

Gore Police Department Application

P.O. Box 449 Gore, OK 74435

*All applicants must meet Oklahoma CLEET standards.

Authority for Release of Information

Last Name	First Name	Middle	Sex	DOB
Place of Birth (City/County)	State/Country	SSN	D/L Number	Race

I, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, and to ANY duly authorized agent of the Gore Police Department whether the said records are of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; state or governmental

licensing agencies; 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 and/or traffic records; the results of any

polygraph examinations, records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and

recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which | presently have or have had an interest.

| reiterate, and emphasize that the intent of this authorization is fo 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 Gore Police Department to

consider determining my suitability for employment by that Department. 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.

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 Gore Police Department. | understand

that all materials pertaining to this background investigation become the property of the Gore Police Department and will not be returned to me.

| 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. | further

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

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

PERSONAL

The following information is requested of you for verification and contact

Last		First		Middle
Other Names, including nicknames	Other Names, including nicknames, you have used in the past		Email Address	
Please list an address where yo	ou can be	contracted. Number,	Street, Apt #, City, Sta	te, Zip Code
Please list the telephone numb	ers where	you can be contacted	LAHO	MA
()	()	Hours to	contact you:
Data (Di II (AAA (DD AG)	e of Birth (MM/DD/YY)			Social Security Number
Date of Birth (MM/DD/YY)				and the second second
Date of Birth (MM/DD/YY)	_ K)	In accordance with a Act 1974, disclosure voluntary. It will be u to ensure proper ide	of your SS# is used	To a part Statististististististististististististist
For identification purposes,	please pr	Act 1974, disclosure voluntary. It will be u to ensure proper ide	of your SS# is used entification.	To a puri di distributi di di disposi
	<i>please pr</i> Weight	Act 1974, disclosure voluntary. It will be u to ensure proper ide	of your SS# is used entification.	Eye Color

RELATIVES & REFERENCES

During the course of the background investigation, person who know you will be asked to comment upon your suitability for the position of police officer. Inquiries will be confined to job-related matters.

Please supply the appropriate information in the spaces provided below. If the box does not apply, write N/A.				
If living, name your	Address where person can be contacted (Include City, State, and Zip Code)	Telephone number where person can be contacted		
Father:	Work() Home()	Daytime: Evening:		
Mother:	Work() Home()	Daytime: Evening:		
Father-in-law:	Work() Home() SINCE 1902	Daytime: Evening:		
Mother-in-law:	Work() Home()	Daytime: Evening:		
Spouse:	Work() Home()	Daytime: Evening:		
Former Spouse(S):	Work() Home()	Daytime: Evening:		
	Work() Home()	Daytime: Evening:		
	Work() Home()	Daytime: Evening:		
	Work() Home()	Daytime: Evening:		

RELATIVES & REFERENCES (Continued)

If living, name your	Address where person can be contacted (Include City, State, and Zip Code)	Telephone number where person can be contacted
Brother(s)/Sister(s)	Work() Home()	Daytime:
		Evening:
	Work() Home()	Daytime:
		Evening:
	Work() Home()	Daytime:
GO	RE OKLAHO	Evening:
Step Father	Work() Home() = 1802	Daytime:
* * *	* * *	Evening:
Step Sister	Work() Home()	Daytime:
***	* * * * * * * * * * * * * * * * * * * *	Evening:
Step Brother(s)/Sister(s)	Work() Home()	Daytime:
*	* ^ * · · · · · ·	Evening:
	Work() Home()	Daytime:
		Evening:
	Work() Home()	Daytime:
	JU JASAS VI	Evening:

RELATIVES & REFERENCES (Continued)

Other relatives with whom you have a close personal relationship, including children.

Name	Relationship	Address where person can be contacted (Include City, State, and Zip Code)	Telephone number where person can be contacted
		Work() Home()	Daytime:
			Evening:
		Work() Home()	Daytime:
			Evening:
		Work() Home()	Daytime:
		FOKLAHODA	Evening:

Please list those individuals with who you have resided during the last 10 years. Exclude family members already listed above (list no one under 15 YOA)

•		
Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone number where person can be contacted
	Work() Home()	Daytime: Evening:
	Work() Home()	Daytime: Evening:
	Work() Home()	Daytime: Evening:
	Work() Home()	Daytime: Evening:
	Work() Home()	Daytime: Evening:
	Work() Home()	Daytime: Evening:

RELATIVES & REFERENCES (Continued)

In the space below, list as references 3 to 5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone number where person can be contacted
	Work() Home()	Daytime:
		Evening:
	Work() Home()	Daytime:
		Evening:
	Work() Home()	Daytime:
G	DRE OKLAHON	Evening:
	Work() Home() NCE 1902	Daytime:
* *	* * * *	Evening:
*	Work() Home()	Daytime:
		Evening:
\(\frac{1}{2}\)	Work() Home()	Daytime:
	* * * *	Evening:

EDUCATION

The Council on Law Enforcement Education and Training requires that Police Officers possess a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking the appropriate box.

