



Inola Police Department Application

Applicants seeking a position with the Inola Police Department **MUST** complete all sections of the employment application in their own handwriting. In addition to the application, the applicant shall provide a copy of the following items and applicable documents:

- 1) Driver's License
- 2) Certificate of GED, High School Diploma, College Diploma (If applicable)
- 3) Military discharge
- 4) Certified Peace Officers must supply a copy of their CLEET certification or other state equivalent and any additional law enforcement training records.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical conditions or handicap. Applications will remain on file for up to 1 year.

PLEASE PRINT

Date of application: _____

Position applied for: _____

Referral source: Advertisement Friend Relative Walk-in Employment Agency
Other _____

Name: _____
Last, First Middle

Address: _____
Street Number City, State Zip Code

Telephone: _____ **Social Security Number:** _____

Date of Birth: _____ **City:** _____ **State:** _____

Have you ever employed here before? Yes
No

On what date would you be able to start work? _____

Are you laid off and subject to recall? Yes
No

Can you travel if a job requires it? Yes
No

Do you have any physical, mental, or medical impairment or disability that would limit your job performance in the job position you are applying for? Yes
No

If yes, please explain:

Are you a citizen of the United States? Yes
No

Explain: _____

Have you ever been hospitalized for illness, operation, or injury? Yes
No

Explain: _____

Have you ever had a chronic illness or medical condition such as asthma, high blood pressure, ulcers, etc.? Yes No

Explain: _____

Have you ever consulted or been counseled by a psychiatrist or psychologist? Yes
No

Explain: _____

Are you an alcoholic or have you ever had a drinking problem? Yes
No

Explain: _____

Have you ever used or experimented with any type of illegal drugs or substance? Yes
No

Explain: _____

Marital Status? _____ Spouse name (if applicable): _____ DOB: _____

Criminal History

Have you ever been arrested on a felony? Yes
No

Have you ever been arrested for a misdemeanor? Yes
No

If yes, please list all arrests: Dates, Location (City & State) of arrest, charges, convictions, dispositions.

Have you been a party in a civil court proceeding within the past 5 years? Yes
No

If yes, please provide a list of all civil judgements and/or garnishments, if applicable:

Traffic History

Please provide a list of all states you have been licensed. List all CITATIONS, SUSPENSIONS, CONVICTIONS, and the LOCATIONS.

Personal Information

List all names used, including maiden names:

List all addresses where lived for the last 5 years. Use additional sheets if necessary.

Work History

Name of Business _____ Address _____ Type of business _____ Phone number _____	From MO/YR: _____ to MO/YR: _____ Starting Salary: _____ Ending: _____ Supervisor: _____ Reason for leaving: _____ _____
Name of Business _____ Address _____ Type of business _____ Phone number _____	From MO/YR: _____ to MO/YR: _____ Starting Salary: _____ Ending: _____ Supervisor: _____ Reason for leaving: _____ _____
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High School

Name and address of school	Course of study	Last year completed	Graduate

College

Name and address of school	Course of study	Last year completed	Graduate

Describe any specialized training, apprenticeships, skills:

Honors received:

Military History

Veteran of US Military Service

Yes No

Active Reserves

Yes No

Branch of Service: _____

Date Served: _____

I hereby give my permission to contact my personal references, and obtain copies of my education records, and any military records available.

Signed: _____ Date: _____

State of Oklahoma, County of _____:

Before me, the undersigned Notary Public is and for said county and state, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____.

My commission expires _____.

SIGNATURE OF NOTARY PUBLIC

Personal references (Not former employers or relatives)

Name & Address	Occupation	Phone number	How long you have known them

List 2 relatives in the area (If applicable):

Name	Address	Phone number

Social Media

Social Media App	Your name on the app

APPLICANT'S CERTIFICATION AND AGREEMENT

*******PLEASE READ CAREFULLY*******

I, (print name) _____, hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Date: _____ Signature of applicant _____

State of Oklahoma, County of _____:

Before me, the undersigned Notary Public is and for said county and state, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____.

My commission expires _____.

SIGNATURE OF NOTARY PUBLIC