

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Do you have a valid drivers license?.: \_\_\_\_\_ Desired Salary:\$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the City? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Are you related to any City employee or Elected Official? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_ Rentry Code: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I hereby grant permission to the City of Kingfisher to investigate any information included in the application. I understand that this application is not a contract of employment nor an offer of employment. I hereby release the City of Kingfisher and all agents thereof from all liability in making any investigation and inquiry relative to information contained in this application form. Successful candidates will be required to pass a pre-employment drug screening prior to offer of employment.*

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

The City of Kingfisher is an Equal Opportunity Employer. The City does not discriminate on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law.

**KINGFISHER POLICE DEPARTMENT  
POLICE OFFICER APPLICATION FOR EMPLOYMENT**

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

The City of Kingfisher does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Use black ink to **block print** the answers to each question clearly and completely. All questions **must be answered**. This is an application for employment and no employment contract is being offered. The City of Kingfisher may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

**Date of application:** \_\_\_\_\_ **Date available for Work:** \_\_\_\_\_

\_\_\_\_\_  
**First Name**                      **Middle**                      **Last**                      **Social Security Number**

\_\_\_\_\_  
**Street Address**                      **Home Telephone**

\_\_\_\_\_  
**City**                      **State**                      **Zip**                      **Business Telephone**

**List any other name(s) you have been known by:** \_\_\_\_\_

**You must be at least 21 years of age and not older than 45 years of age to qualify for employment. (11 O.S. Section 50-112) Are you between the ages of 21 and 45:** \_\_\_\_\_

**Are you able to work:** Shift work \_\_\_\_\_ Weekends \_\_\_\_\_ Nights \_\_\_\_\_

**If offered the position, are you willing to reside within a thirty (30) mile radius of the Police Station (fifteen (15) mile for supervisors; ten (10) mile for take-home patrol unit):** \_\_\_\_\_

Warning: All information in this application will remain confidential and only be released to those with a need to know. However, it will be subject to extensive background examinations. Any false, misleading or incomplete statements will be considered grounds for rejection. Leave no blank spaces. If any question does not apply to you, **mark N/A** (not applicable) in the space.

The City is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation except as necessary to complete the application form. If after reviewing your application, verifying your responses, conducting necessary interviews, background investigations or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions or demonstrate performance in the examination process, the parties will explore these alternatives. Remember, the City conducts a pre-employment exam, which will determine whether you can do the essential functions of the job without substantial risk or harm to yourself and the public.

Have you ever worked for the City of Kingfisher: \_\_\_\_\_ If yes, give date(s) and reason for leaving: \_\_\_\_\_

Are you legally eligible to work in the United States: \_\_\_\_\_ Verification upon employment required. (attach applicable paperwork if necessary)

Do you hold a current and valid Oklahoma driver's license: \_\_\_\_\_ list type, expiration date and number: \_\_\_\_\_

List any other States you have been licensed in and applicable license numbers: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked: \_\_\_\_\_ if yes, explain \_\_\_\_\_

Are you related to any city employee or any member of the City Council: \_\_\_\_\_ list name, department and relationship: \_\_\_\_\_

Have you applied with this department before: \_\_\_\_\_ When: \_\_\_\_\_

Do you know any of the current city police officers: \_\_\_\_\_ if yes, who: \_\_\_\_\_

Have you been convicted of a felony or are you currently charged with the commission of a felony: \_\_\_\_\_

Have you ever been arrested (not necessarily convicted) for any type of crime. If so, list dates, locations and explanation: \_\_\_\_\_

Do you have a high school diploma (from an accredited school) or G.E.D.: \_\_\_\_\_ (attach copy)

Will you sign consent and release forms for financial, employment history verifications and interviews with former employers, co-workers, relatives, neighbors and acquaintances: \_\_\_\_\_

Have you or will you receive a discharge from military duty under honorable conditions (Honorable, General, etc.): \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Are you currently on probation for driving while intoxicated or any other traffic offense: \_\_\_\_\_ if yes, explain: \_\_\_\_\_

Have you been convicted for driving under the influence of alcohol or drugs within the last ten (10) years: \_\_\_\_\_



## RESIDENCE HISTORY

List each place you have lived in the last 10 years including Landlord name and contact telephone number

Current Address:	From:	To:	Own/Rent	Landlord: Name & Phone

Previous Address:	From:	To:	Own/Rent	Landlord: Name & Phone

Previous Address:	From:	To:	Own/Rent	Landlord: Name & Phone

Previous Address:	From:	To:	Own/Rent	Landlord: Name & Phone

Previous Address:	From:	To:	Own/Rent	Landlord: Name & Phone

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Previous Address:	From:	To:	Own/Rent	Landlord: Name & Phone

Previous Address:	From:	To:	Own/Rent	Landlord: Name & Phone

## EMPLOYMENT HISTORY

1. Employer, Address, Phone #	Date Started	TO	Work Performed
	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title:			
Supervisor:			
Reason for leaving:			
2. Employer, Address, Phone #	Date Started	TO	Work Performed
	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title:			
Supervisor:			
Reason for leaving:			
3. Employer, Address, Phone #	Date Started	TO	Work Performed
	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title:			
Supervisor:			
Reason for leaving:			
4. Employer, Address, Phone #	Date Started	TO	Work Performed
	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title:			
Supervisor:			
Reason for leaving:			
5. Employer, Address, Phone #	Date Started	TO	Work Performed
	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title:			
Supervisor:			
Reason for leaving:			



School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
			5	6	7	8		
Elementary							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
High							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

**STATEMENT OF TRUTHFULNESS AND PERMISSION TO INVESTIGATE**

Date \_\_\_\_\_ Printed Full Name: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I certify that I am the person named above and that facts given in this application are true and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Police Officer.

