. of service 12 days per yr.
 - 5-10 yrs. of service 15 days per yr.
 - 10+ yrs. of service 20 days per yr.
- 8 hours Sick Leave earned monthly
- 12 Holidays per year
- Member of The Oklahoma Police Pension And Retirement System

NOBLE POLICE DEPARTMENT

HIRING PROCESS OUTLINE

Once your application has been completed and received by the Noble Police Department, the hiring process will begin with the following steps:

- 1) Applicants will be contacted and given a future date for physical fitness testing (see attached PT Chart)
- 2) Applicants successfully completing the physical fitness testing will be given a written exam
- 3) Applicants who successfully pass the written exam will be contact for an interview with the Chief of Police
- 4) Applicants will then be assigned to an investigator for a pre-employment background investigation
- 5) Selected Applicants will then be contacted with a date for an oral interview board
- 6) Applicants selected for hire from the oral interview board will be contacted and given a conditional offer of hire by the Chief of Police
- 7) All applicants must pass a pre-employment physical exam in accordance with the Oklahoma Police Pension and Retirement System. And successfully pass a psychological exam (MMPI or CPI)

**PHYSICAL FITNESS
TESTING REQUIREMENTS CHART**

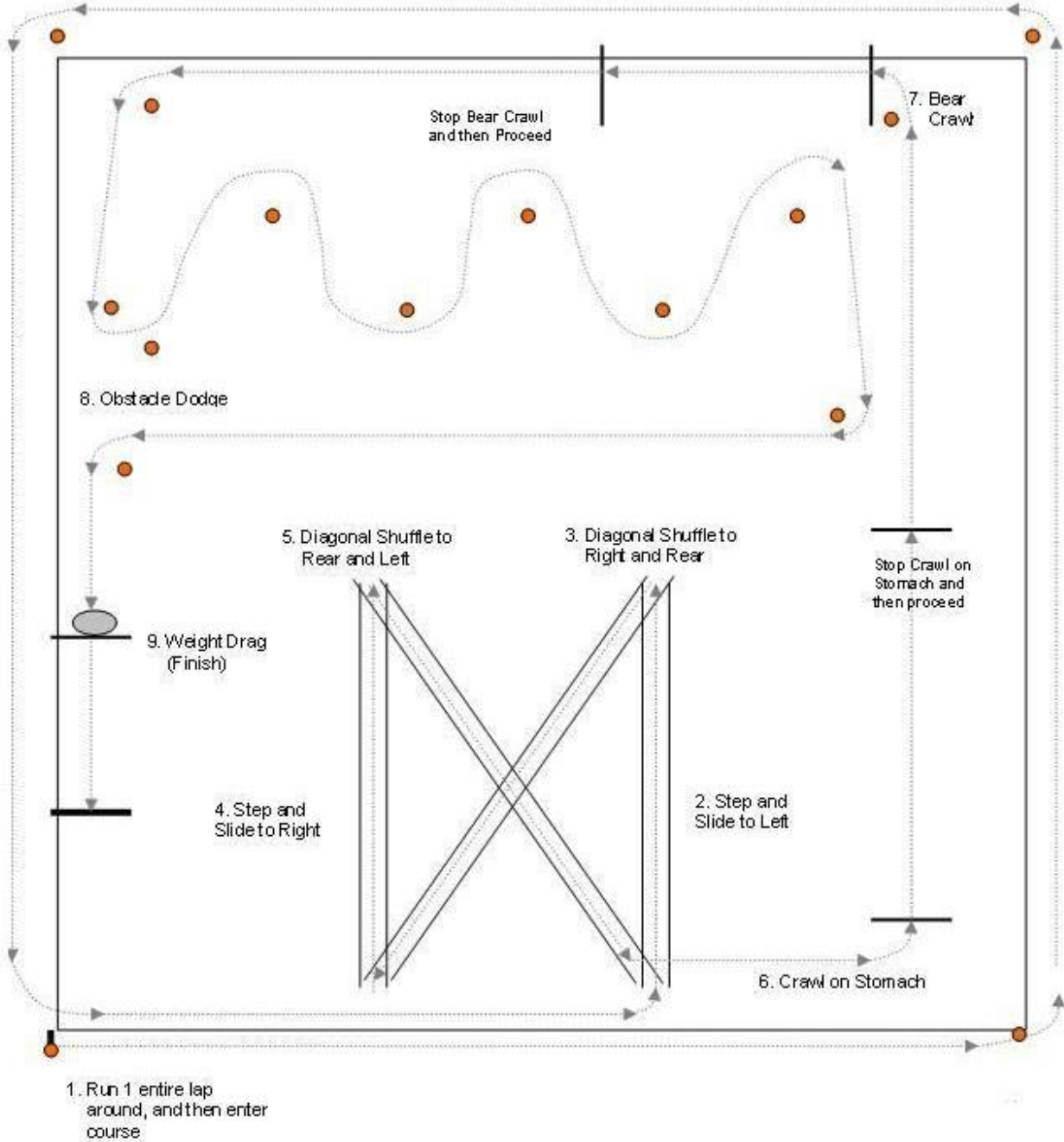
MALE

AGE	21-29	30-39	40-45
1 min sit-ups	25	25	25
1 min push-ups	29	24	18
1 mile run	10:32	11:04	12:14
OBSTACLE COURSE	2:20		

FEMALE

AGE	21-29	30-39	40-45
1 min sit-ups	25	25	20
1 min push-ups	15	11	9
1 mile run	10:32	11:34	12:44
OBSTACLE COURSE	2:20		

OBSTACLE COURSE LAYOUT



NOBLE POLICE DEPARTMENT

Application for Employment

POLICE OFFICER

Noble Police Department
115 N. 2nd
P.O. 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.

Personal Information

**You must be 18 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 #	DRIVER LICENSE #	DRIVER LICENSE 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 US? EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? Yes No

IF YES, EXPLAIN:

