



# THE CITY OF TUTTLE, OKLAHOMA

PO BOX 10 • 4 SE SECOND STREET • TUTTLE, OK 73089 • (405) 381-4467 • FAX (405) 381-4112

Office use only
Date received: _____
Initials: _____

## Employment Application – Public Safety

*This is an application for employment only; no employment contract is being offered at this time.*

**INSTRUCTIONS:** Print clearly in your own handwriting. Leave no blank spaces. Mark “NA” for questions/blanks that do not apply. Start with the most recent entry and work backwards. Attach additional pages if necessary. If you have a resume, you may attach it to this application; the application must still be completed. Improperly completed applications can result in removal from consideration.

Desired position(s): \_\_\_\_\_ Availability:  Full-time  Part-time Date Available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (Last, First Middle): \_\_\_\_\_ Other names used: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Home Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Other Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security No: \_\_\_\_\_

How did you learn about this vacancy? (Be specific) \_\_\_\_\_

If you answer “yes” to any of the following questions, attach a complete & accurate explanation of all relevant names, events, locations, dates, contact information, and other details.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you <b>ineligible</b> to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you applied with this Department before or have you ever worked for this City?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are you related to any City employee(s) or councilmen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do you know anyone who works for Tuttle 911, Police, Fire, or EMS?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you ever been arrested or turned yourself in to any law enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever had a protective order of any kind taken out against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do you have any criminal history (either misdemeanor or felony)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever used any controlled substances not prescribed for you by a medical doctor or any substance with the intent of getting high or intoxicated; or have you ever sold, purchased, or manufactured any illegal drug or explosive?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. In the last 7 years, have you received any traffic citations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever: <ul style="list-style-type: none"> <li>• Advocated, advised, or taught doctrine that the US Government or any political subdivision thereof should be overthrown by force, violence, or any unlawful means?</li> <li>• Have you ever been a member of or attended any meetings of any such group?</li> <li>• Have you ever subscribed to any such magazine or other periodicals?</li> <li>• Have you ever been connected to or affiliated with any such organization?</li> <li>• Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any such organization?</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever stolen or abused anything belonging to any employers? (E.g., money, office supplies, software, vehicles, intellectual property, trade secrets)

**Professional Background:** Include all employment, including part-time, military, volunteer, and periods of unemployment, for the past 10 years. If you have ever served in the military, attach discharge paperwork and details of any awards and discipline received.

Dates	Employer name	Location (City, State)	Phone	Salary	Supervisor	Title/Duties	Reason for Leaving
/ to /							
/ to /							
/ to /							
/ to /							
/ to /							

**Professional Licenses & Certifications**

Earned	License/Certification	Where earned
/		
/		
/		

**Educational Background:** Include high school, college, business, military & technical schools.

Dates	Type	Name	Location (city, state)	Hours	Graduated?
/ to /					<input type="checkbox"/> Yes <input type="checkbox"/> No
/ to /					<input type="checkbox"/> Yes <input type="checkbox"/> No
/ to /					<input type="checkbox"/> Yes <input type="checkbox"/> No
/ to /					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer “yes” to any of the following questions, attach a complete & accurate explanation of all relevant names, events, locations, dates, contact information, and other details.

<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had any extended work absences for other than earned vacations or illnesses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever been fired, asked to leave, suspended, or put on inactive status by any previous employers? (Inc. those earlier than 10 years ago.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you maintained membership in any social, labor, fraternal, or civic organizations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Did you receive any special education honors or scholarships, etc.?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Did you belong to any school societies, fraternities, or clubs? (You may exclude membership in organizations indicating national origin if you wish.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been expelled or suspended from any school for behavioral reasons?



Applicants for 911 Dispatcher, Police Officer & Animal Control Officer continue & complete the entire application.  
Applicants for Firefighter & EMT stop here & submit only the first two pages.

**Marital History:** Include all spouses & ex-spouses.

Dates	Status	Spouse's Name	Address	Phone number
/ to /				
/ to /				
/ to /				

**Children:** Include all children & step-children.

Age	Gender	Name	Address	Phone number

**Parents:** Include all parents & step-parents.

Name	Relationship	Address	Phone number

**Other personal references:** List at least 3, no relatives or past employers.

Name	Relationship	Address	Phone number

If you answer "yes" to any of the following questions, attach a complete & accurate explanation of all relevant names, events, locations, dates, contact information, and other details.

