

NEWCASTLE POLICE



DEPARTMENT

EMPLOYMENT APPLICATION





NEWCASTLE POLICE DEPARTMENT

Application for Employment



INSTRUCTIONS

READ CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your application for employment. It is essential that the information be **accurate** and **complete** in all respects. You are responsible for accurate and thorough completion of this document. Submission of an incomplete application will result in an applicant being discontinued from the application process. This information will be used as the basis for a background investigation that will determine your eligibility for employment.

- Avoid any errors by reading the directions carefully before making any entries on the form.
- All answers and information provided by you must be truthful.
- Answer all questions completely and accurately. If a question is not applicable to you, enter N/A in the space provided; do not leave any blanks. Deliberately omitting or misrepresenting facts will result in the rejection of your application.
- If you answer "yes" to a question or your answer needs clarification, provide a detailed explanation in the space under the question, on the back of the page or on additional pages.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the application. Be sure to reference the relevant section and question before continuing your answer.
- If you have questions while completing this form, PLEASE CALL the Human Resources Department at 405-387-4427.

The following items must be attached with this application when you turn it in:

Copy of Driver License
Copy of Social Security Card
Copy of Birth Certificate
Copy of High School Diploma or GED Certificate
Copy of any College Transcripts (if applicable)
Military DD-214/215 (if applicable)
Credit Report (Experian, Equifax, and TransUnion)

Attach a full face photograph, no larger than 3x3 inches. Print your name clearly on the back of the photograph. The photograph must have been taken within the last six (6) months.

Name: _____ Date of Birth: _____

Position applied for _____

Date available to begin work? _____

PERSONAL BACKGROUND

1. Full Name _____
(First) (Middle) (Last)

Other Names (Aliases, maiden names, nick names, etc.) _____

2. Have you ever had your name legally changed? YES NO

3. Residence Address _____
(Street and Number) (City) (State) (Zip)

Mailing Address _____
(Street and Number) (City) (State) (Zip)

Office Address _____
(Street and Number) (City) (State) (Zip)

4. Home Telephone: (____) _____ Work: (____) _____ Cellular: (____) _____

5. E-mail Address _____

6. SSN _____ DL No. _____ Class _____ State _____ DL Expiration _____

7. Height _____ Weight _____ Eye Color _____ Hair Color _____

8. Scars, tattoos, piercings or other distinguishing marks (including location on your body)

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

RESIDENCES

1. Beginning with your present address, list **ALL** addresses where you have lived ending with the address where you lived as a freshman in high school.

From	To	Address/City/State/Zip	County
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL HISTORY

1. High School(s) attended	City / State	From / To	Diploma or GED	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

2. College/University attended _____ Dates _____
 City _____ State _____ Zip _____
 Hours completed _____ Major/Minor _____
 Degree earned and date (if any) _____ GPA _____

 College/University attended _____ Dates _____
 City _____ State _____ Zip _____
 Hours completed _____ Major/Minor _____
 Degree earned and date (if any) _____ GPA _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

College/University attended _____ Dates _____
City _____ State _____ Zip _____
Hours completed _____ Major/Minor _____
Degree earned and date (if any) _____ GPA _____

College/University attended _____ Dates _____
City _____ State _____ Zip _____
Hours completed _____ Major/Minor _____
Degree earned and date (if any) _____ GPA _____

3. How many college credit hours do you have? _____ Total grade point average _____
Total number of semesters you have attended college? _____
Are you currently enrolled? Yes No If yes,
where? _____

4. How was your post-high school education financed? _____

5. Did you ever receive any type of academic or any other disciplinary action while in college? Yes No
If yes, then give a brief summary of each incident: _____

6. Trade Schools attended _____ Dates _____
City _____ State _____ Zip _____
Hours completed _____ Major/Minor _____
Degree earned and date (if any) _____ GPA _____

Trade Schools attended _____ Dates _____
City _____ State _____ Zip _____
Hours completed _____ Major/Minor _____
Degree earned and date (if any) _____ GPA _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

7. Other post-high school educational institutions attended (vocational, business, etc.)

Name	City/State	Dates	Course/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY

Beginning with your present or most recent job, list **ALL** employment, including part-time, temporary or seasonal work. Attach extra pages if necessary.

1. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

List 3 co-workers: Name Phone E-mail

_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

2. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

3. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

4. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (_____) _____ E-mail _____

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

5. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

List 3 co-workers: Name	Phone	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

6. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

7. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (_____) _____ E-mail _____

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

8. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

List 3 co-workers: Name	Phone	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

9. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (____) _____ E-mail _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

10. From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Job Title _____

Duties _____

Average number of hours worked per week _____ Hourly wage _____

Supervisor Phone (_____) _____ E-mail _____

List 3 co-workers: Name Phone E-mail

Reason for leaving _____

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain: _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

11. Have you ever been fired or asked to resign? Yes No How many times? _____
 Employer(s) _____
 When? _____
 Why? _____

12. Have you ever quit a job without giving sufficient (2-3 weeks) notice? Yes No How many times? ____
 Employer(s) _____
 When? _____
 Why? _____

13. Do you have any reason to believe that a former employer (s) may give you a negative job reference?
 Yes No Name of employer(s) _____
 Why? _____

MILITARY RECORD (Include Reserve or National Guard service)

1. Have you ever applied and been rejected for military service? Yes No
 When? _____ What branch of service? _____

2. Have you ever been a member of the military including Reserves or National Guard? Yes No
 If no, skip to the next section on **Law Enforcement Related Experience**.

3. Dates served in the U.S. Armed Forces From: _____ To: _____
 Branch of service _____ Current or last unit _____
 Highest rank held _____ Type of discharge _____
 Length of active duty _____ Length of inactive duty _____
 Have you provided a DD214 for this service? Yes No If no, why not? _____

4. What was your total service on active duty? (Give years, months, days) _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

5. Are you currently in the Reserves? Yes No If so, what is your status: _____
(Ready Reserves, Individual Ready Reserves, Inactive Reserves, Active Duty Reserves)

6. Are you currently in the National Guard? Yes No Active duty Inactive duty.

7. List the last five military bases/units you were stationed at/with starting with the most recent.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

8. List the city, state and military base where you completed basic training and advance training. _____

9. List all types of disciplinary actions, including arrest, if any, (letter of reprimand, oral reprimand, court Martial, captain's mast, company punishment, Article 15) while in the military.

Charge	Date	Age at Time	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List all commendations/education received during your military service. _____

- _____
- _____
- _____
- _____

5. Have you ever had your peace officer license suspended, revoked, probated or have you received any type of reprimand or disciplinary action by the state or licensing agency? Yes No

Explain: _____

6. Are you currently a reserve officer? Yes No Where? _____

How many hours per month do you work as a reserve officer? _____

List all other agencies where you have been a reserve officer.

Agency

Date Outcome

(Hired/Not Hired)

7. Have you ever been notified in any form by any law enforcement or corrections agency that you were the subject of an in-house investigation, be it criminal, civil or administrative? Yes No

Detail each occurrence and outcome:

8. Have you ever been notified in any form by a judicial, prosecutorial or grand jury entity that you are/were the subject of an investigation? Yes No

Detail each occurrence and outcome:

9. Have you ever had any disciplinary actions taken against you as a law enforcement related professional? Disciplinary action includes days off without pay, oral reprimands, written reprimands, vacation days surrendered in lieu of days off without pay. Disciplinary action also includes surrender of promotion and/or reduction in rank or pay scale. Yes No Detail each occurrence and outcome.

Date

Agency and Supervisor Name

Violation

Type of Discipline

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

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10. Have you ever been terminated, asked to resign or voluntarily resigned from a law enforcement related position as a result of an internal investigation or allegations of misconduct? Yes No
Detail each occurrence and outcome.

