

**City of Skiatook**  
**Public Service Communications**  
**Background Investigation Questionnaire**

APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE (M/D/Y)

CRITICAL TEST DATE (M/D/Y)  
\*\*\* LEAVE BLANK \*\*\*

**INSTRUCTIONS**

*Read and follow all the instructions below. Failure to do so will delay or void your application.*

1. Do not remove this page from the questionnaire. Complete requested information.
2. Complete legibly in a Word Document. Handwritten applications are acceptable as well.
3. Answer each question completely and accurately. If the question does not apply to you, write N/A in the appropriate space.
4. If there is not enough space for you to provide a complete answer, complete a narrative supplemental sheet (attached). Be sure to label supplements with the item number of the question you are answering.
5. Sign and date the questionnaire.
6. Retain a copy of the questionnaire for your records. Download a blank copy for future reference.
7. Be sure to submit **certified copies** of high school/technical school/college transcripts.
8. Certified and/or signed and notarized documents must be submitted via postal service or in person.
9. Submit your application via email ([csorrells@cityofskiatook.com](mailto:csorrells@cityofskiatook.com)), or to the address listed below:

**PSC Background Investigator Attn:**  
**Corby Sorrells**  
**City of Skiatook – Police**  
**Department 220 S Broadway**  
**Skiatook, OK 74070**

**PLEASE NOTE THE FOLLOWING:**

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is also better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You may be asked to submit additional information or documentation pertaining to your application.
- Be sure to notify the PSC Background Investigator of any changes in address, telephone number, or any other information relevant to your application.

## **MEDICAL MARIJUANA DISCLAIMER:**

CITY OF SKIATOOK PSC EMPLOYEES ARE SUBJECT TO FEDERAL GUIDELINES REGARDING MARIJUANA USAGE.

**PSC EMPLOYEES ARE PROHIBITED FROM THE USE OF MARIJUANA REGARDLESS OF MEDICAL STATUS**, IN ACCORDANCE WITH FEDERAL GUIDELINES AND THE CITY OF SKIATOOK'S POLICIES AND PROCEDURES.

POSSESSION OF A MEDICAL MARIJUANA LICENSE CARD FOR USE IN THE STATE OF OKLAHOMA DOES NOT SUPERCEDE FEDERAL REQUIREMENTS PROHIBITING PUBLIC SAFETY EMPLOYEES FROM USE OF ILLEGAL SUBSTANCE(S).

## I. PERSONAL INFORMATION

1. LEGAL NAME (LAST, FIRST, MIDDLE):			2. SOCIAL SECURITY #:				
3. LIST ALL OTHER NAMES OR NICKNAMES, INCLUDING LEGAL NAME CHANGES (LIST DATE AND REASON FOR NAME CHANGE):							
4. DRIVERS LICENSE NUMBER	4a. DL STATE	4b. DL EXP DATE	5. BIRTHDATE	6. BIRTHPLACE (CITY, STATE, COUNTRY):			
7. RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP):							
8. HOME PHONE:		9. WORK PHONE:		10. CELLPHONE:			
11. EMAIL ADDRESS:		12. ALTERNATE EMAIL ADDRESS:		13. ALTERNATE CONTACT INFO:			
14. WHEN ARE YOU AVAILABLE FOR EMPLOYMENT?			15. ARE YOU A CITIZEN OF THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>				
16. HAVE YOU EVER APPLIED TO THE CITY OF SKIATOOK BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>				16a. IF YES, WHEN AND DISPOSITION?			
17. HOW DID YOU LEARN ABOUT THE PSC DISPATCH POSITION? _____ _____				POLICE DEPT. RECRUITER	<input type="checkbox"/>	TELEVISION	<input type="checkbox"/>
				CITY OF SKIATOOK	<input type="checkbox"/>	RADIO	<input type="checkbox"/>
				WEBSITE	<input type="checkbox"/>		
				NEWSPAPER			
				LIST OTHER:			

## II. EMPLOYMENT HISTORY

**IMPORTANT NOTICE:** You must list every job you have held for the past 15 years, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so may result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire.

