

# City of Atoka Police Department Application for Employment

Please note page 4 requires your signature to be witnessed before a notary. Failure to complete this step will deem the application incomplete.

The City of Atoka is an Equal Opportunity Employer committed to excellence. Employment offers are made on the basis of qualifications, without regard to race, creed, color, gender, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") You may continue your answers on the back of this application or attach additional sheets if necessary. Applications with missing information will not be considered for any position. Information in this application must be full, complete, truthful and accurate to be considered for employment.

Position Applying For:	Name (Last, First, Middle):	Other names which you have used:
Street Address:		City, State & Zip:
Social Security Number:	Date of Birth:	Home Phone:
Other Phone:		
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you authorized to work in the United States?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what date are you available for work?
Have you ever been employed by the City of Atoka?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current City of Atoka employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
<b>If required for position, do you have a valid driver's license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, State of issuance, license #, and expiration date:</b>
Do you have a valid CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what class of CDL do you hold?
Are you bondable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:
How did you learn about this employment opportunity? Check all that apply:		
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Other:

## EDUCATION

	School Name	City, State	Did you graduate?	Degree received	Major
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
GED:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other School:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**WORK EXPERIENCE-**Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE NOTE:** The City of Atoka reserves the right to contact all current and former employers for reference information.

<b>Dates Employed (most recent position)</b> From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name and Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed</b> From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed</b> From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

**REFERENCES** – Please list three personal or professional references. These references cannot be listed anywhere else on this application.

Name	Relationship	Years Known	Phone Number

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is full, complete, truthful and accurate. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the City of Atoka to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of the City of Atoka serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If I am offered a conditional offer of employment, I will be required to furnish proof of eligibility to work in the United States and to comply with city and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first TWELVE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

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

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

# Atoka Police Department

**Gene Dodson**  
Chief of Police

1384 West Liberty Rd.  
Atoka, Oklahoma 74525  
Phone: 580-889-3250 • Fax: 580-889-4037

**Brian Snead**  
Assistant Chief

## Authorization for Release of Personal Information

That I, \_\_\_\_\_ (Print Full Name), do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Atoka 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 institutions, including records of loans, Veterans Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed against me, and the records and recollections of attorney's 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.

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

Any information obtained by or as a result of this background investigation shall be treated as confidential and shall not be released pursuant to the provisions of Title 51, 1986 Supp 24a 7 of the Oklahoma Open Records Act, unless otherwise ordered by a court of competent jurisdiction.

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

\_\_\_\_\_  
Signature (include maiden name if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Subscribed and Sworn to Before Me, the Undersigned Notary Public, This \_\_\_\_\_ Day of

\_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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Assistant Chief

## PRE-EMPLOYMENT QUESTIONNAIRE

The information in this questionnaire is strictly confidential.

It is recommended, but not required, to complete this questionnaire at the Atoka Police Department, where a representative of the Atoka Police Department will be available to answer any questions, you may have. If there is an area you wish to discuss in private, you will be given an opportunity to do so with a representative of the Atoka Police Department.

The information from this form will be utilized throughout the entire selection and hiring process.

As previously, stated, the information that you provide is confidential, and you must answer the questions honestly.

I certify that I have read and understand the preceding paragraphs. I also understand and agree that if I fail to complete the attached questionnaire, I shall not be given further consideration for employment throughout the application process with the Atoka Police Department.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

**Note:** If Oklahoma CLEET Certified, please provide the following:

CLEET Certification No.: \_\_\_\_\_

CLEET Certification Status: (Full Time or Reserve): \_\_\_\_\_

Have you ever participated or been an approved member in the OPPRS (Oklahoma Police Pension and Retirement System)? \_\_\_\_\_

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Phone: 580-889-3250 • Fax: 580-889-4037

**Brian Snead**  
Assistant Chief

## Pre-Employment Questionnaire

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### General Information:

1. Have you ever had a polygraph examination?      Yes    No
2. How do you honestly feel about being asked to take a polygraph test? \_\_\_\_\_  
\_\_\_\_\_
3. Did you answer all questions truthfully and accurately on your employment application and biographical summary?    Yes    No  
If no, explain: \_\_\_\_\_
4. Before we proceed, are you aware of anything about yourself that you feel may disqualify you for this job?      Yes    No  
If yes, explain: \_\_\_\_\_

### History:

1. Have you ever caused the death of a person?      Yes      No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever caused a person to be hospitalized?      Yes      No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever committed a crime where a weapon was used?      Yes      No  
If yes, explain: \_\_\_\_\_

## History-Continued:

4. Have you ever committed a crime, been accused of a crime, or engaged in conduct that could be considered a crime, involving any of the following?

