

HIRING FULL TIME POLICE OFFICER

- Benefits Included
- Competitive Salary
- Multiple Positions



REQUIREMENTS

- Must be a U.S. Citizen
- 21 to 45 years old
- Must possess a high school diploma or GED
- Must have a valid driver's license
- Must pass a physical and psychological exam
- Must pass background check
- Must be able to work some weekends

BENEFITS

- \$42,282.40 starting salary
- +11 Paid holidays
- + Insurance (Health, Dental, Vision)
- +College degree incentive
- +CLEET certification level incentive
- +\$1400 Annual clothing allowance
- +\$100.00 monthly cleaning allowance
- +Paid overtime/court time
- +State police pension

Pick up applications at Seminole Police Department at 900 N Harvey Rd. Suite A.



Contact Chief Withers to start your career!
405.382.4330 ext 139 or SPDWithers19@gmail.com



NAME

**CITY OF SEMINOLE
POLICE DEPARTMENT**

BACKGROUND QUESTIONNAIRE

Follow Directions Carefully

1. Use ink or type to complete questionnaire.
2. Complete in your own handwriting or typing.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions.
7. If a question does not apply, write N/A in the space.
8. If you need additional space, write on the back of the page.
9. Sign the questionnaire and have it notarized. The Police Department will not notarize your signature.
10. When completed return to:

Seminole Police Department
900 N. Harvey Rd. Suite C
Seminole, OK 74868

NOTE: Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Your incomplete packet will be rejected.

Complete Addresses: Street Addresses, City, State and Zip Code.

Complete area codes and telephone numbers

Seminole Police Department

Date

Position

SWORN

CIVILIAN

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the SEMINOLE POLICE DEPARTMENT.

An extensive background investigation will be conducted into your personal history.

Applicants may be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, a psychological profile evaluation and possibly a polygraph examination.

Criteria Standards for Disqualification

- 1. Any Felony Conviction?
- 2. Participation in any Serious Crime?
- 3. Any Misdemeanor Conviction involving Narcotics, Drugs, and Marijuana in the last 5 years?
- 4. Any recent use of Marijuana or illegal drugs?
- 5. Any sexual conduct prohibited by Law?

Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below.

Signature _____ Date _____

Sworn to and subscribed before me

This _____ day of _____, 20 _____.

Notary Public

Where necessary, use the reverse of page to complete answers throughout this questionnaire.

1. Personal Data

Last Name: First: Middle

Home Phone Mobile Phone Alt. Phone

Current Employer Work Phone

Are you a United States Citizen? YES NO

Current Address City State ZIP

Length of time at address Social Security #

Height Weight Hair Eyes DOB

Place of Birth

List any other names, social security numbers, or dates of birth you have used.

List all residences in the last 5 years:

Address City State Zip

Address City State Zip

Address City State Zip

2. Employment History

List all places of employment and unemployment in the past 10 years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, use the following page if necessary, OMIT NONE!

Month and Year	Name of Employer	Supervisor
From: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
To: <input style="width: 100%;" type="text"/>		
Salary	Complete Employer Address	(Area Code) Telephone
Start: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
End: <input style="width: 100%;" type="text"/>		
Job Title – Describe your duties <input style="width: 100%;" type="text"/>		
Reason for Leaving (ie: resigned, fired, laid off): <input style="width: 100%; height: 20px;" type="text"/>		

Month and Year	Name of Employer	Supervisor
From: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Salary	Complete Employer Address	(Area Code) Telephone
Start: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
End: <input style="width: 100%;" type="text"/>		
Job Title – Describe your duties: <input style="width: 100%;" type="text"/>		
Reason for Leaving (ie: resigned, fired, laid off): <input style="width: 100%; height: 20px;" type="text"/>		

2. Employment History (continued)
(Use back of page if necessary)

Month and Year		Name of Employer	Supervisor
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>		
Salary		Complete Employer Address	(Area Code) Telephone
Start:	<input type="text"/>	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>		
Job Title – Describe your duties: <input type="text"/>			
Reason for Leaving (ie: resigned, fired, laid off): <input type="text"/>			

Month and Year		Name of Employer	Supervisor
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>		
Salary		Complete Employer Address	(Area Code) Telephone
Start:	<input type="text"/>	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>		
Job Title – Describe your duties: <input type="text"/>			
Reason for Leaving (ie: resigned, fired, laid off): <input type="text"/>			

Month and Year		Name of Employer	Supervisor
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>		
Salary		Complete Employer Address	(Area Code) Telephone
Start:	<input type="text"/>	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>		
Job Title – Describe your duties: <input type="text"/>			
Reason for Leaving (ie: resigned, fired, laid off): <input type="text"/>			

3. References

A) List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years (5) years (include area code and phone):

Name	Complete Address	Area Code & Telephone
How Long known	Occupation & Business Address	Work Area Code & Telephone

Name	Complete Address	Area Code & Telephone
How Long known	Occupation & Business Address	Work Area Code & Telephone

Name	Complete Address	Area Code & Telephone
How Long known	Occupation & Business Address	Work Area Code & Telephone

B) List the names of any acquaintances employed by this Department:

C) Have you ever applied to, or been employed by the Seminole Police Department as a paid employee or as a volunteer?

YES NO If YES, date & position:

D) Have you ever applied for any position with another law enforcement agency? YES NO
If YES, explain (use back of page if necessary):

Date	Agency Name and State	Status of Application

E) Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee? YES NO If YES, when/where:

When	Where

F) Have you ever received any law enforcement training? YES NO If YES, explain:

When	Where	Type of Training

G) Have you ever been certified as a police officer? YES NO If YES, explain:

When	Where	Type of Certificate

4. Education and Training

A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED if applicable:

Date Graduated	School Name	Address	Diploma Received

B) List all skills or abilities possessed (include foreign languages):

5. Military Status

A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit? YES NO If YES, explain:

Entry Date	Rank/Branch/ Organization	Discharge Type	Date

6. Arrest History

Have you ever been given a ticket, arrested, convicted, charged, or questioned for any offense; violation of any statute or ordinance; and/or law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.) YES NO If YES, describe below:

Date	Location	Arresting Agency	Original Charge	Reduced To	Disposition/ Court Action

7. Driving License

A) List all driver's or chauffeur's licenses you currently hold:

State _____ Lic. # and Type _____ Exp. Date _____

B) Have you ever been licensed to drive in another state? YES NO If YES, list below:

State _____ Lic. # and Type _____

SEMINOLE POLICE DEPARTMENT
900 N. Harvey Rd. Suite C
Seminole, OK 74868

AUTHORIZATION FOR RELEASE OF INFORMATION

Complete the questionnaire in full and attach additional pages, if necessary, and give truthful, accurate and complete information for each item, section and question. Do not leave questions unanswered. Please type or print legibly.

I, _____, understand that I am providing this information for the purpose of conducting a background investigation of me in the connection to an offer of employment from the Seminole Police Department for a position that is both confidential and sensitive in nature. I am providing this information voluntarily and without reservation. I hereby affirm that the information provided by me within this questionnaire is true, accurate, complete and correct to the best of my knowledge. I am aware that by not answering any question within this application truthfully, accurately and completely that I would be disqualified from employment by the Seminole Police Department. Also I am aware that if at a later date it is discovered that I have not answered the above questions truthfully, accurately and completely, my employment with the Seminole Police Department may be terminated.

Signed

Date

The foregoing instrument was acknowledged before me
this _____ day of _____, _____.

Notary

Commission Expires

-SEAL-