The City of Noble is and 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 VICTIM'S PROTECTION ORDER? Yes No

IF YES, EXPLAIN: _____

ARE YOU, OR HAVE YOU EVER BEEN CERTIFIED AS A FULL TIME 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 REQUIREMENTS SECTION OF THE JOB DESCRIPTION, ARE YOU ABLE TO PERFORM THEM WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

INITIAL

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NOBLE POLICE DEPARTMENT

Application for Employment

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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NOBLE POLICE DEPARTMENT

Application for Employment

1. ARE YOU WILLING TO WORK AN IRREGULAR SHIFT SCHEDULE DURING YOUR PROBATIONARY PERIOD, WHERE ONE WEEK YOU MIGHT BE ON DAYS WITH MONDAY AND TUESDAY OFF, AND THE NEXT WEEK ON GRAVEYARD WITH WEDNESDAY AND THURSDAY OFF?
YES NO
2. ARE YOU WILLING TO WORK WEEKENDS AND HOLIDAYS?
YES NO
3. ARE YOU WILLING TO ROTATE TO ANY OF THREE SHIFTS: DAYS, AFTERNOONS, NIGHT SHIFT?
YES NO
4. ARE YOU WILLING TO ACCEPT LAST MINUTE CHANGES IN YOUR WORK SCHEDULE THAT MIGHT REQUIRE YOU TO CANCEL PERSONAL PLANS?
YES NO
5. ARE YOU WILLING TO BE SUBJECTED TO ABUSIVE AND PROFANE LANGUAGE?
YES NO
6. ARE YOU WILLING TO TAKE DIRECTIONS FROM A SUPERVISOR IN FRONT OF YOUR PEERS?
YES NO
7. 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
8. ARE YOU WILLING TO BE CLOSELY SUPERVISED AND QUESTIONED ABOUT WHY YOU FOLLOWED A CERTAIN COURSE OF ACTION WITHOUT TAKING IT PERSONALLY?
YES NO
9. 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 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

POLICE OFFICER

<u>OCCUPATIONAL TITLE:</u>	Police Officer
<u>DEPARTMENT/DIVISION:</u>	Police
<u>GENERAL DEFINITION:</u>	This position is an entry-level 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 the initial 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.