Answer "yes" or "no".

- |  |   |
|--|---|
| <input type="checkbox"/> steal anything in your entire life? | <input type="checkbox"/> bribery?           |
| <input type="checkbox"/> steal car parts?                    | <input type="checkbox"/> assault?           |
| <input type="checkbox"/> steal a car?                        | <input type="checkbox"/> kidnaping?         |
| <input type="checkbox"/> steal anything from someone's home? | <input type="checkbox"/> child stealing?    |
| <input type="checkbox"/> forcibly steal from a person?       | <input type="checkbox"/> extortion?         |
| <input type="checkbox"/> murder?                             | <input type="checkbox"/> burglary?          |
| <input type="checkbox"/> manslaughter?                       | <input type="checkbox"/> fraud?             |
| <input type="checkbox"/> counterfeiting?                     | <input type="checkbox"/> weapons violation? |
| <input type="checkbox"/> arson?                              | <input type="checkbox"/> perjury?           |
| <input type="checkbox"/> sabotage?                           | <input type="checkbox"/> forgery?           |
| <input type="checkbox"/> blackmail?                          | <input type="checkbox"/> bad/bogus checks?  |
| <input type="checkbox"/> purse snatching?                    | <input type="checkbox"/> robbery?           |

Any other criminal activity or criminal accusations not listed above? Yes No

If yes, explain: \_\_\_\_\_

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5. How many physical fights have you been involved in since age 16? \_\_\_\_\_

Were weapons involved? Yes No

If yes, explain: \_\_\_\_\_

6. Have you ever used marijuana? Yes No

If yes, when was the last time used (list specific date), and on how many separate occasions?

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7. Have you been issued an Oklahoma Medical Marijuana Card? Yes No

## History-Continued:

8. Have you ever possessed, used, taken or experimented with an illegal narcotic/CDS(Controlled Dangerous Substance)? Yes No

If yes, when was the last time used (list specific date), and on how many separate occasions?

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9. Have you ever sold or distributed any illegal narcotic/CDS (Controlled Dangerous Substance) to anyone? Yes No

If yes, when was the last time sold (list specific date), and on how many separate occasions?

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10. Has anyone ever tried to blackmail you? Yes No

If yes, explain: \_\_\_\_\_

11. Have you ever participated in a break-in or burglary? Yes No

If yes, explain: \_\_\_\_\_

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12. What is the most serious crime you have ever committed? \_\_\_\_\_

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13. Do you now or have you ever owed any gambling debts? Yes No

If yes, explain: \_\_\_\_\_

14. Do you now or have you ever had any bad debts? Yes No

If yes, explain: \_\_\_\_\_

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15. Have you ever been sued? Yes No

If yes, explain: \_\_\_\_\_

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## History-Continued:

16. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?      Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

17. What is the most expensive item you have ever stolen from anyone? \_\_\_\_\_

\_\_\_\_\_

18. Have you ever knowingly bought or sold any stolen items?      Yes      No

If yes, explain: \_\_\_\_\_

## Driving Record:

1. Have you ever been licensed under any other name?      Yes      No

If yes, what Name, State and year? \_\_\_\_\_

\_\_\_\_\_

2. How many traffic violations have you had in the last three years? \_\_\_\_\_

3. What is the largest amount you have ever paid for a traffic fine? \_\_\_\_\_

4. Has your drivers license, in any State, ever been suspended or revoked?      Yes      No

If yes, list specific date and an explanation: \_\_\_\_\_

\_\_\_\_\_

## Driving Record-Continued:

5. Do you have any unpaid traffic citations?      Yes      No

If yes, explain: \_\_\_\_\_

6. How many motor vehicle accidents have you ever been involved in as a driver? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been sued as the result of a traffic accident?      Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

8. Have you ever been involved in a hit and run accident, and not arrested?      Yes      No

Have you ever been involved in a hit and run accident, and arrested?      Yes      No

