

Pocola Police Department **Employment Application**

Read before Completing Application

Completed applications and copies of the required documents are to be returned to the Office of The Police Department. All applications must have copies of required documents attached. If all required documents are not submitted with the application, the application will be regarded incomplete and will not be considered.



Only completed applications will be accepted.

Mailing Address:

Pocola Police Department
P.O. Box 397
Pocola, Oklahoma 74902
(918) 436-2476

Working Hours and Conditions

All full-time employment is based on a (42) forty-two hour work week. Officers will work as assigned. All officers must be available to work assigned hours. Reserve officers may work up to one hundred forty (140) hours per calendar month and will be assigned or scheduled as needed.

Uniforms and Equipment

Uniforms, service weapon and Chemical Mace are furnished. The employee may be asked to furnish their own duty gear.

Pay

Full-time starting salary for a probationary police officer is determined by experience and paid weekly with medical, dental and vision and life benefit after probation period. Reserve officer pay is determined by experience and paid weekly with no benefits.

Probationary period

All newly appointed officers will be on probation for sixty (60) days.

You must meet all of the following qualifications and requirements to apply for probationary police officer with the Pocola Police Department:

1. Be at least twenty one (21) years of age at time of appointment
2. Must not have a felony conviction or major misdemeanor conviction(s).
3. Possess a High School Diploma or G.E.D.
4. See posting for further qualifications and requirements.

Your application packet must be returned to the police department and must include copies of:

- Birth certificate as issued by the vital statistics bureau of the state where you were born (hospital certificates are not acceptable)
- High school diploma or GED certificate
- Military discharge papers if applicable
- Valid Driver's License
- Social security card
- Application (signed and notarized)

Do NOT sign areas required to be notarized until in presence of a Notary Public

If you meet all of the above qualifications and requirements, you will be eligible to participate in the following procedures which are:

- Police Department background check, review board interview and approval;
- Board of Trustees interview;
- Pre-screen drug test at the expense of the Department

Each phase the testing procedure must be passed to continue in the process.

I hereby certify that I have read and understand all of the above qualifications and requirements. I further attest that without exception I meet and agree to all of the above qualifications and requirements. I understand that any misrepresentation or falsification shall be deemed as sufficient grounds for disqualification or dismissal.

Applicant's Signature: _____ Date: ____/____/____

Instructions: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

Personal

Name: _____
(First) (Middle) (Last)

Nick Names or Aliases: _____

Social Security Number: _____ - _____ - _____ Driver's License _____ ST: _____

Mailing Address:

(Street) (City) (State) (Zip)

Telephone Number: (____) _____ - _____

List organizations, clubs, and associations of which you are or have been a member of, or with which you are or have been associated with:

List hobbies and /or special skills:

References

Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and qualities.

(Name)	(Address)	(Phone)
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(Name)	(Address)	(Phone)
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(Name)	(Address)	(Phone)
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(Name)	(Address)	(Phone)
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(Name)	(Address)	(Phone)
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Residence

List addresses for past ten years with present address at top.

Date from: Date to: Address: City/State: Landlord:

Work History

If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

Have your employers always treated you fairly? Yes / No (circle one)

If not explain:

Do you object to wearing a uniform? Yes _____ No _____

Do you object to working nights? Yes _____ No _____

Do you object to rotating shifts? Yes _____ No _____

Do you object to working overtime? Yes _____ No _____

List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence as well as temporary part-time jobs.

Title of Present Job/Position: _____

Starting Salary: _____ Last Salary: _____

Hire Date: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____

Employer: _____

Address: _____

Duties/Responsibilities: _____

Reason for Leaving:

Title of Present Job/Position: _____

Starting Salary: _____ Last Salary: _____

Hire Date: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____

Employer: _____

Address: _____

Duties/Responsibilities: _____

Reason for Leaving:

If more space is needed, please submit information on a separate sheet of paper.