I hereby grant permission to the City of Kingfisher to investigate any information included in the application and I agree to submit to a pre-employment drug screen and a post offer medical examination. I understand that this application is not a contract of employment. I hereby release the City and it's agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City.

I hereby authorize any City, County, State or Federal Agency or former employer or any individual listed in this application form to furnish to any member of the Kingfisher Police Department any information concerning me necessary to process this questionnaire. A photo static and / or faxed copy of this authorization shall be considered as valid as the original.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_, 20\_\_\_\_.

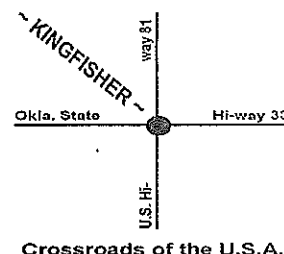
Notary \_\_\_\_\_

# Kingfisher Police Department

117 West Miles Ave.

Kingfisher, Oklahoma 73750

Phone: 405-375-4674  
Fax: 405-375-4994



A FIRST CLASS CITY OPERATING UNDER CHARTER FORM OF GOVERNMENT OWNING AND OPERATING  
ELECTRIC, WATER, SEWER AND SANITARY FACILITIES

## AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth (City / County)		State / Country		Social Security Number	

I, \_\_\_\_\_, do hereby authorize a review of and *full disclosure of all records*, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Kingfisher Police Department whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; *employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me*, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is **to provide full and free access** to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Kingfisher Police Department to consider determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Kingfisher Police Department. I understand that all materials pertaining to this background investigation become the property of the Kingfisher Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, *the sources of confidential information cannot be revealed to me*.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_, 20\_\_\_\_.

Notary \_\_\_\_\_

APPLICANT'S SIGNATURE		
STREET ADDRESS		
CITY	STATE	ZIP CODE

**WAIVER  
CITY OF KINGFISHER POLICE DEPARTMENT  
PHYSICAL ABILITY ASSESSMENT**

*"The physical ability evaluation administered by the Kingfisher Police Department is based upon the minimum physical requirements set forth by The Council on Law Enforcement Education and Training (CLEET) which will test the candidate's physical abilities. Because of the strenuous nature of these tests, it is not advisable for anyone to participate in the test if he/she is not in good physical condition."*

I have read and understand the above statement. I understand what will be required of me and the possible dangers and hazards which may be presented by my participation, up to and including serious permanent injury and death. I also understand that while the test is timed, it is my responsibility to determine the pace at which I can safely perform the test. Further, I warrant and certify that I am in good physical condition and in consideration of my admission to this examination and in recognition of the possible danger to which I may voluntarily subject myself by my participation, I hereby knowingly, freely, and voluntarily, waive any right or cause of action, of any kind whatsoever, arising as a result of such activity.

I further agree that the Kingfisher Police Department, the City of Kingfisher, its officers, officials, agents and employees shall not under any circumstances be liable or responsible for any injury, damage, or loss to me or to any person making any claim by virtue of any relationship to me, directly or indirectly arising from or related in any manner to the examination, equipment, personnel, premises, or acts of other participants. I further agree to hold the above-mentioned parties harmless and indemnify them against all forms of loss and all claims, demands, or actions that may be brought by anyone on their own or my behalf arising out of my participation in the examination, but not limited to, equipment, personnel, premises, or acts of other participants.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## MINIMUM PERFORMANCE REQUIREMENTS OF APPLICANTS

The State of Oklahoma, Council on Law Enforcement Education and Training (CLEET) has set the following minimum performance requirements for attendance at the basic police academy. Final applicants will be advised of an assessment date and must score within the requirements of the outlined charts.

### MALES

AGE	20-29	30-39	40-49	50-59	60+
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 minute sit up	38	35	29	24	19
1 minute push up	29	24	18	13	10
1.5 mile run	12:51	13:36	14:29	15:26	16:43

### FEMALES

AGE	20-29	30-39	40-49	50-59	60+
Sit & Reach	19.3	18.3	17.3	16.8	15.5
1 minute sit up	32	25	20	14	6
1 minute push up	15	11	9	*7	*5
1.5 mile run	15:26	15:57	16:58	17:54	18:44

\* Females in excess of 49 years of age may do push-ups on their knees. Normative data for these age groups have not be established.

# Kingfisher Police Department

## Application Check List:

In addition to completing all questions of the application by block printing in black ink, the following documents must be attached for further consideration. If any responses are left blank or any of the requested documents are not included, your application will not be considered.

### Attach the following:

- Certified Copy of Birth Certificate Attached
- Copy of Driver's License Attached
- Copy of Social Security Card Attached
- Copy of High School Diploma / G.E.D. Attached
- Copy(s) of College Transcript(s) Attached
- Copy of Most Recent Military DD-214 (long form) Attached (if applicable)
- Current Photograph of Applicant Attached
- Current Printout of CLEET Training Record Attached (if applicable)
- Completed Application Notarized in Applicable Areas