



MCLOUD POLICE DEPARTMENT

408 WEST BROADWAY, MCLOUD OKLAHOMA 74851

PH: 405-788-4800 FAX: 405-432-5155



APPLICATION FOR EMPLOYMENT

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, 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 officers 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 APPLICATION 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 reference, ect, be submitted with your application. Feel free to ask questions. Our phone number is 405-788-4800.

Good luck in your processing.

OUR GOALS:

Protection and Prevention ♦ **R**esponsibility and Respect ♦ **I**ntegrity and Ideas ♦ **D**edication to Duty ♦ **E**mployee Excellence



MCCLOUD POLICE DEPARTMENT

408 WEST BROADWAY, MCCLOUD OKLAHOMA 74851

PH: 405-788-4800 FAX: 405-432-5155



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 or 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 (black ink): _____ Date _____

Printed Name: _____

Position for which you are being investigated: _____

Current address: _____

City: _____ State: _____ Zip: _____

Primary contact number: _____ Secondary Contact Number: _____

Information contained in this questionnaire is for Official Use Only.

OUR GOALS:

Protection and Prevention ♦ Responsibility and Respect ♦ Integrity and Ideas ♦ Dedication to Duty ♦ Employee Excellence



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



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. I understand that I am required to abide by all rules and regulations of this department.

Signature of Applicant _____ Date _____

OUR GOALS:

Protection and Prevention ♦ **R**esponsibility and Respect ♦ **I**ntegrity and Ideas ♦ **D**edication to Duty ♦ **E**mployee Excellence



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



Position applying for:

Police Officer _____ Cert Y / N Reserve Police Officer _____ Cert 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): _____

M/F _____ Ht: _____ Wt: _____

Color Hair: _____ Color Eyes: _____ Blood Type _____

Any distinguishing marks or scars and location: _____

SSN: _____ OLN: _____

OLN Type _____ State issued: _____ OLN Expiration: _____

Place of Birth, City and State: _____

Current Address: _____

City: _____ State _____ Zip _____

Home Phone Number: _____ Cell phone or Pager: _____

Are you or have you been known by any other name(s)? Y / N

(What names): _____

Have you been previously 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 here? Y / N

If yes, please list: _____

OUR GOALS:

Protection and Prevention ♦ **R**esponsibility and Respect ♦ **I**ntegrity and Ideas ♦ **D**edication to Duty ♦ **E**mployee Excellence



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



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 _____

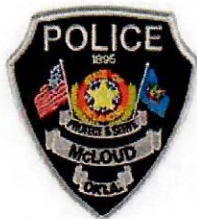
Reason for discharge _____

Are you currently a member of the National Guard or the Reserve Program? **Y / N**

If so, what branch of service?

OUR GOALS:

Protection and Prevention ♦ Responsibility and Respect ♦ Integrity and Ideas ♦ Dedication to Duty ♦ Employee Excellence



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



Criminal History

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

List each charge and the disposition:

Date: _____ Charge: _____ Disposition: _____

Date: _____ Charge: _____ Disposition: _____

Have you ever been convicted of any crimes? Y / N

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

Date: _____ Type: _____ Disposition: _____ Age: _____

Date: _____ Type: _____ 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:

Date: _____ Charge: _____

Disposition: _____ Location: _____

Date: _____ Charge: _____

Disposition: _____ Location: _____

Date: _____ Charge: _____

Disposition: _____ Location: _____

Date: _____ Charge: _____

Disposition: _____ Location: _____

OUR GOALS:

Protection and Prevention ♦ **R**esponsibility and Respect ♦ **I**ntegrity and Ideas ♦ **D**edication to Duty ♦ **E**mployee Excellence



MCCLOUD POLICE DEPARTMENT
Trade or Technical School:
408 WEST BROADWAY, MCCLOUD OKLAHOMA 74851
PH: 405-788-4800 FAX: 405-432-5155



Education

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

Elementary:

Name: _____ Dates: _____ to _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip: _____

Junior High or Middle School:

Name: _____ Dates: _____ to _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip: _____

High School:

Name: _____ Dates: _____ to _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip: _____

Trade or Technical School:

Name: _____ Dates: _____ to _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip: _____

Other Schools or Training:

Name: _____ Dates: _____ to _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip: _____

Other Schools or Training:

Name: _____ Dates: _____ to _____ Phone: _____
Street address: _____ 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.

