

NOBLE POLICE DEPARTMENT

Application for Employment

Property and Evidence Technician

Noble Police Department
115 N 2nd
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.

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 #:	DRIVERS LICENSE #:	DL STATE:
ANY OTHER IDENTIFYING NUMBERS:		

ARE YOU APPLYING FOR A FULL OR PART TIME POSITION?

Full Time Part Time

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 OR DETAINED BY LAW ENFORCEMENT FOR ANY REASON? yes no

IF YES, EXPLAIN: _____

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? yes no

IF YES, LIST BRANCH, DATES OF ENLISTMENT, DATE OF SEPARATION, RANK UPON SEPARATION, TYPE OF DISCHARGE. ALSO, INCLUDE A CURRENT _____

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

PERSONAL REFERENCES

LIST THREE REFERENCES IN THE SPACES BELOW. DO NOT LIST ANY PERSON RELATED BY BLOOD OR MARRIAGE.

NAME:	ADDRESS/CITY/STATE::
HOME PHONE:	CELL OR WORK PHONE:
OCCUPATION:	HOW AQUAINTED AND HOW LONG:

NAME:	ADDRESS/CITY/STATE::
HOME PHONE:	CELL OR WORK PHONE:
OCCUPATION:	HOW AQUAINTED AND HOW LONG:

NAME:	ADDRESS/CITY/STATE::
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EMPLOYMENT HISTORY

LIST EMPLOYER INFORMATION FOR THE PAST TEN YEARS IN THE SPACES BELOW. BEGINNING WITH THE CURRENT OR MOST RECENT. IF ADDITIONAL SPACE IS NEEDED ATTACH EXTRA PAGES.

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

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

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

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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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