I possess a high school diploma
I possess the G.E.D. (General Education Development) Test
I possess a two-year college degree. Course of study
I possess a four-year college degree. Course of study
I possess a graduate degree. Course of study

EDUCATION (Continued)

Please indicate all of the schools you have attended beginning with high school. During the background investigation, person who have know you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of school	Location of school (City & State)	Date At	School References (Teachers, Counselors)	
			To M/Y	
	- ODE OK			
	GORL		JIVIA	
	SINCE	1902		
	\star \star \star			
	* * * * *			
	* *	The sec		

Have you ever been suspended or expelled from any high school or post-secondary school, which includes any formal education beyond the high school level?. Please check a box

YES
NO

If yes, explain. (Include school, date, and circumstances).	

RESIDENCES

List all of your residences during the last 10 years (List no information prior to your 15th birthday). Begin with your current residence.

Address of residence	City, State, & Zip Code			If rented, give name & address of the person responsible for collection of rent
	PO		G	
	GORE	OKLA	HON	IA
	* * * * * * * * * * * * * * * * * * *			
	* * * * * *			
	****		Te w	
		746052		

EXPERIENCE & EMPLOYMENT

Beginning with your most current employment, please list all Jobs (including part-time, temporary, and volunteer positions) you have held in the past ten years. (For the purpose of this personal history statement, volunteer work should be Included as employment). For identification and verification please indicate the nature of the activity: i.e...full-time, part-time, volunteer. If you have had intervening periods of military service, please list those periods in sequence in the spaces provided.

Date of employment	Name and address of employer	Name of supervisor
From Mo/Yr To Mo/Yr / - / . Full-Time	Telephone number: Title or duties (for ID purposes)	Name of co-worker
Part-Time Volunteer	RE OKLAHOMA	Salary
Reason for leaving:	SINCE 19U2 ★ ★ ★	
Date of employment	Name and address of employer	Name of supervisor
From Mo/Yr To Mo/Yr	Telephone number:	Name of co-worker
	Full-Time Title or duties (for ID purposes)	
Part-Time Volunteer Volu		Salary
Reason for leaving:		
Date of employment	Name and address of employer	Name of supervisor
From Mo/Yr To Mo/Yr	Telephone number:	Name of co-worker
Full-Time	Title or duties (for ID purposes)	
Part-Time		Salary
Volunteer		
Reason for leaving:	•	•

EXPERIENCE & EMPLOYMENT (Continued)

Date of employment	Name and address of employer	Name of supervisor		
From Mo/Yr To Mo/Yr	Telephone number:	Name of co-worker		
Full-Time	Title or duties (for ID purposes)			
Part-Time		Salary		
Volunteer				
Reason for leaving:	XONE CON			
Date of employment	Name and address of employer	Name of supervisor		
From Mo/Yr / To Mo/Yr	Telephone number:	Name of co-worker		
Full-Time	Title or duties (for ID purposes)			
Part-Time	* * * *	Salary		
Volunteer	Volunteer			
Reason for leaving:	* * * *			
Date of employment From Mo/Yr To Mo/Yr	Name and address of employer	Name of supervisor		
From Mo/Yr To Mo/Yr	Name and address of employer Telephone number:	Name of supervisor Name of co-worker		
From Mo/Yr To Mo/Yr	* * * *	Name of co-worker		
From Mo/Yr / - / Full-Time Part-Time	Telephone number:			
From Mo/Yr / - / Full-Time Part-Time Volunteer	Telephone number:	Name of co-worker		
From Mo/Yr / - / Full-Time Part-Time	Telephone number:	Name of co-worker		
From Mo/Yr / - / Full-Time Part-Time Volunteer	Telephone number:	Name of co-worker		
From Mo/Yr Full-Time Part-Time Volunteer Reason for leaving:	Telephone number: Title or duties (for ID purposes)	Name of co-worker Salary Name of supervisor		
From Mo/Yr Full-Time Part-Time Volunteer Reason for leaving:	Telephone number: Title or duties (for ID purposes) Name and address of employer	Name of co-worker Salary		
From Mo/Yr Full-Time Part-Time Volunteer Reason for leaving: Date of employment From Mo/Yr To Mo/Yr	Telephone number: Title or duties (for ID purposes) Name and address of employer Telephone number:	Name of co-worker Salary Name of supervisor		

EXPERIENCE & EMPLOYMENT (Continued)

Would there be any problem with us contacting your present employer in the course of this investigation? YES / NO
If No, when should contact be made?
If you have no prior employment, please explain in the space below.
Have you had any extended work absences for reasons other than earned vacations? YES / NO If yes, please explain.
Have you ever been fired or asked to resign from a place of employment? YES / NO If yes, please give details (include when, where, and why.)
Have you ever been a successful or unsuccessful candidate for another position requiring police powers? YES / NO If yes, please give details including when and the name of the agency.