OUR GOALS:

Protection and Prevention ♦ Responsibility and Respect ♦ Integrity and Ideas ♦ Dedication to Duty ♦ Employee Excellence



MCLOUD POLICE DEPARTMENT

408 WEST BROADWAY, MCLOUD OKLAHOMA 74851

PH: 405-788-4800 FAX: 405-432-5155



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: _____

Reason for leaving: _____ Job description: _____

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: _____

Reason for leaving: _____ Job description: _____

Employer: _____ Phone: _____

Street address: _____ City: _____ State: _____ Zip: _____

Dates: _____ to _____ Number of employees you supervised: _____

Reason for leaving: _____ Job description: _____

OUR GOALS:

Protection and Prevention ♦ Responsibility and Respect ♦ Integrity and Ideas ♦ Dedication to Duty ♦ Employee Excellence



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



Residential History

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of residency: _____ to _____ **Rent:** _____ **Own:** _____

Landlords name: _____ **Phone:** _____

Reason for moving: _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of residency: _____ to _____ **Rent:** _____ **Own:** _____

Landlords name: _____ **Phone:** _____

Reason for moving: _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of residency: _____ to _____ **Rent:** _____ **Own:** _____

Landlords name: _____ **Phone:** _____

Reason for moving: _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates of residency: _____ to _____ **Rent:** _____ **Own:** _____

Landlords name: _____ **Phone:** _____

Reason for moving: _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

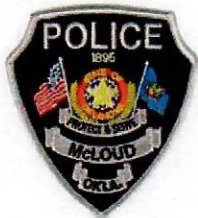
Dates of residency: _____ to _____ **Rent:** _____ **Own:** _____

Landlords name: _____ **Phone:** _____

Reason for moving: _____

OUR GOALS:

Protection and Prevention ♦ Responsibility and Respect ♦ Integrity and Ideas ♦ Dedication to Duty ♦ Employee Excellence



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



References

In this section you will need to supply complete information on coworker 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:** _____

Type of relationship: _____ **Years known:** _____

Name: _____ **Phone:** _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Type of relationship: _____ **Years known:** _____

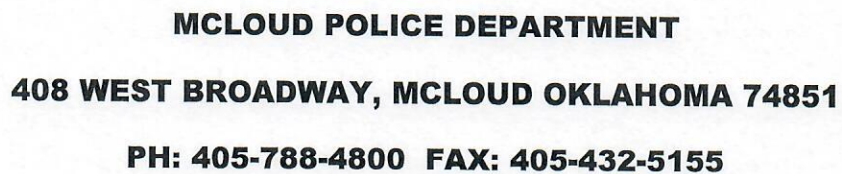
Name: _____ **Phone:** _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Type of relationship: _____ **Years known:** _____

OUR GOALS:

Protection and Prevention ♦ Responsibility and Respect ♦ Integrity and Ideas ♦ Dedication to Duty ♦ Employee Excellence



You may use this page as a continuation sheet for the application. Please note the topic of the continuing statement before each entry.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Protection and Prevention ♦ **R**esponsibility and Respect ♦ **I**ntegrity and Ideas ♦ **D**edication to Duty ♦ **E**mployee Excellence



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



STRENGTH AND AGILITY TEST

Applicants Name: _____ Date: _____ PASS: _____ FAIL: _____

Exercise:	Allotted Time	Number Of Exercises Performed	Minimum Required
Pushups:	No Time	_____	15
Sit-Ups:	60 Seconds	_____	20
1.5 Mile Run	15 mins 20 sec	_____	15 Min 20 Sec

Written Exam Score: _____

OUR GOALS:

Protection and Prevention ♦ **R**esponsibility and Respect ♦ **I**ntegrity and Ideas ♦ **D**edication to Duty ♦ **E**mployee Excellence