<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Can you read, write, or converse in any foreign languages?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. In the past 7 years, have you ever had a credit account closed by the grantor or referred to a third-party collection agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. In the past 7 years, have you filed for any bankruptcy protection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have there ever been any civil judgments entered against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Do you have any other information that you'd like to share that may be pertinent to this Application, the hiring process, or your qualifications?

**Residential History:** Include all locations resided at for the past 10 years (both permanent and temporary).

Dates	Street Address	Location (city, state)	Rent/Own
/ to /			<input type="checkbox"/> Rent <input type="checkbox"/> Own
/ to /			<input type="checkbox"/> Rent <input type="checkbox"/> Own
/ to /			<input type="checkbox"/> Rent <input type="checkbox"/> Own
/ to /			<input type="checkbox"/> Rent <input type="checkbox"/> Own
/ to /			<input type="checkbox"/> Rent <input type="checkbox"/> Own
/ to /			<input type="checkbox"/> Rent <input type="checkbox"/> Own

If you answer “yes” to the following questions, attach a complete & accurate explanation of all relevant names, events, locations, dates, contact information, and other details.

<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Did you ever reside in any city/state as an adult that is not listed above?
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**Writing Exercises:** Answer the following questions by handwriting (do NOT type) your responses on separate sheets of paper.

24. Which previous job did you like the best? Why? Explain (a) the duties, (b) the type of supervisor, and (c) other reasons why.
25. Which previous job did you like the least? Why? Explain (a) the duties, (b) the type of supervisor, and (c) other reasons why.
26. Describe a time when you chose (i.e., you were **not** directed) to not follow a superior’s orders. Explain (a) what you were told, (b) what you did, (c) why you chose to do what you did, (d) the outcome, including any disciplinary action, and (e) what you learned.
27. What experience have you had with two-way radios, computers, and office equipment?
28. Why are you pursuing employment in your desired position?
29. What have you done in your past (schooling, extra-curricular activities, including sports, etc., or other training and experience) to prepare you for employment in your desired position?
30. What has been your association or experience with others in your desired career field?
31. Describe what you are most frequently criticized for.
32. What interests you least about this job?
33. Describe a time when two equal priorities competed for your attention. Explain (a) what you did to resolve the issues, (b) what the outcome was, and (c) what you learned from the experience.
34. Describe why you’re a better applicant for this position than your competition.

**Certification of Truthful Response and Understanding**

Read carefully before signing.

I certify that the facts given in this Application are true and complete to the best of my knowledge. I hereby grant permission to the City of Tuttle (hereinafter referred to as "The City") to investigate any information included in this Application and I agree to submit to medical examination if required. 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 this Application. I understand, that if employed, false or misleading statements and/or information given in any Application(s) or interview(s) that I have submitted to or been party to may result in discharge. I understand that I am required to abide by all rules and regulations of The City as a condition of any employment offers I may receive.

I also certify by signing below that I understand that, if employed, I will be working in a non-smoking environment for long periods with no tobacco-use breaks. I also certify that I understand that after reviewing the essential job functions, minimum qualifications, and special requirements from the job description, I do not believe that I will have any difficulty performing them with or without reasonable accommodations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant (printed): \_\_\_\_\_

Witness: \_\_\_\_\_

**Confidential Information Agreement**

A thorough investigation will be conducted to determine your qualifications for the desired position. 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 reason(s) for your non-acceptance is (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 rather that other candidates provided experience, education, and background data that was more suitable for employment.

I have read and fully understand the above statement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant (printed): \_\_\_\_\_

Witness: \_\_\_\_\_

**Authorization to Release Information**

TO WHOM IT MAY CONCERN:

As an applicant with The City of Tuttle, Oklahoma (hereinafter referred to as "The City"), I hereby authorize any representative of The City bearing this release to obtain and photocopy any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. It is my specific intent to provide access to all personnel information, however personal, private, or confidential it may be.

I direct you, upon request by any representative of The City bearing this release, to authorize and provide full and complete access and disclosure to any and all information in your files pertaining to my employment records, or any part thereof whether said records are of public, private, or confidential nature, regardless of any agreement I may have made with you previously to the contrary. This access and disclosure shall include, but it is not limited to: any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any file with are deemed to be confidential, and/or sealed.

A photocopy or facsimile transmission copy of this waiver will be valid as an original thereof, even though the said photocopy or facsimile transmission copy does not contain an original writing of my signature.

This waiver is valid for a period of six (6) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (printed): \_\_\_\_\_ SSN: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_