



# **APPLICATION**

## **POLICE OFFICER**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Fort Gibson Police Department Job Description, Goals & mission can be found on our website.

Have you read, and do you understand, and will you abide to our Police Departments Job Description, Goals and Mission? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you read and do you understand the physical requirements and the working conditions of a Fort Gibson Police Officer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ and can you meet these qualifications? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**APPLICANTS MUST COMPLETE APPLICATION ON THEIR OWN.**

**PRINT** all answers to each question clearly and completely, in your own hand writing. All questions must be answered.

**Are you C.L.E.E.T. basic law enforcement certified; # \_\_\_\_\_**

The application process with the Town of Fort Gibson is lengthy and regulated by several local, State, and Federal employment guidelines / regulations. There are many equal opportunity, affirmative action, and merit system provisions, which must be monitored.

**PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE ATTACHED APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.**

**BACKGROUND INVESTIGATION:** If you are tentatively selected for employment with the Town, the Police Department will conduct a background investigation of your credentials prior to your being appointed to a position with the Town. You must sign this form to authorize the Town to verify your credentials. This section can include a polygraph examination.

**DRUG SCREENING:** You will be required to pass a pre-employment drug test for employment consideration in accordance with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act, effective 1991 and as amended, the Town of Fort Gibson

Policy and Procedures Manual. All Police Officers are subject to random and or deliberate Drug Testing: Will you comply with drug testing procedures?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**NEPOTISM:** In accordance with the Town Policy and Procedure Manuel, the applicant must "not be a member of the immediate family, by blood or marriage of any elected official to three levels of consanguinity or affinity.

**IMMIGRATION REFORM & CONTROL ACT OF 1986:** In accordance with the United States Code "Title 8, Section 132A. The Town of Fort Gibson must verify every individual's eligibility for employment in the United States. The immigration and Naturalization Service, and the United States Department of Labor require you to furnish the Town of Fort Gibson with one of the following documents.

**DOCUMENTATION REQUIREMENTS:**

1. Driver's License
2. Social Security Card
3. Birth Certificate
4. High School Diploma

**BELOW DOCUMENTATION MAY SUBSTUTE**

- A. United States Military Identification Card
- B. United States Passport
- C. Certificate of United States Citizenship
- D. Certificate of Naturalization
- E. Alien Resident/Alien Card with photograph
- F. Unexpired INS Employment Authorization

At such time you are extended an offer of employment, you will be required to furnish documentation. Failure to produce the Town of Fort Gibson with the requested documentation will result in denying you employment.

**AN EQUAL OPPORTUNITY EMPLOYER:** The Town of Fort Gibson does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, political affiliation, disability status, or any other legal protected status.

Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

Shift availability:

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_ Weekends: \_\_\_\_\_ Holidays: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Move-In: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Move-In: \_\_\_\_\_ Date of Depart: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Move-In: \_\_\_\_\_ Date of Depart: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_

Cellular #: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Siblings Names \_\_\_\_\_

**EDUCATION AND TRAINING**

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Diploma: \_\_\_\_\_ G.E.D.: \_\_\_\_\_

University: \_\_\_\_\_ Collage: \_\_\_\_\_ Yo- Tech \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Hours: \_\_\_\_\_ Diploma: \_\_\_\_\_ Certificate: \_\_\_\_\_ Bachelors: \_\_\_\_\_ Masters: \_\_\_\_\_

COPS Program: \_\_\_\_\_

Council of Law Enforcement Education and Training

Date of Completion: \_\_\_\_\_ Class number: \_\_\_\_\_

Reserve Academy: \_\_\_\_\_ Location: \_\_\_\_\_

**LIST ANY TRAINING YOU HAVE RECEIVED THAT IS PERTINENT**

**CERTIFICATIONS / AWARDS**

**EMPLOYMENT HISTORY**

**CURRENT EMPLOYMENT:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Exiting: \_\_\_\_\_

Any discipline Action: \_\_\_\_\_ Start Pay: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Exited: \_\_\_\_\_

Position: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Reason for Exiting: \_\_\_\_\_

Any discipline Action: \_\_\_\_\_ Start Pay: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Exited: \_\_\_\_\_

Position: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Reason for Exiting: \_\_\_\_\_

Start Pay: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

PREVIOUS EMPLOYMENT: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Exited: \_\_\_\_\_

Position: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Reason for Exiting: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

PREVIOUS EMPLOYMENT: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Exited: \_\_\_\_\_

Position: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Reason for Exiting: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Have you ever had a Protective order served to you: \_\_\_\_\_, Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Resolution: \_\_\_\_\_

Have you ever been arrested: \_\_\_\_\_ Date: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Resolution: \_\_\_\_\_

Do you have any Medical concern that could affect your ability, to perform the duties of a Police Officer: \_\_\_\_\_ Details: \_\_\_\_\_