18. **BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER, PART-TIME, AND TEMPORARY JOBS. PLEASE PROVIDE COMPLETE INFORMATION.**

1. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
2. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
3. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		

## II. EMPLOYMENT HISTORY - CONTINUED

4. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		
5. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		
6. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		
7. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		
8. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		
9. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		
10. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE:	JOB TITLE & DUTIES:		

## II. EMPLOYMENT HISTORY - CONTINUED

19. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? NO ☐ YES ☐ IF YES, YOU MUST EXPLAIN.  
(INCLUDE DATE, PLACE & SPECIFIC DETAILS)

20. HAVE YOU EVER BEEN PROMOTED? NO ☐ YES ☐ IF YES, YOU MUST PROVIDE DETAILS:

21. HAVE YOU PREVIOUSLY APPLIED FOR A JOB WITH THE CITY OF SKIATOOK? NO ☐ YES ☐ IF YES, WHICH DEPARTMENT(S)?

22. HAVE YOU EVER WORKED FOR THE CITY OF SKIATOOK? NO ☐ YES ☐

IF YES, LIST DEPARTMENT(S) AND WHEN:

LIST SUPERVISOR'S NAME AND PHONE NUMBER:

23. MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? NO ☐ YES ☐ IF NO, PLEASE EXPLAIN:

24. HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO ☐ YES ☐

IF YES, LIST AGENCY AND DATE:

## III. EDUCATION HISTORY

26. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE, OR UNIVERSITY? NO ☐ YES ☐ IF YES, WHERE, AND WHAT IS YOUR CURRENT FIELD OF STUDY?

PROJECTED COMPLETION DATE?

27. LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL. INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS.

### COLLEGES AND UNIVERSITIES

1. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
2. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
3. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

4. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

**VOCATIONAL/TECHNICAL/MILITARY OR OTHER POST-SECONDARY SCHOOLS**

1. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

2. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

3. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

**IV. EDUCATION HISTORY-CONTINUED**

**HIGH SCHOOL**

1. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

2. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

3. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

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<sup>28.</sup> LIST ANY LANGUAGE ABILITY YOU HAVE, OTHER THAN ENGLISH, AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE): USE A SCALE OF 1 TO 5. EXAMPLE: 1= SOME; 3 = MODERATE; 5 = FLUENT			
LANGUAGE (AND DIALECT IF APPLICABLE):	SPEAK	READ	WRITE
1.			
2.			
3.			
<b>V. HOBBIES, SKILLS, SPECIAL INTEREST</b>			
<sup>29.</sup> LIST ANY HOBBIES, SKILLS, SPECIAL INTERESTS OR ACHIEVEMENTS (INCLUDING COMMUNITY SERVICE AWARDS AND VOLUNTEER WORK) THAT MAY DISTINGUISH YOUR APPLICATION FROM OTHERS.			

## VI. MILITARY HISTORY

30. ARE YOU CURRENTLY REGISTERED WITH THE SELECTIVE SERVICE? NO ☐ YES ☐ IF NO, EXPLAIN:  
FAILURE TO REGISTER AND/OR PROVIDE A REGISTRATION NUMBER MAY CONSTITUTE AN INCOMPLETE DOCUMENT.

31. WHAT IS YOUR SELECTIVE SERVICE NUMBER?  
(CALL 1-847-688-6888 FOR YOUR NUMBER)

32. HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO ☐ YES ☐ IF YES, EXPLAIN?

33. HAVE YOU EVER JOINED THE MILITARY SERVICE? NO ☐ YES ☐ IF YES, LIST MILITARY BRANCH AND UNITS SERVED IN:  
(ATTACH COPY OF FORM DD214)

