



STILLWATER POLICE

TRAINING UNIT

Police Officer Applicant:

The attached packet includes the City of Stillwater Police Department application, an Information Release form and an optional Equal Opportunity Employment form. Please review the packet thoroughly and complete all required sections as appropriate, ensuring all phone numbers and contact information are accurate.

Failure to follow instructions and provide a complete application is grounds for removal from the process.

The application should be returned to the City of Stillwater Human Resources Department no later than **Thursday October 3rd, 2019 at 4:00 PM**. It is encouraged that you submit your application as soon as possible. During the process, you will need to provide several documents including certified transcripts, military records, copy of birth certificate and a photocopy of your driver's license. You should begin obtaining those documents now.

Once the application and information release forms are returned, applicants will be notified by **e-mail** if their application is selected to proceed in the selection process. If you are NOT contacted, you were not selected to proceed in the selection process.

If you have any questions, feel free to contact the City of Stillwater Human Resources Office at (405) 742-8281 or the Training Unit at (405) 742-8305. You can also e-mail questions to policecareers@stillwater.org.





APPLICATION FOR EMPLOYMENT

Human Resources

723 S. Lewis St. | PO Box 1449 | Stillwater, OK 74076
 Fax: 405.377.6807 | Phone: 405.742.8281 | Job Line: 405.742.8300
 Email: applications@stillwater.org

An Equal Opportunity / Affirmative Action Employer

The City of Stillwater does not discriminate against any person on the basis of age, race, religion, color, sex, disability, national origin, ancestry, sexual orientation, gender identity, or familial status with regard to access to city employment, city services and city facilities.

Last Name:		First Name:		M.I.:	Social Security No.:	
Address:			City:		State:	Zip Code:
Primary Phone #:		Secondary Phone #:		Email:		

Position Desired:		Are you presently employed by the City of Stillwater? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by the City of Stillwater? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where and when?		
How did you learn about the job for which you are applying?				
Are you 21 years of age or older and under 45 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
License Number:		State:	Class:	Expiration Date:

Have you ever been convicted of, or pled guilty to, any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when (year)?	And where (county/state)?
Nature of conviction:	

(Note: This information does not in itself disqualify you from employment.)

Review the minimum qualifications for the position you are applying for and provide us with prior education, work experience, any relevant training, certificates, licenses and voluntary experience that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform. All attachments must be signed.

Name of School	City/State	Areas of Study	Did you graduate?	Type of Degree
High School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
GED			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Please list any additional skills, certificates or licenses you possess which would qualify you for the job for which you are applying:

Please list any relatives who are elected officials or current employees of the City of Stillwater:

Experience must be completed by applicant (current or last employer first). You may attach a résumé, but not in place of completing the required information. Please include military experience. Attach supplemental page(s) if necessary, all attachments must be signed.

Company Name & Address:	Dates Employed Starting Date: Ending Date:	Salary Starting Salary: Ending Salary:
Job Title:	Supervisor's Name & Phone #:	
Reason for leaving:		
Description of work performed:		

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Company Name & Address:	Dates Employed Starting Date: Ending Date:	Salary Starting Salary: Ending Salary:
Job Title:	Supervisor's Name & Phone #:	
Reason for leaving:		
Description of work performed:		

Were you ever discharged or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, why?	May we contact your present and previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If we may not, please indicate reason:
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I understand that the City may conduct a medical exam to determine whether I can do the essential functions of the job without substantial risk to myself and the public. If after reviewing my responses, and conducting necessary interviews or tests, I am considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives.

After reviewing the essential job functions, are you able to do them with or without reasonable accommodation?

Yes

No

Are you a registered sex offender under the laws of the state of Oklahoma, any other state, or with the federal government or a tribal government?

Yes

No

Are you registered under the Mary Rippe Violent Crime Offenders Act, or subject to a deferred judgment, suspended sentence, probation or parole from any court of another state, the United States, a tribal court or a military court for any crime or attempted crime which, if committed in the state of Oklahoma, would be a crime similar to any crime enumerated in Title 57 Oklahoma Statutes §593 B (If a question of those crimes, please review a copy of the same which will be provided upon your request.).

Yes

No

I certify that my answers are true and complete to the best of my knowledge. I hereby grant permission to the City of Stillwater to investigate any information included in the application, any attachments, and the selection process. I agree to submit to medical examination, if required, and a pre-employment drug test. I understand this application is not a contract of employment. The City of Stillwater may change wages, benefits, and conditions of employment at any time. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to the information contained in this application form. I release my employers, schools, or persons from liability in responding to inquiries in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview(s) may result in discharge.

I further understand that I am required to abide by all rules and regulations of the City of Stillwater. I understand that employment with the City of Stillwater is "at will," which means that either I or the City can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the City, other than the City Manager or City Commission has any authority to alter the foregoing. The City of Stillwater performs post-offer, pre-employment drug testing, driver license verification, background and criminal history checks.

Signature of Applicant:

Date:



STILLWATER
POLICE

JEFF WATTS, CHIEF OF POLICE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Stillwater 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 agencies, (including credit reports and/or ratings); and other financial statements and records, wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

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 City of Stillwater Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

PERSONAL INFORMATION			
NAME (LAST, FIRST MIDDLE)	SEX	RACE (W I B A)	DATE OF BIRTH
ADDRESS	CITY / STATE / ZIP CODE		HOME PHONE
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	MAIDEN NAME(S)	
SIGNATURE			



Equal Employment Opportunity Form

Applicant Information

Last Name:	First Name:	M.I.:	Social Security No.:
Address:	City:	State:	Zip Code:
Position Applied for:			

Voluntary Information

The City of Stillwater adheres to the equal employment opportunity guidelines set forth by state and federal laws. This information is sought in good faith, will be used for statistical purposes, and will not be used in any way to discriminate against any applicant for employment. Please provide accurate information. This information is optional. This information will be separated before your application is processed.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Veteran

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position? Please specify which website, if applicable.