MILITARY SERVICE

If you are a male or female born after 12/31/59 please complete the following:					
Selective Service Number		Approximate Date of Registration		Address at Time of Registration	
Have you ever served in the A		es, the Reserves, or t	he National Guard?	YES / NO	0
Branch of Service	Service Nu	mber	Date of Service/To	<u>/ .</u>	Type of Discharge
Last Military Installation you were assigned: (When and Where)					
FINANCIAL	* * _ >	★ ★ ★	1902	. ingli	
Have you ever had bills turn o	over to a col	lection agency? YE	S / NO If yes, ple	ease give de	tails.
Have you ever had property repossessed? YES / NO If yes, please give details.					
Have you ever had wages ga	ırnished or d	eclared bankruptcy?	YES / NO If yes	s, please giv	e details.
Have you ever been delinque	ent on tax pa	yments? YES / NC	O If yes, please give	e details.	

LEGAL

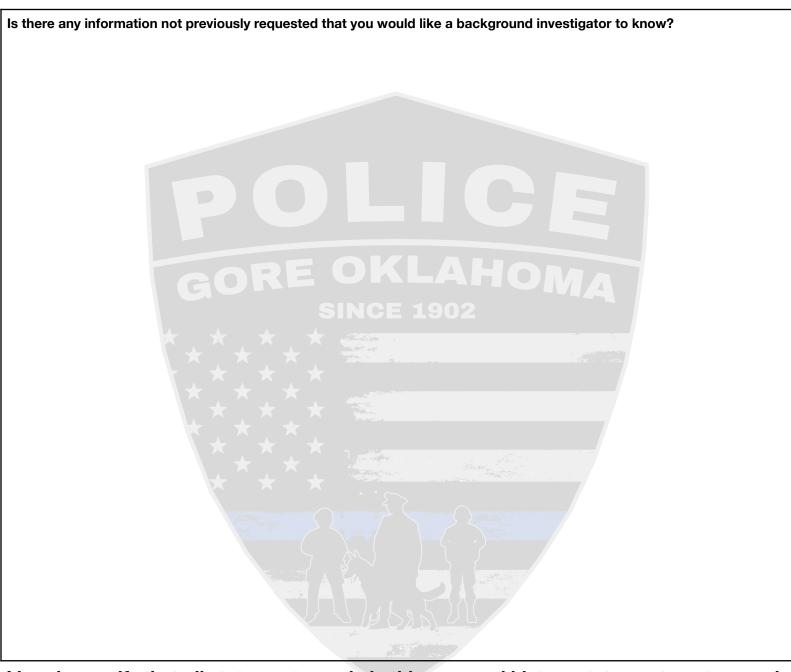
If you have ever been arrested or convicted of any crime, excluding traffic, please list that information here.

Approx. Date	Police Agency	Circumstances		
<u>-</u>	n place on court probation as details. (including when, when		A	
If yes, please give o	details. (including when, wher	e, and why)		
MOTOR VE	HICLE OPERATION	ON S		
Operation of a m	otor vehicle is an integral p	part of the position of police officer. An inck. To expedite this procedure, please su		
Driver's License No	umber	License State	Expiration Date	
Have you ever been refused a driver's license? YES / NO If yes, please give details. (including when, where, and why)				
	your driver's license suspend details. (including when, when			

MOTOR VEHICLE OPERATION (Continued) Please list all traffic citations you have received in the last 5 years

	Conac	lons you have received in	<u> </u>	T
Nature of Violation		Location (City of County)	Approximate Date	Action Taken
		d as a driver in a motor vehic	cle accident within th	e past five years? YES / NO
If yes, please give det			JALAF	
Date	Locat	tion of Accident		Injury / Non-injury
Police Investigation YES / NO	Police	e Agency		
Date	Locat	tion of Accident		Injury / Non-injury
Police Investigation YES / NO	Police	e Agency	The state of the s	
Date	Locat	tion of Accident		Injury / Non-injury
Police Investigation YES / NO	Police	e Agency		
If there is anything yo	u wish	to discuss about your drivi	ng record, please do	so now

GENERAL



I hereby certify that all statements made in this personal history statement are true and complete. I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full	Date