



MCLLOUD POLICE DEPARTMENT
408 WEST BROADWAY, MCLLOUD OKLAHOMA 74851
PH: 405-788-4800 FAX: 405-432-5155



Dear Applicant,

Welcome to the McCloud Police Department. We are glad that you have taken an interest in applying for a position with our department. The Police Department is comprised of full time, part time, and reserve police officers and a twenty-four-hour communications division. It is the goal of the agency to obtain highly qualified and professional individuals as police officers. The process may be time consuming and lengthy. You may also be asked to supply information that you are not normally asked. The process may differ slightly from full time and part time officers to reserve officers. The Chief of Police is the primary authority in the hiring process of full time and part time officers. The Chief will review and designate which applications are acceptable for further processing. The reserve police officer applications are processed through the Reserve Coordinator, who is an officer. The process of appointment for reserve officers is the same as those of full time and part time, except the Coordinator processes and forwards the desired application to the Chief of Police for approval and appointment.

INSTRUCTIONS FOR COMPLETING THE APPLICANT FORM

Type or neatly print all information. Complete all areas to the best of your knowledge. Do not leave any blank spaces. Place "N/A" in those spaces that do not apply. The more information you supply the faster the process. You may also attach a resume with the completed application. It is also recommended that copies of any training certificates, military related documents including the DD-214, commendations, letters of references, etc. be submitted with your application. Feel free to ask questions. Our phone number is 405-788-4800.

Good Luck in your processing.

INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS FOR OFFICIAL USE ONLY



M CLOUD P O L I C E D E P A R T M E N T
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Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator. Or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the McCloud Police Department only for the purposes of determining my suitability for employment with the McCloud Police Department.

I forever release, fully discharge, and agree to indemnify, defend, and hold harmless the McCloud Police Department and their respective officers, employees, board members, volunteers, representatives, and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs, and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative, or agent thereof, that furnishes written verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the McCloud Police Department, whichever is sooner.

Signature: _____ Date: _____

Notary Signature: _____ Date: _____

Notary Seal:

Position for which you are being investigated _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact Number: _____ **Secondary Contact Number:** _____



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The McCloud Police Department is an Equal Opportunity Employer

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to age, race, color, religion, sex, national origin, marital status, or the presence of a non-job-related medical condition or handicap.

Agreement

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, medical history and other related matters as deemed necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information and statements given in my application or interview(s) may result in termination. By signing below, I understand that I am required to abide by all rules and regulations of this department.



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Position Applying For:

Police Officer ___ Certified (Y/N) _____
 Reserve Police Officer ___ Certified (Y/N) _____
 Dispatcher ___ Records _____
 Full Time _____ Part Time _____
 Shift Work: _____ Days _____ Evenings: _____ Nights: _____

Personal Information:

Name: (Last, First, Middle, Jr. or Sr.): _____

Date of Birth: (MM/DD/YYYY): _____

Male/Female: _____ **Height:** _____ **Weight:** _____

Hair Color: _____ **Color Eyes:** _____ **Blood Type:** _____

Any distinguishing marks or scars and location: _____

SSN: _____

License Number: _____ **State Issued:** _____ **Expiration Date:** _____

Place of Birth (City & State): _____

Current Address: _____

City: _____ **State:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Are you or have you been known by any other names (s) (Y/N) _____ If yes, list names here:

Have you ever been employed by the City of McCloud? (Y/N) _____

If yes, when and in what capacity? _____

Are you a legal citizen of the United States? (Y/N) _____

If **not**, do you possess an alien registration card or visa that allows you to be employed in this country? (Y/N) _____

Do you have any acquaintances or relatives employed with the department? _____ If yes, please list:



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Employment History

Employer: _____ Phone: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Dates _____ to _____
 Number of employees you supervised: _____
 Reason for leaving: _____
 Job description: _____

Employer: _____ Phone: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Dates _____ to _____
 Number of employees you supervised: _____
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 Street address: _____
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Education

List all schools, high schools, trade and technical schools, colleges, correspondence courses, and any other training you may have attended. This includes those that did not furnish a certificate. Use a separate sheet of paper if you need more space.

High School:

Did you receive a High School Diploma? (Y/N) _____
 Name of School: _____ Dates: _____ to _____
 Phone: _____
 City _____ State _____ Zip: _____

Trade or Technical School:

Name of School: _____ Dates: _____ to _____
 Phone: _____
 City _____ State _____ Zip: _____

College:

Name of College: _____ Dates: _____ to _____
 Phone: _____
 City _____ State _____ Zip: _____

Other Schools or Training:

Name of College: _____ Dates: _____ to _____
 Phone: _____
 City _____ State _____ Zip: _____

Please list all other training and certificates of training that you may have. Do not eliminate training documents that may not apply to the position for which you are applying. Other training that you possess may be a valuable asset to the agency.



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What type of skills, training, and qualifications do you possess that you feel may be of benefit to this agency? List on a separate sheet of paper if you need more space:

Military

Are you now or have you ever been an active member in the Armed Forces of the United States or any other country? (Y/N) _____. If yes, please fill in the following:

Country: _____ Branch: _____

Date Entered: _____ Date Discharged: _____

Type of Discharge: _____ Highest Rank: _____

Reason for Discharge: _____

Are you currently a member of the National Guard or the Reserve Program? (Y/N) _____. If so, what branch of service? _____



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Criminal History

Have you ever been arrested for a misdemeanor or felony? (Y/N) _____

If yes, list each charge and the disposition:

Date: _____ Charge: _____ Disposition: _____

Date: _____ Charge: _____ Disposition: _____

Have you ever been convicted of any crime? (Y/N) _____

If yes, provide type of crime and dates of offenses:

Date: _____ Charge: _____ Disposition: _____ Age: _____

Date: _____ Charge: _____ Disposition: _____ Age: _____

Have you been bonded? (Y/N) _____

If yes, When: _____ Where: _____

Traffic

Have you received a citation or ticket for any traffic violation in the past ten years? (Y/N) _____

If yes, list the dates, fines and dispositions for each offense. List on a separate sheet of paper if you do not have enough space below:

Date: _____ Charge: _____

Disposition: _____ Location: _____

Date: _____ Charge: _____

Disposition: _____ Location: _____

Date: _____ Charge: _____

Disposition: _____ Location: _____

Date: _____ Charge: _____

Disposition: _____ Location: _____



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Residential History

Street address: _____
 City: _____ State: _____ Zip: _____
 Dates of residency: _____ to _____
 Rent or Own: _____
 Landlords name: _____ Phone: _____
 Reason for moving: _____

Street address: _____
 City: _____ State: _____ Zip: _____
 Dates of residency: _____ to _____
 Rent or Own: _____
 Landlords name: _____ Phone: _____
 Reason for moving: _____

Street address: _____
 City: _____ State: _____ Zip: _____
 Dates of residency: _____ to _____
 Rent or Own: _____
 Landlords name: _____ Phone: _____
 Reason for moving: _____

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 City: _____ State: _____ Zip: _____
 Dates of residency: _____ to _____
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References

In this section you will need to supply complete information on references.
Do not use family members.

Name: _____ **Phone:** _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
Type of relationship: _____ **Years known:** _____

Name: _____ **Phone:** _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
Type of relationship: _____ **Years known:** _____

Name: _____ **Phone:** _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
Type of relationship: _____ **Years known:** _____

Name: _____ **Phone:** _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
Type of relationship: _____ **Years known:** _____

Name: _____ **Phone:** _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
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Applicant Questionnaire

1. What do you feel are todays challenges in Law Enforcement?
2. How do you manage your time?