BRANCH	SERVICE NUMBER	TYPE OF UNIT	MOS	JOB TITLE & DESCRIPTION
1				
2				

34a. DATE OF ENLISTMENT

34b. DATES OF ACTIVE DUTY

34c. HIGHEST RANK ON ACTIVE DUTY

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34. TYPE OF SEPARATION:

35. INDICATE STATUS AT TIME OF DISCHARGE BELOW:

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE
			YEARS MONTHS DAYS

36. LIST ALL CITATIONS OR COMMENDATIONS:

37. LIST ALL MILITARY TRAINING AND EDUCATION:

38. DISCIPLINARY ACTION? NO ☐ YES ☐ IF YES, EXPLAIN FULLY:

39. HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT?: NO ☐ YES ☐ IF YES, INDICATE YOUR STATUS BELOW:

40. CURRENTLY ACTIVE RESERVE? NO ☐ YES ☐ 41. MEMBER IN I.R.R.? NO ☐ YES ☐

42. HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY ☐ MONTHLY ☐ SUMMER ONLY ☐

43. GIVE DETAILS ON YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME & PHONE	YOUR CURRENT RANK

## VII. CRIMINAL AND DRIVING HISTORY

LIST **ALL** OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES.

**NOTE:** The existence of an arrest record and/or conviction(s) is NOT an automatic disqualifying factor.  
Giving a false answer to this question IS a disqualifying factor.

44. HAVE YOU EVER BEEN QUESTIONED, DETAINED, ARRESTED, INVESTIGATED, WARNED OR ISSUED A CITATION FOR ANY MISDEMEANOR OR FELONY, OTHER THAN TRAFFIC, EITHER AS AN ADULT OR JUVENILE? NO ☐ YES ☐ (**PLEASE NOTE: CITATIONS MAY BE RECEIVED FOR MANY OFFENSES OTHER THAN TRAFFIC. ALL CITATIONS OTHER THAN TRAFFIC SHOULD BE LISTED HERE – WHETHER RECEIVED AS AN ADULT OR JUVENILE.**)

IF YES, LIST THE NAME OF THE AGENCY OR COURT, DATE OF CONTACT, REASON FOR CONTACT, CHARGE IF ANY, SENTENCE IF ANY, NAME OF OFFICER AND DISPOSITION OF INCIDENT (INCLUDING DEFERRED SENTENCES). PROVIDE FULL DETAILS ON SUPPLEMENTAL SHEETS WHEN NECESSARY.

DATE	AGENCY OR COURT	CHARGE	SENTENCE	DISPOSITION
1.				
2.				
3.				
4.				
5.				

45. HAVE YOU EVER BEEN INVESTIGATED, DETAINED, ARRESTED, OR CONVICTED FOR: DRUG RELATED CRIME: NO ☐ YES ☐  
ALCOHOL RELATED CRIME: NO ☐ YES ☐ DOMESTIC VIOLENCE RELATED CRIME: NO ☐ YES ☐  
IF YES TO ANY, EXPLAIN IN DETAIL BELOW:

46. LIST ALL TRAFFIC CITATIONS OR ARRESTS, EXCEPT PARKING, THAT YOU HAVE RECEIVED IN THE PAST THREE (3) YEARS:

CITY, STATE AND AGENCY/COURT	APPROX. DATE	NATURE OF VIOLATION	PENALTY	DISPOSITION
1.				
2.				
3.				

47. GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.)	EXPIRATION DATE
1.				
2.				
3.				

48. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE COLLISION? NO ☐ YES ☐  
IF YES, GIVE DETAILS ON EACH:

49. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO ☐ YES ☐ IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):

