



OKLAHOMA

16 W. 9th St. | PO Box 1448
Shawnee, Oklahoma 74802
P: 405.878.1669 | F: 405.878.1734
Email: personnel@shawneeok.org

Received: \_\_\_\_\_

For Official Use Only:

- Experience
Training
Other:

SHAWNEE POLICE DEPARTMENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Form with fields: POSITION TITLE, NAME, SS NUMBER, BIRTHDATE, ADDRESS, HOME PHONE, ALTERNATE PHONE, E-MAIL ADDRESS, DRIVER'S LICENSE, DRIVER'S LICENSE INFORMATION, LEGAL RIGHT TO WORK IN THE UNITED STATES?

PREFERENCES

Form with fields: PREFERRED SALARY, ARE YOU WILLING TO RELOCATE?, WHAT TYPE OF JOB ARE YOU LOOKING FOR?, SHIFTS YOU WILL ACCEPT, OBJECTIVE

HIGHEST LEVEL OF EDUCATION

Form with fields: DATES ATTENDED, SCHOOL NAME, LOCATION, DID YOU GRADUATE?, DEGREE RECEIVED, MAJOR, UNITS COMPLETED

MOST RECENT WORK EXPERIENCE

Form with fields: DATES, EMPLOYER, POSITION TITLE, ADDRESS, COMPANY URL, PHONE #, SUPERVISOR, MAY WE CONTACT THIS EMPLOYER?, HOURS PER WEEK, SALARY, # OF EMPLOYEES SUPERVISED, DUTIES, REASON FOR LEAVING

**MOST RECENT WORK EXPERIENCE CONT.**

|   |                    |                                   |  |
|---|--------------------|-----------------------------------|--|
| <b>DATES:</b><br>From:                      To: |                    | <b>EMPLOYER:</b>                  | <b>POSITION TITLE:</b>   |
| <b>ADDRESS:</b> (Street, City, State, Zip Code) |                    | <b>COMPANY URL:</b>               |  |
| <b>PHONE #:</b><br>(       )                    | <b>SUPERVISOR:</b> |                                   | <b>MAY WE CONTACT THIS EMPLOYER?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HOURS PER WEEK:</b>                          | <b>SALARY:</b>     | <b># OF EMPLOYEES SUPERVISED:</b> |  |
| <b>DUTIES:</b>                                  |                    |                                   |  |
| <b>REASON FOR LEAVING:</b>                      |                    |                                   |  |

**CERTIFICATES AND LICENSES**

|                        |                        |
|------------------------|------------------------|
| <b>TYPE:</b>           |                        |
| <b>LICENSE NUMBER:</b> | <b>ISSUING AGENCY:</b> |
| <b>TYPE:</b>           |                        |
| <b>LICENSE NUMBER:</b> | <b>ISSUING AGENCY:</b> |

**SKILLS**

|   |
|---|
| <b>OFFICE SKILLS:</b> <i>(i.e. Typing, Data Entry, etc.)</i>  |
| <b>OTHER SKILLS:</b>  |
| <b>LANGUAGES:</b> <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write |

**ADDITIONAL INFORMATION**

|   |
|---|
| <b>MILITARY SERVICE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide additional information:   |
| <b>INTERESTS AND ACTIVITIES:</b>  |

**REFERENCES**

|   |                              |                  |
|---|------------------------------|------------------|
| <b>REFERENCE TYPE:</b>                          | <b>NAME:</b>                 | <b>POSITION:</b> |
| <b>ADDRESS:</b> (Street, City, State, Zip Code) |                              |                  |
| <b>E-MAIL ADDRESS:</b>                          | <b>PHONE #:</b><br>(       ) |                  |
| <b>REFERENCE TYPE:</b>                          | <b>NAME:</b>                 | <b>POSITION:</b> |
| <b>ADDRESS:</b> (Street, City, State, Zip Code) |                              |                  |
| <b>E-MAIL ADDRESS:</b>                          | <b>PHONE #:</b><br>(       ) |                  |
| <b>REFERENCE TYPE:</b>                          | <b>NAME:</b>                 | <b>POSITION:</b> |
| <b>ADDRESS:</b> (Street, City, State, Zip Code) |                              |                  |
| <b>E-MAIL ADDRESS:</b>                          | <b>PHONE #:</b><br>(       ) |                  |