If yes to either, explain: \_\_\_\_\_

\_\_\_\_\_

9. In the last five years, have you been arrested for Operating a Motor Vehicle While Under the Influence (i.e., APC, DUI, DUID, DWI etc.)?      Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

10. Have you ever been convicted of Operating a Motor Vehicle While Under the Influence (i.e., APC, DUI, DUID, DWI etc.)?      Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

11. Has an Implied Consent action ever been initiated against you? Yes No

If yes, list specific date and an explanation: \_\_\_\_\_

\_\_\_\_\_

12. Have you ever been canceled or dropped from an insurance provider or been deemed uninsurable by a vehicle insurer?      Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

### **Employment Record:**

1. Have you listed all places of employment as required on your application and/or biographical questionnaire?    Yes      No                                      If, no, list on back of page.

2. Have you ever been fired from any job for any reason?    Yes                                      No

3. Have you ever been asked to resign from any job in lieu of being fired?    Yes      No

4. Have you ever walked off a job when angry or under pressure?    Yes                                      No

5. Have you ever quit a job without giving notice?    Yes      No

6. Have you ever been denied coverage by a bonding company?    Yes      No

7. Have you ever stolen cash or other property from an employer regardless of the amount?    Yes      No

If yes, what was the highest amount taken in any one day? How often did you steal it, and what was the total amount taken? \_\_\_\_\_

\_\_\_\_\_

8. What is the most expensive item ever actually stolen from an employer? \_\_\_\_\_
- \_\_\_\_\_

## Drinking Habits:

1. Do you consider yourself as a non, light, moderate or heavy drinker? \_\_\_\_\_
2. When was the last time you were intoxicated? \_\_\_\_\_  
How many times during the past twelve months? \_\_\_\_\_
3. Have you ever had any trouble on any job due to drinking \_\_\_\_\_
4. Have you ever received a warning or disciplinary action on any job due to drinking \_\_\_\_\_
5. Have you ever been in an altercation because of drinking? \_\_\_\_\_
6. Have you ever missed work due to a hangover? \_\_\_\_\_
7. Have you ever been in serious trouble due to intoxication? \_\_\_\_\_
8. Have you ever been treated by a physician for drinking or have you ever been a member of Alcoholics Anonymous (AA) or similar organization? \_\_\_\_\_
9. Do you feel you have a drinking problem?      Yes              No

## Physical History:

1. Have you ever attempted or aided in a suicide?      Yes              No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you taken any drugs or medications today?      Yes              No  
How much in the past 48 hours? \_\_\_\_\_  
How much in the past 7 days? \_\_\_\_\_
3. Are you now, or have you ever, received treatment for any diagnosed or undiagnosed, mental health issue (bipolar, schizophrenia, PTSD, trauma, stress, grief, etc.)?      Yes              No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## General Information:

1. Do you feel it necessary for all Law Enforcement applicants to be completely honest?

Yes No

2. Is there anything you feel requires a more detailed explanation?

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## Present or Former Law Enforcement Personnel Only:

1. Have you ever solicited a bribe? Yes No

Have you ever accepted a bribe? Yes No

2. Have you ever solicited a gratuity? Yes No

Have you ever accepted a gratuity? Yes No

3. Have you ever solicited gifts? Yes No

Have you ever accepted gifts? Yes No

4. Have you ever stolen from a prisoner, victim or suspect? Yes No

5. Have you ever taken anything at a breaking and entering you were at? Yes No

6. Have you ever discharged a firearm, other than for hunting or target use? Yes No

7. Have you ever stolen anything from a Law Enforcement Agency (including found items, and/or evidence)? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever released or "leaked" information on a case? Yes No

**Present or Former Law Enforcement Personnel Only-Continued:**

9. Have you ever received disciplinary action from a superior? Yes No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

10. Have you ever been suspended with or without pay for any reason? Yes No

If yes, explain: \_\_\_\_\_

11. Have you ever violated a department or employer policy or rule that could have potentially resulted in termination? Yes No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicants Signature and Date Below:**

**I, hereby swear and affirm that each statement and all information in this questionnaire is complete, true and accurately recorded. I understand that providing false, misleading, and/or incomplete information on this questionnaire is grounds for exclusion from the selection process.**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**