Do you enjoy work \_\_\_\_\_ Are you a hard worker: \_\_\_\_\_ Are you lazy: \_\_\_\_\_

If hired, first year, estimate days missed work: \_\_\_\_\_ Estimate days late: \_\_\_\_\_

Are you a friendly person: \_\_\_\_\_ Do you consider yourself a people person: \_\_\_\_\_

Details: \_\_\_\_\_

Are you a Team Player: \_\_\_\_\_ Details: \_\_\_\_\_

List any Languages you speak proficiently: \_\_\_\_\_

MILITARY SERVICE: \_\_\_\_\_ Active: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

If offered a police officer position, you will be required to a complete medical examination! Do you agree: \_\_\_\_\_

Will you comply with the Physical fitness requirements? \_\_\_\_\_

As Police Officers, we are required to be in a good physical condition. We are required to be able to protect others, and often times it will require officers to be involved in physical confrontations. Do you agree? \_\_\_\_\_ Are you currently in physical condition to perform the duties of a police officer? \_\_\_\_\_ Will you maintain a level of fitness to perform your duties as a police officer, and meet our minimum physical



standards? \_\_\_\_\_ Below are the minimum physical standards you must be able to meet.

### 1.5 Mile Run

(Age 21 to 31, time: 14:30)

(Age 32 to 41, time: 16:30)

(Age 42 to 51, time: 18:30)

(Age 52 to 61, time: 20:40)

## PHYSICAL FITNESS REQUIREMENTS

Police Officers must be able to Bench Press 80% of their Body weight, one full time.

RUN 1.5 miles: \_\_\_\_\_ Est. time: \_\_\_\_\_

Est the amount, Sit ups : \_\_\_\_\_ Pull ups: \_\_\_\_\_ Push ups: \_\_\_\_\_

Bench Press: \_\_\_\_\_ Power Lift: \_\_\_\_\_

## FIREARM EXPERIENCE

Do you own a Handgun: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Caliber: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Caliber: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Do you own a Shotgun: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Gage: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Gage: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Do you own a Rifle: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Are you a proficient shooter: \_\_\_\_\_ Details: \_\_\_\_\_

Have you been trained: \_\_\_\_\_ At what age: \_\_\_\_\_ Details: \_\_\_\_\_

**DISCLAIMER**

By signing below, you are stating all answers on this document /application are true to the best of you knowledge. Please understand any false information that you have submitted, could result in your disqualification on the application process, and or termination of a position with the Town of Fort Gibson (Police Department).

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

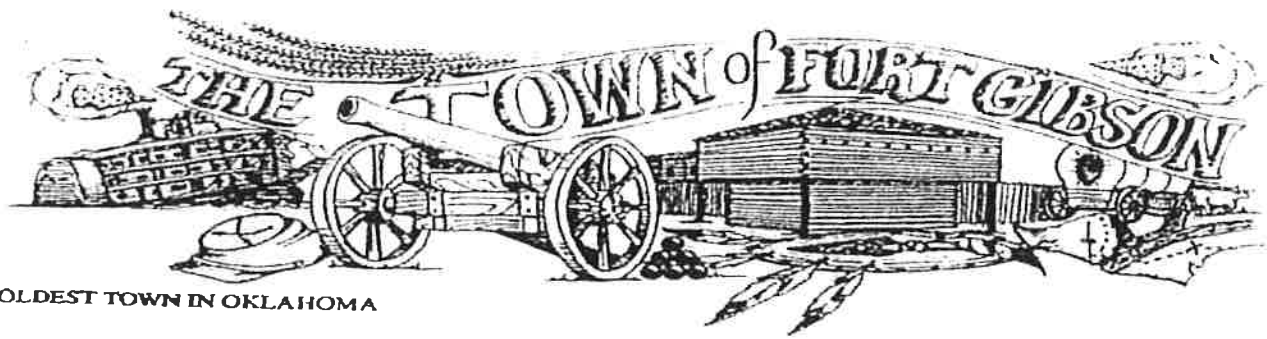
First Middle Last

Signature: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My commission expires, \_\_\_\_\_

Notary: \_\_\_\_\_



AGREEMENT

Pre-Employment Agreement

Please read carefully or have someone read it to you.

I agree to submit to a drug screen as part of my application for employment with the Town of Fort Gibson/Fort Gibson Police Department. I understand that either refusal to submit to the drug screen, or failure to qualify according to the minimum standards established by the Town of Fort Gibson/ Fort Gibson Police Department for this screen, may disqualify me from further consideration for employment.

I further understand that upon employment with the Town of Fort Gibson Police Department I may be required to submit to drug screening under the conditions outlined in the company policy for a Drug Free Workplace, which I have read prior to signing this statement. I understand that refusal to take the drug screen, may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment As specified by company policy.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (If form read to Applicant)

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_