## Shawnee Police Department Application Questions

1. The Shawnee Police Department has a strict policy regarding tattoos:
- Officers will not be allowed to have tattoos from the elbow crease down or the collar bone up - visible to the public while on duty.
  - Tattoos on the forearms, hands and legs will be covered with clothing, make-up or by other appropriate means.
  - An exception will apply to officers that had visible tattoos prior to the implementation of this policy. Officers that had visible tattoos prior to the implementation of this policy will be asked to voluntarily comply by covering visible tattoos. *No exception shall apply to tattoos that are obtained after the implementation of this policy.*

Are you willing to abide by this policy?  Yes  No

2. Do you have commissioned law enforcement experience?  Yes  No  
If yes, indicate the Law Enforcement Agency, Position and Total Years of Service: \_\_\_\_\_

3. Where did you first hear about this opportunity? \_\_\_\_\_

4. Were you referred to this department by a Shawnee Police Officer?  Yes  No  
If yes, indicate the name of the Officer. \_\_\_\_\_

5. Have you had a driver's license in any other state?  Yes  No  
If yes, provide the name of the State, year possessed and license number if possible. \_\_\_\_\_

6. Have you been convicted of a felony?  Yes  No  
If yes, and you have been convicted of a felony, please provide specific details for each occurrence including:
- Date: \_\_\_\_\_
  - Location (city and state): \_\_\_\_\_
  - Charge: \_\_\_\_\_
  - Description of the offense: \_\_\_\_\_
  - Penalty/Disposition: \_\_\_\_\_

7. Have you been convicted of Domestic Violence or have an active or past Victim's Protection Order (VPO) filed against you?  
 Yes  No

8. Have you ever been arrested?  Yes  No  
If yes, provide the following information below and indicate if the actions were legal or otherwise:
- Charges: \_\_\_\_\_
  - Dates: \_\_\_\_\_
  - Locations: \_\_\_\_\_
  - What actions, if any, were taken? \_\_\_\_\_

9. In the last 18 months, have you used marijuana or any other substance which would be considered a misdemeanor in the State of Oklahoma?  Yes  No

10. Any past use of LSD, PCP, HEROIN and any or all other HALUCINAGENTIRICS?  Yes  No

11. Has your driver's license ever been suspended or revoked?  Yes  No  
If your answer is yes, indicate the following information below:
- Charges: \_\_\_\_\_
  - Dates: \_\_\_\_\_
  - Locations (City and State): \_\_\_\_\_
  - Revoked or Suspended? \_\_\_\_\_
  - Length of suspension or revocation: \_\_\_\_\_

12. How many traffic citations have you received in the last five years? \_\_\_\_\_  
If your answer is none, indicate "None"

13. Other than driving, in the last 12 months, how many times have you been publicly intoxicated to the point an arrest could have been made? \_\_\_\_\_

If your answer is none, indicate "None". Otherwise indicate the following information below:

- Number of occurrences: \_\_\_\_\_
- Date of last occurrence: \_\_\_\_\_

14. Are you presently employed by the City of Shawnee municipal government?  Yes  No

If you are a current employee with the City of Shawnee municipal government, please enter your information. \_\_\_\_\_

15. Are you related to a current City Commissioner? ?  Yes  No

If yes, please give name and how related \_\_\_\_\_

16. The City of Shawnee welcomes the opportunity to hire and retain qualified employees who are related to one another by blood or marriage. However, since such relationships sometimes can create problems in the workplace, including suspicion of favoritism if the related employees are in the supervisor-subordinate relationship, it is the policy of the City that:

- An employee shall not supervise, either directly or indirectly the work of a relative. If this situation arises or may arise through a change in family composition or job transfer/promotion, the affected employees shall immediately report the situation to Human Resources.
- In a case where the relationship is created by marriage which would constitute a violation of this section, the persons involved shall be given a period of ninety (90) days to resolve the conflict by reassignment, transfer or resignation.
- An employee of the city cannot use his/her authority or position with the city to benefit or to disadvantage another employee in a familial relationship.
- Although all such potential misuses of authority cannot be listed here, examples include an employee signing an evaluation for a family member or signing/approving a check payable to a family member.
- The city will refuse to hire a job applicant who is in a familial relationship with a current employee if the applicant would be in a supervisory or subordinate position to the existing employee.
- Relatives being considered for employment in other departments must be approved by the city Manager before hiring.
- The City requires full disclosure of any relationship as defined within this policy to the Human Resource Department at the time of employment or at any time that it occurs in the course of employment.
- The only deviation from this policy will be the hiring of temporary, part-time, or seasonal employees upon approval by the Human Resources Director and City Manager.

Do you have any immediate family members you are aware of working for the City of Shawnee?  Yes  No

If you answered 'Yes' to the question, please provide the following:

- o Name: \_\_\_\_\_
- o Department: \_\_\_\_\_
- o Relationship to you: \_\_\_\_\_

# CITY OF SHAWNEE POLICE DEPARTMENT

## AUTHORITY TO RELEASE INFORMATION

The following terms were accepted by the applicant upon submitting the application:

By signing, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of City of Shawnee and will not be returned. I understand that the City of Shawnee may contact prior employers and other references.

I hereby grant permission to the City of SHAWNEE 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 its 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 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 Shawnee Police Department, any information concerning me necessary to process this questionnaire. A photo static and/or verifax copy of this authorization shall be considered as valid as the original.

I hereby release you as the custodian of such records and, any school, college university or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A thorough investigation will be conducted to determine your qualifications for the position of Police Officer. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including the personal references you have listed.

If the reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date but that other candidates provided experience, education, and background data that was more suitable for employment. All information regarding the application process is confidential.

Shawnee Police Recruit Applicants: I understand that I must notify the Shawnee Police Recruiting and Training Division if there are any changes in my application.

This application was submitted by:

---

Signature

---

Date

# Human Resources Department

## EQUAL EMPLOYMENT OPPORTUNITY

### CITY OF SHAWNEE POLICE DEPARTMENT APPLICATION

### DATA FORM

The completion of this form is voluntary and will be kept in a confidential file separate from the Application for Employment; however, its completion will help the City of Shawnee comply with state and federal reporting requirements. This information will be used for statistical purposes only and will not be used in the selection process. Thank you for providing us with this information.

Position Applied For: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

#### ETHNIC BACKGROUND

- Alaskan Native
- Asian
- American Indian
- Black
- Caucasian (White)
- Hispanic (Spanish Origin or Descent)
- Pacific Islander
- Two or more races

#### SEX

- Male  Female

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ACTIVE MILITARY SERVICE IN THE ARMED FORCES: Branch \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Separation: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Vietnam Era Veteran       Disabled Veteran       Handicapped Individual

## Police Applicant fitness standards

*The standards are universal. There is no deviation in regard to sex, age or weight. The listed times or repetitions are the minimums which must be achieved by each applicant.*

Although not required, we strongly suggest participants consult with their own medical doctor, as to their current physical condition, to determine their individual ability to perform these assessments.

Headphones will not be allowed.

|                        | <u>Assessment</u>                           | <u>Time</u>           | <u>Minimum Repetitions</u> |
|------------------------|---|-----------------------|----------------------------|
| Physical Agility Test: | Standard Push-up                            | (no time limit)       | 18                         |
|                        | Sit-up                                      | 60 seconds            | 27                         |
|                        | 300 Meter Run                               | 68 seconds            |                            |
|                        | 1.5 Mile Run                                | 15 minutes 20 seconds |                            |
|                        | (This is a <b>run</b> – no walking allowed) |                       |                            |