50. HAVE YOU EVER BEEN THE VICTIM OF A CRIME?      NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE DETAILS:		
<b>VIII. DRUG AND ALCOHOL USE</b>		
51. DO YOU NOW OR HAVE YOU EVER USED, POSSESSED, SUPPLIED, OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO: MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, while LYING about it is.)  NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE DETAILS AS TO WHAT KIND AND TO WHAT EXTENT:		
52. DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES?      NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY, AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):		
<b>IXA. FAMILY INFORMATION - MARITAL</b>		
53. CURRENT MARITAL STATUS:    MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
54. HAVE YOU EVER BEEN DIVORCED, WIDOWED OR SEPARATED?    NO <input type="checkbox"/> YES <input type="checkbox"/>		
55. GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: <b>NOTE: IF UNMARRIED BUT SHARING A RESIDENCE WITH A SIGNIFICANT OTHER, PROVIDE INFORMATION PERTAINING TO THAT RELATIONSHIP.</b>		
<b>DATE OF PRESENT MARRIAGE</b> <b>PLACE OF MARRIAGE (CITY, COUNTY, STATE, AND COUNTRY)</b>		
DATE:	LOCATION:	
SPOUSE'S FULL NAME BEFORE MARRIAGE		SPOUSE'S FORMER ADDRESS
SPOUSE'S PLACE OF EMPLOYMENT		SPOUSE'S JOB TITLE/DESCRIPTION
56. LIST BELOW, ALL CHILDREN OF <u>ANY</u> MARRIAGE OR RELATIONSHIP:		
FULL NAME OF CHILD	DATE OF BIRTH	PRESENT ADDRESS
57. HAVE YOU EVER BEEN DELINQUENT IN THE PAYMENT OF CHILD SUPPORT?      NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN AND WHY?:		

## IXB. FAMILY INFORMATION – APPLICANT AND SIBLINGS

### 58. PROVIDE THE FOLLOWING INFORMATION FOR APPLICANT:

FATHER'S FULL NAME	FATHER'S DATE OF BIRTH	FATHER'S BIRTHPLACE
FATHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
STEPFATHER'S FULL NAME	STEPFATHER'S DATE OF BIRTH	STEPFATHER'S BIRTHPLACE
STEPFATHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
MOTHER'S FULL NAME	MOTHER'S DATE OF BIRTH	MOTHER'S BIRTHPLACE
MOTHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
STEPMOTHER'S FULL NAME	STEPMOTHER'S DATE OF BIRTH	STEPMOTHER'S BIRTHPLACE
STEPMOTHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE

### 59. PROVIDE THE FOLLOWING INFORMATION FOR APPLICANT'S SIBLINGS (Including full, half, step, and adoptive):

1.			
SIBLING'S FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT
ADDRESS (CITY, STATE, ZIP)	SPOUSE'S NAME		SPOUSE'S PLACE OF EMPLOYMENT
2.			
SIBLING'S FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT
ADDRESS (CITY, STATE, ZIP)	SPOUSE'S NAME		SPOUSE'S PLACE OF EMPLOYMENT
3.			
SIBLING'S FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT
ADDRESS (CITY, STATE, ZIP)	SPOUSE'S NAME		SPOUSE'S PLACE OF EMPLOYMENT

## IXB. FAMILY INFORMATION – SPOUSE AND SPOUSE'S FAMILY

### 60. PROVIDE THE FOLLOWING INFORMATION FOR SPOUSE'S PARENTS AND SIBLINGS (full, half, step, and adoptive):

1.			
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	ADDRESS (CITY, STATE, ZIP)
2.			
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	ADDRESS (CITY, STATE, ZIP)
3.			
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	ADDRESS (CITY, STATE, ZIP)

## X. RESIDENCES

61. LIST ALL RESIDENCES WITHIN THE LAST FIVE (5) YEARS, CURRENT ONE FIRST (INCLUDE ALL RESIDENCES WHILE IN SCHOOL OR MILITARY).

