

POLICE DEPARTMENT

TELEPHONE 580-824-2261 FAX 580-824-3000

AUTHORITY TO RELEASE INFORMATION (PERSONAL INQUIRY WAIVER)

Notice: We have no desire to jeopardize your present status. If you feel inquiries regarding any of the following will be of personal detriment, please explain in the "Comment" Section.

To Whom It May Concern:

I hereby authorize any representative of the Waynoka Police Department Bearing this release, or copy thereof, within one year from the date of Inception, to obtain any information in your files pertaining to, but not specifically limited to, categories of education, military and employment Records, including personal information of a confidential or privilege nature.

I hereby authorize you to release such information upon request of the bearer. I hereby release you, as the custodian of such records, including all officers, employees, or other related personnel, both individually and collectively, from any and all liability for damages of any type which may result to me, my heirs, family or associates because of compliance with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Comments:		
	*	
Signature (Full Name)	Full Name (Type or Printed)	
Date		
Current Address		
Telephone		
Received by	Date	



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CONFIDENTIAL INFORMATION INVESTIGATION WAIVER

A thorough background investigation will be conducted to determine your qualification for the position of Police Officer. To a great extent your employment will depend on information obtained in interviews with persons whom you have been associated with. Therefore, such information is confidential and the City of Waynoka cannot reveal the contents of any interview or document associated with these interviews or the reason of rejection for those applicants which are not accepted.

If the reasons for non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be notified.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

Signatu	ure of applicant
Received with applicants signature affixed by: _	
Date:	

The information you provide in the personal history statement will be used in the investigation of your background to assist in determining you suitability for the position of Police Officer.

This form must be typewritten or printed clearly in black ink only. All questions must be answered completely and accurately. All statements in this questionnaire are subject to verification. Be sure to include zip codes with all addresses given.

You increase your chances of becoming a Police Officer by answering all questions completely and accurately.

If you have been fired from a job, have a criminal record or have had any other experience that may reflect upon you in a negative manner, these items in them-selves may not keep you from being accepted. However, the intentional omission of falsification of any item will cause you to be rejected. No matter how qualified you are in other respects, you cannot become a Police Officer if your honesty is in doubt. For this reason we encourage you to be open and straightforward as you respond to this questionnaire.

If the space provided is inadequate, you may use a separate sheet of paper.

- 1. Use only 8 ½ x 11 paper.
- 2. Precede each answer with the section number of question being answered.
- 3. You may place more than one answer on a sheet of paper.

ATTACH WITH THIS PERSONAL HISTORY STATEMENT THE FOLLOWING:

- Copy of your birth certificate.
- 2. Copy of your high school diploma.
- 3. Copy of you Military form DD214, if applicable.

Note: If you attended college, copies of those transcripts will be required at the interview stage of the process.

This personal history form, along with the above listed attachments, must be submitted to the Waynoka Police Department on or before the cut- off date or your application will not be accepted.

NO EXCEPTIONS WILL BE MADE.

This and all application material will become the property of the City of Waynoka and its contents will not be returned.

Middle Name		•
List other names you ha	ve been known by (aliases, nicknames, maiden names))
	ess (complete physical address)	
Residence Phone		
Business Phone		
Date of Birth	,	
Social Security No	3	
Place of Birth		
Height	_	d.
Weight	<u>.</u>	
Haîr	_	
Eyes	_	
Scars, Tattoos, Ect		
Name of spouse/Fiancé_	***	
Complete Address		
Phone Number		
Record of Parenthood: Lis	st all children including stepchildren, Fill in all informati	ion:
Name of child	/ Date of Birth / Place of birth /	Suppor

icense NumberType			
ist any other driver license you have	held		
Name under which license was grante	:Q		
Restrictions			
Expiration Date			
Type			
License State			
Current Driver License Number			
Driver License Record			
Name of College or University	Dates Attended	Credit Hours	Degrees Received
Higher Education			
Name of School		lucation	Dates
Education-List all Elementary, Junior Name of School			
List alphabetically, by last name, livin family only:			

Restrictions
Name under which license was granted
Criminal Record
Date
City and State
Charges
Disposition
*
Military Record
Dates
Branch of Service
Serial Number
Rank
Type of Discharge
Has your discharge or separation notice ever been changed?
If Yes, Indicate details
From
By Authority of
Legai Lists all arrests and police investigations not resulting in arrest, including juvenile court proceedings
Date
City and State
Charge(s)
*

*1

Disposition				
General	u.			
Association member of	pership Record: List all social or Frate	rnal Organizat	ions of which	you have ever been a
From-To	Name of Organization	Address	ddress Type of Organization	
Employment				
From-To	Name of Employer & Address	Sup		eason for leaving
References				
	w, please list as references 3-5 indivi clude relatives or former employers.	duals who hav	e knowledge o	of you and your
Name	Address		Р	hone No.

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Have you ever been polygraphed? Yes No
If yes, When & Where?
Have you ever been certified as a police officer? Yes No
If Yes, Date of Certification and State
List any computer programs you are familiar with
Will you submit to a polygraph test? Yes No
I hereby certify that all statements made in this personal history statement are true and correct, and I understand that any misstatement of material facts will subject me to disqualification or dismissal.
Signature in full: Date:
Received by: Date:

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