An employee in this class may be assigned special duties 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

ESSENTIAL DUTIES AND RESPONSIBILITIES: (Continued)

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 able to pass the Oklahoma Police Pension and Retirement Systems medical standards and 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 Driver's 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.;

WORKING CONDITIONS/PHYSICAL REQUIREMENTS: (Continued)

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;
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 Police Officer performs under direct supervision of a superior officer at the direction of the Police Chief or his/her designee. The Officer reports directly to the Police Sergeant.

FLSA Status: non-exempt

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 05/22/2015*

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

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

ADDRESSES

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

PHONE NUMBERS

HOME PHONE:	WORK/MESSAGE PHONE: (Cell phone, pager, etc.)
--------------------	--

STATUS

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

FORMER SPOUSE(S)

NAME: ADDRESS: PHONE NUMBER:	NAME: ADDRESS: PHONE NUMBER:
NAME: ADDRESS: PHONE NUMBER:	NAME: ADDRESS: PHONE NUMBER:

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
NAME	ADDRESS	RELATIONSHIP	DATE OF LAST CONTACT
NAME	ADDRESS	RELATIONSHIP	DATE OF LAST CONTACT
NAME	ADDRESS	RELATIONSHIP	DATE OF LAST CONTACT

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

NAME	ADDRESS	PHONE	OCCUPATION
NAME	ADDRESS	PHONE	OCCUPATION
NAME	ADDRESS	PHONE	OCCUPATION

NAME	ADDRESS	PHONE	OCCUPATION
NAME	ADDRESS	PHONE	OCCUPATION

EDUCATION (College, Technical, and High School)

HIGH SCHOOL	ADDRESS	DATES ATTENDED TO: FROM:	SCHOOL REFERENCES
COLLEGE	ADDRESS	DATES ATTENDED TO: FROM:	SCHOOL REFERENCES
COLLEGE	ADDRESS	DATES ATTENDED TO: FROM:	SCHOOL REFERENCES
COLLEGE	ADDRESS	DATES ATTENDED TO: FROM:	SCHOOL REFERENCES
TECHNICAL SCHOOL	ADDRESS	DATES ATTENDED TO: FROM:	SCHOOL REFERENCES
OTHER	ADDRESS	DATES ATTENDED TO: FROM:	SCHOOL REFERENCES

- 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 or 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 #
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> 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 #
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> 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 #
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> 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
DATE	AGENCY/LOCATION	CHARGE	DISPOSITION
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:

YEAR	MAKE	MODEL	VEHICLE ID NUMBER (VIN)

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	[] YES [] NO			
HASH, HASHISH OIL	[] YES [] NO			
COCAINE	[] YES [] NO			
CRACK, ROCK, ICE	[] YES [] NO			
Barbituates, Hypnotics, or other "Downers"	[] YES [] NO			
Amphetamines (Cross tops, Whites, Bennies, "Uppers")	[] YES [] NO			
Methamphetamines (Speed, Crank)	[] YES [] NO			
LSD or other Hallucinogens	[] YES [] NO			
PCP (Angel Dust, Sherm)	[] YES [] NO			
Heroin or other Opiates	[] YES [] NO			
Steroids	[] YES [] NO			
Pharmaceutical drugs not prescribed for you	[] YES [] NO			
Other controlled substances	[] YES [] 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.

DRUG USE QUESTIONNAIRE (CONTINUED)

Explain any "yes" answers from page 26 (Drug Use Questionnaire) in detail below, to include when, where, and what kind of drug, how taken and detailed circumstances surrounding any and all situations.

Signature: _____

Date: _____

**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