



NAME

**CITY OF SEMINOLE
POLICE DEPARTMENT**

BACKGROUND QUESTIONNAIRE

Follow Directions Carefully

1. Use ink or type to complete questionnaire.
2. Complete in your own handwriting or typing.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions.
7. If a question does not apply, write N/A in the space.
8. If you need additional space, write on the back of the page.
9. Sign the questionnaire and have it notarized. The Police Department will not notarize your signature.
10. When completed return to:

Seminole Police Department
900 N. Harvey Rd. Suite C
Seminole, OK 74868

NOTE: Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Your incomplete packet will be rejected.

Complete Addresses: Street Addresses, City, State and Zip Code.

Complete area codes and telephone numbers

Seminole Police Department

Date

Position

SWORN CIVILIAN

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the SEMINOLE POLICE DEPARTMENT.

An extensive background investigation will be conducted into your personal history.

Applicants may be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, a psychological profile evaluation and possibly a polygraph examination.

Criteria Standards for Disqualification

- 1. Any Felony Conviction?
- 2. Participation in any Serious Crime?
- 3. Any Misdemeanor Conviction involving Narcotics, Drugs, and Marijuana in the last 5 years?
- 4. Any recent use of Marijuana or illegal drugs?
- 5. Any sexual conduct prohibited by Law?

Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below.

Signature _____ Date _____

Sworn to and subscribed before me

This _____ day of _____, 20 _____.

Notary Public

Where necessary, use the reverse of page to complete answers throughout this questionnaire.

1. Personal Data

Last Name: First: Middle

Home Phone Mobile Phone Alt. Phone

Current Employer Work Phone

Are you a United States Citizen? YES NO

Current Address City State ZIP

Length of time at address Social Security #

Height Weight Hair Eyes DOB

Place of Birth

List any other names, social security numbers, or dates of birth you have used.

List all residences in the last 5 years:

Address City State Zip

Address City State Zip

Address City State Zip

2. Employment History

List all places of employment and unemployment in the past 10 years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, use the following page if necessary, OMIT NONE!

| Month and Year | Name of Employer | Supervisor |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| From: <input style="width: 100%;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| To: <input style="width: 100%;" type="text"/> | | |
| Salary | Complete Employer Address | (Area Code) Telephone |
| Start: <input style="width: 100%;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| End: <input style="width: 100%;" type="text"/> | | |
| Job Title – Describe your duties <input style="width: 100%; height: 20px;" type="text"/> | | |
| Reason for Leaving (ie: resigned, fired, laid off): <input style="width: 100%; height: 20px;" type="text"/> | | |

| Month and Year | Name of Employer | Supervisor |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| From: <input style="width: 100%;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| To: <input style="width: 100%;" type="text"/> | | |
| Salary | Complete Employer Address | (Area Code) Telephone |
| Start: <input style="width: 100%;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| End: <input style="width: 100%;" type="text"/> | | |
| Job Title – Describe your duties : <input style="width: 100%; height: 20px;" type="text"/> | | |
| Reason for Leaving (ie: resigned, fired, laid off): <input style="width: 100%; height: 20px;" type="text"/> | | |

| Month and Year | Name of Employer | Supervisor |
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| To: <input style="width: 100%;" type="text"/> | | |
| Salary | Complete Employer Address | (Area Code) Telephone |
| Start: <input style="width: 100%;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| End: <input style="width: 100%;" type="text"/> | | |
| Job Title – Describe your duties: <input style="width: 100%; height: 20px;" type="text"/> | | |
| Reason for Leaving (ie: resigned, fired, laid off): <input style="width: 100%; height: 20px;" type="text"/> | | |

2. Employment History (continued)
(Use back of page if necessary)

| Month and Year | Name of Employer | Supervisor |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|
| From: <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To: <input type="text"/> | | |
| Salary | Complete Employer Address | (Area Code) Telephone |
| Start: <input type="text"/> | <input type="text"/> | <input type="text"/> |
| End: <input type="text"/> | | |
| Job Title – Describe your duties: <input type="text"/> | | |
| Reason for Leaving (ie: resigned, fired, laid off): <input type="text"/> | | |

| Month and Year | Name of Employer | Supervisor |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|
| From: <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To: <input type="text"/> | | |
| Salary | Complete Employer Address | (Area Code) Telephone |
| Start: <input type="text"/> | <input type="text"/> | <input type="text"/> |
| End: <input type="text"/> | | |
| Job Title – Describe your duties: <input type="text"/> | | |
| Reason for Leaving (ie: resigned, fired, laid off): <input type="text"/> | | |

| Month and Year | Name of Employer | Supervisor |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|
| From: <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To: <input type="text"/> | | |
| Salary | Complete Employer Address | (Area Code) Telephone |
| Start: <input type="text"/> | <input type="text"/> | <input type="text"/> |
| End: <input type="text"/> | | |
| Job Title – Describe your duties: <input type="text"/> | | |
| Reason for Leaving (ie: resigned, fired, laid off): <input type="text"/> | | |

3. References

A) List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years (5) years (include area code and phone):

| Name | Complete Address | Area Code & Telephone |
|----------------|-------------------------------|----------------------------|
| | | |
| How Long known | Occupation & Business Address | Work Area Code & Telephone |
| | | |

| Name | Complete Address | Area Code & Telephone |
|----------------|-------------------------------|----------------------------|
| | | |
| How Long known | Occupation & Business Address | Work Area Code & Telephone |
| | | |

| Name | Complete Address | Area Code & Telephone |
|----------------|-------------------------------|----------------------------|
| | | |
| How Long known | Occupation & Business Address | Work Area Code & Telephone |
| | | |

B) List the names of any acquaintances employed by this Department:

C) Have you ever applied to, or been employed by the Seminole Police Department as a paid employee or as a volunteer?

YES NO If YES, date & position:

D) Have you ever applied for any position with another law enforcement agency? YES NO
If YES, explain (use back of page if necessary):

| Date | Agency Name and State | Status of Application |
|------|-----------------------|-----------------------|
| | | |
| | | |
| | | |

E) Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee? YES NO If YES, when/where:

| When | Where |
|------|-------|
| | |
| | |

F) Have you ever received any law enforcement training? YES NO If YES, explain:

| When | Where | Type of Training |
|------|-------|------------------|
| | | |
| | | |
| | | |

G) Have you ever been certified as a police officer? YES NO If YES, explain:

| When | Where | Type of Certificate |
|------|-------|---------------------|
| | | |

4. Education and Training

A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED if applicable:

| Date Graduated | School Name | Address | Diploma Received |
|----------------|-------------|---------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B) List all skills or abilities possessed (include foreign languages):

5. Military Status

- A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit? YES NO If YES, explain:

| Entry Date | Rank/Branch/ Organization | Discharge Type | Date |
|------------|---------------------------|----------------|------|
| | | | |
| | | | |

6. Arrest History

- Have you ever been given a ticket, arrested, convicted, charged, or questioned for any offense; violation of any statute or ordinance; and/or law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.) YES NO If YES, describe below:

| Date | Location | Arresting Agency | Original Charge | Reduced To | Disposition/ Court Action |
|------|----------|------------------|-----------------|------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

7. Driving License

- A) List all driver's or chauffeur's licenses you currently hold:

State _____ Lic. # and Type _____ Exp. Date _____

- B) Have you ever been licensed to drive in another state? YES NO If YES, list below:

State _____ Lic. # and Type _____