



# STILLWATER POLICE

TRAINING - RESEARCH & DEVELOPMENT TEAM

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 provide a complete and accurate application is grounds for removal from the process.**

The application should be returned to the City of Stillwater Human Resources Department no later than **October 31<sup>st</sup>, 2018 at 5:00 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 email if their application is selected to proceed in the application process. You must provide a current email address. 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.



"An accredited agency since 2003."



# APPLICATION FOR EMPLOYMENT

723 S. Lewis  
 PO Box 1449  
 Stillwater, OK 74076

Fax: (405) 377-6807  
 Telephone: (405) 742-8281  
 Job Line: (405) 742-8300

## An Equal Opportunity / Affirmative Action Employer

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

|             |  |                      |      |               |                     |          |
|-------------|--|----------------------|------|---------------|---------------------|----------|
| Last Name   |  | First Name           |      | M.I.          | Social Security No. |          |
| Address     |  |                      | City |               | State               | Zip Code |
| Telephone # |  | Cellular Telephone # |      | Email Address |                     |          |

|  |  |   |  |
|--|--|---|--|
| Position Desired<br><b>Certified Police Officer</b>  |  | How did you learn about the job for which you are applying?   |  |
| Are you presently employed by the City of Stillwater?  |  | Have you ever been employed by the City of Stillwater?  |  |
| Are you: under 45 years of age <input type="checkbox"/> Yes  |  | 21 years of age or older <input type="checkbox"/> Yes   |  |
| Do you have a legal right to live and work in the U.S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Do you have a current driver's license? If so, list State of Issue, type and number:<br>Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> License Number and State: _____ |  |
| Have you ever been convicted of, or pled guilty to, any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, list most recent event: when (year): _____ and where (county/state): _____<br>Nature of conviction: _____<br>_____<br>_____<br>(Note: This information may 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    |            |                | Yes               |                |
|                |            |                | No                |                |
| GED            |            |                | Yes               |                |
|                |            |                | No                |                |
| College        |            |                | Yes               |                |
|                |            |                | No                |                |
| CLEET #        | Academy #  |                | Yes               |                |
|                |            |                | No                |                |

**EXPERIENCE Must be completed by applicant (current or last employer first). You may attach a resume, 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 and Address      | Job Title                     |                        |
|                               | Starting Date and Salary      | Ending Date and Salary |
| Reason for Leaving            | Supervisor's Name & Telephone |                        |
| Description of work performed |                               |                        |

|                               |                               |                        |
|-------------------------------|-------------------------------|------------------------|
| Company Name and Address      | Job Title                     |                        |
|                               | Starting Date and Salary      | Ending Date and Salary |
| Reason for Leaving            | Supervisor's Name & Telephone |                        |
| Description of work performed |                               |                        |

|                               |                               |                        |
|-------------------------------|-------------------------------|------------------------|
| Company Name and Address      | Job Title                     |                        |
|                               | Starting Date and Salary      | Ending Date and Salary |
| Reason for Leaving            | Supervisor's Name & Telephone |                        |
| Description of work performed |                               |                        |

|                               |                               |                        |
|-------------------------------|-------------------------------|------------------------|
| Company Name and Address      | Job Title                     |                        |
|                               | Starting Date and Salary      | Ending Date and Salary |
| Reason for Leaving            | Supervisor's Name & Telephone |                        |
| Description of work performed |                               |                        |

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|--|--|
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|--|--|

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

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

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This is an application for employment and no employment contract is being offered. The City of Stillwater may change wages, benefits, and conditions of employment at any time.

After reviewing the essential job functions, are you able to do them with or without reasonable accommodation? YES  NO

I further 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.

**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 provisions of the Mary Rippey 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, from the selection process. I agree to submit to medical examination, if required, and pre-employment drug test. I understand 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 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:**

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**STILLWATER**  
**POLICE**

RYAN MCCAGHREN, 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)       |                         |                |
| 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

- American Indian/Alaskan     Asian/Pacific Islander     Black/African American  
 Hispanic/Latino     White/Caucasian     Other

#### Gender

- Female     Male

#### Military Veteran

- Pre-Vietnam Era     Vietnam Era  
 Post-Vietnam Era     Disabled Veteran

#### How did you hear about this position?

- Newspaper     City Employee     Professional Publication  
 Job Fair     Placement Office     Web Site  
 Other \_\_\_\_\_