1.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP
2.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP
3.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP
4.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP

## XI. REFERENCES

62. LIST THREE (3) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU WELL FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS OR SUPERVISORS. **\*\* INCLUDE EMAIL ADDRESSES FOR REFERENCES \*\***

1.			
FULL NAME	# OF YEARS KNOWN	HOME PHONE	ADDRESS (CITY, STATE, ZIP)
OCCUPATION	WORK PHONE	EMAIL ADDRESS	
2.			
FULL NAME	# OF YEARS KNOWN	HOME PHONE	ADDRESS (CITY, STATE, ZIP)
OCCUPATION	WORK PHONE	EMAIL ADDRESS	
3.			
FULL NAME	# OF YEARS KNOWN	HOME PHONE	ADDRESS (CITY, STATE, ZIP)
OCCUPATION	WORK PHONE	EMAIL ADDRESS	

## XII. INTEREST

63. HAVE YOU APPLIED TO ANY OTHER POLICE / DISPATCH AGENCIES? NO ☐ YES ☐  
 IF YES, INDICATE THE DEPARTMENT, DATES AND DISPOSITION OF ALL CURRENT AND PAST APPLICATIONS.

DEPARTMENT	DATE OF APPLICATION (MONTH AND YEAR)	DISPOSITION
1.		
2.		
3.		
4.		

64. PLEASE LIST THE NAMES OF ANY OF YOUR RELATIVES OR YOUR SPOUSE'S RELATIVES CURRENTLY EMPLOYED WITH THE CITY OF SKIATOOK / SKIATOOK POLICE DEPARTMENT / SKIATOOK FIRE DEPARTMENT

NAME	RELATIONSHIP

65. IN THE SPACE BELOW, DISCUSS WHY YOU ARE SEEKING A POSITION WITH SKIATOOK POLICE & FIRE/EMS PUBLIC SAFETY COMMUNICATIONS:

66. IN THE SPACE BELOW, PLEASE PROVIDE ANY ADDITIONAL INFORMATION WHICH MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION FOR A POSITION WITH SKIATOOK POLICE PUBLIC SAFETY COMMUNICATIONS.

**City of Skiatook**  
**Public Service Communications**  
**Background Investigation Questionnaire**

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE QUESTIONNAIRE AND THAT ALL ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**City of Skiatook**  
**Public Service Communications**  
**Background Investigation Questionnaire**

**REQUIRED DOCUMENTATION TO BE PROVIDED:**

- **CERTIFIED HIGH SCHOOL OR GED TRANSCRIPT**
- **HIGH SCHOOL OR GED DIPLOMA**
- **CERTIFIED COPY OF COLLEGE TRANSCRIPT (IF APPLICABLE.** An official transcript with either a raised seal, or on official transcript paper. Do not provide a photocopy or fax).
- **CERTIFIED COPY OF VOCATIONAL/TECHNICAL SCHOOL TRANSCRIPT (Must be official).**
- **COLLEGE DIPLOMA (IF APPLICABLE)**
- **MILITARY RECORDS (DD-214, ETC.).**
- **COPY OF DRIVER'S LICENSE (MUST BE IN COLOR.)**
- **COPY OF SOCIAL SECURITY CARD**

**REMEMBER**

Except for high school/college/technical school transcript(s), all required documentation may be a photocopy. It is acceptable for the high school/college to e-mail the transcript directly to me. Those are considered certified.

Be sure to keep a copy of this questionnaire for your records.

**Submit the completed questionnaire with other required documentation to the PSC Background Investigator.**

If you have any questions, contact PSC Background Investigator Corby Sorrells at (918) 396-2424.

The preferred method of contact is via email at [csorrells@cityofskiatook.com](mailto:csorrells@cityofskiatook.com).

**THANK YOU FOR YOUR INTEREST IN THE SKIATOOK PSC**

THE CITY OF SKIATOOK IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

<p align="center"><b>NARRATIVE SUPPLEMENTAL</b></p>	
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LIST THE QUESTION NUMBER IN THE LEFT COLUMN TO WHICH YOU ARE GIVING ADDITIONAL INFORMATION.

[illegible]

PHOTOCOPY THIS PAGE AS NEEDED TO ANSWER ANY OF THE BACKGROUND QUESTIONS IN MORE DETAIL AND ATTACH ON THE BACK OF THE BACKGROUND INVESTIGATION QUESTIONNAIRE.