Education

Grade School:

Name: Location: Years: Completed:

High School:

Name: Location: Years: Completed:

College:

Name: Location: Years: Completed:

Did you graduate from high school? Yes / No (circle one) G.E.D. _____

List College Degrees received and major field of each:

Certification

Are you a certified police officer from another state? Yes / No (circle one)

If yes, what state? _____

Are you certified as a full time officer? Yes / No (circle one) State: _____

Are you certified as a reserve officer? Yes / No (circle one) State: _____

Were you ever in the U.S. military or any other military organization? Yes / No (circle one)

Unit: _____ Branch: _____

Enlistment Date: ____/____/____ Discharge date ____/____/____

Years of Service: _____ Rank: _____

Type of Discharge: _____

List medals and awards:

If you are presently a member of the National Guard or any other branch of service, give unit, location and obligations.

Have you previously submitted an application for employment with this agency?

Yes _____ No _____

Arrest and Military Disciplinary Action

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (Exclude traffic violations)

Have you ever been arrested or detained by the police? Yes / No (circle one)

If yes, explain:

If more space is needed, please use a separate sheet of paper.

Were you ever court-marshaled, tried on charges or were you the subject of a summary court, or company punishment or any other disciplinary action while a member of the armed forces?

Yes / No (circle one)

If yes, explain:

List any disciplinary action taken against you in the National Guard/Reserve or other branch of service:

If you have ever been fingerprinted by a police department or other agency than for arrest, give details. Your answer will be checked by the FBI and other agencies.

Agency:

Date:

Purpose:

Has a motor vehicle being driven by you ever been involved in an accident? Yes / No (circle one)

If yes, explain:

Attitudes

What are your experiences and beliefs concerning the use of alcoholic beverages?

What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?

What are your feelings about the use of physical force if it becomes necessary in the performance of official duties?

Career Objectives

Explain briefly your reasons for applying for this position:

I hereby certify that all statements made in this questionnaire are true and complete. I understand that any misstatements of material facts may be subject me to disqualification of application or dismissal from employment.

Applicant's Signature in Full

Sworn and subscribed before me this _____ day of _____, _____.

Notary public

My Commission Expires: ____/____/____ My Commission Number: _____

I, _____, am an applicant for employment with the Pocola Police Department. In order to process my application, certain information must be made available to the Chief of Police with the Town of Pocola. This information is for my benefit. I hereby authorize, request and direct educational institutions; my references; my doctors; any other person institution or organizations and all government agencies and instrumentalities; wherever said individuals or organizations are situated, to release to the Chief of Police with the Town of Pocola, Oklahoma or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person in writing.

Further, I release all said individuals and organizations from all 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 representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serve as a waiver of any legal communication privileges that I could claim.

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

I, _____ being duly sworn, depose and say as follows: I am the person who executed the above authorization; I understand its meaning, intention, effect and that the statements therein are true and correct.

Applicant's Signature in Full

Sworn and subscribed before me this _____ day of _____, _____.

Notary public

My Commission Expires: ____/____/____ My Commission Number: _____

Consent for Medical Evaluating/Drug Testing

I hereby consent for Pocola Police Department, or its affiliates or designated agents, to collect urine or blood sample from me and/or have me undergo a breathalyzer and conduct necessary test to determine the presence of illegal drugs, controlled substances or alcohol.

I also consent to the release of the test results to the authorized agent for appropriate review.

I further agree at the time of testing to provide Pocola Police Department, or its affiliates or designated agents, with a list of all medications which I have used within the past 30 days. I understand that this information is being provided solely to identify false positives and the Town of Pocola will not have access to such list of medication.

I understand that refusal to consent to such testing will be considered grounds for terminations of my employment with or my assignment to the town of Pocola, or will be considered a withdrawal of my application for employment.

I understand that if in the opinion of medical personnel or a substance abuse specialist, the results of my test is positive for illegal drugs, controlled substances or alcohol, the Town of Pocola may discipline me up to and including termination of my employment or may deny my application for employment.

I understand that if I interfere in any way to affect the validity of this test, the Town of Pocola may discipline me up to and including termination of my employment or may deny my application for employment.

I, _____ agree / refuse (circle one) to the above consent.

Applicant's Signature in Full

Sworn and subscribed before me this _____ day of _____, _____.

Notary public

My Commission Expires: ____/____/____ My Commission Number: _____