FRIENDS, ASSOCIATES AND MARITAL HISTORY

1. Single: Yes No

2. If Engaged or Dating:

Name of fiancé/girlfriend/boyfriend _____ Date of birth _____

Address _____ City/State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Fax (____) _____

E-mail address _____

3. If Married or Separated:

Date Married _____ City _____ State _____

Spouse's name _____ Maiden name _____

Address _____ City/State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Fax (____) _____

Employer _____ Occupation _____ E-mail _____

Work address _____ City _____ State _____

Spouse's Driver License No. _____ Date of birth _____

4. If Divorced or Widowed:

Date Married _____ City _____ State _____

Spouse's name _____ Maiden name _____

Address _____ City/State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Fax (____) _____

Employer _____ Occupation _____ E-mail _____

Work address _____ City _____ State _____

Spouse's Driver License No. _____ Date of birth _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

If Divorced or Widowed:

Date Married _____ City _____ State _____

Spouse's name _____ Maiden name _____

Address _____ City/State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Fax (____) _____

Employer _____ Occupation _____ E-mail _____

Work address _____ City _____ State _____

Spouse's Driver License No. _____ Date of birth _____

5. List all children related to you (i.e. natural, adopted, foster and step).

Name	Relation	Date of birth	Address	Name of Other Parent	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Are you or have you ever been responsible for making child support payments? Yes No
Has any agency, whether governmental or private, contacted you because of delinquent child support payments? Yes No Detail the who, when, where and why of any such notification.

What was the result? _____

Are you current on your payments? Yes No If not, how much do you owe? _____

7. Name all other dependents (other than spouse or children).

Name	Relation	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

8. List other relatives in the following order: father, mother (include maiden name), brothers and sisters (including step-parents and step-siblings), in their birth order. If deceased, indicate that under address.

Relation _____ Name _____ Date of birth _____
Address _____ City/State _____ Zip _____
Occupation _____ Current/most recent employer _____ Retired: Yes No
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Fax (____) _____ E-mail _____

Relation _____ Name _____ Date of birth _____
Address _____ City/State _____ Zip _____
Occupation _____ Current/most recent employer _____ Retired: Yes No
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Fax (____) _____ E-mail _____

Relation _____ Name _____ Date of birth _____
Address _____ City/State _____ Zip _____
Occupation _____ Current/most recent employer _____ Retired: Yes No
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Fax (____) _____ E-mail _____

Relation _____ Name _____ Date of birth _____
Address _____ City/State _____ Zip _____
Occupation _____ Current/most recent employer _____ Retired: Yes No
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Fax (____) _____ E-mail _____

Relation _____ Name _____ Date of birth _____
Address _____ City/State _____ Zip _____
Occupation _____ Current/most recent employer _____ Retired: Yes No
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Fax (____) _____ E-mail _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

Relation _____ Name _____ Date of birth _____

Address _____ City/State _____ Zip _____

Occupation _____ Current/most recent employer _____ Retired: Yes No

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

Fax (____) _____ E-mail _____

Relation _____ Name _____ Date of birth _____

Address _____ City/State _____ Zip _____

Occupation _____ Current/most recent employer _____ Retired: Yes No

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

Fax (____) _____ E-mail _____

9. List any additional person (s) living in your household.

Name	Date of birth	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSOCIATES

1. Have any of your close friends, associates or members of your immediate family (parents, brothers, sisters, spouse, children or other relatives that live with or near you) ever been arrested as adults that you are aware of either through personal knowledge or hearsay? Yes No If yes, complete the following:

Arrestee's Name	Date of birth	Arresting Agency	Name of Offense
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
Relationship to above person		Disposition of Charges	
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

REFERENCES

1. List five (5) persons (other than family members already listed) who can provide current information about you.

Name _____ Years known _____
Address _____ City/State _____ Zip _____
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Work Address _____ City/State _____ Zip _____
E-mail address _____

Name _____ Years known _____
Address _____ City/State _____ Zip _____
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Work Address _____ City/State _____ Zip _____
E-mail address _____

Name _____ Years known _____
Address _____ City/State _____ Zip _____
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Work Address _____ City/State _____ Zip _____
E-mail address _____

Name _____ Years known _____
Address _____ City/State _____ Zip _____
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Work Address _____ City/State _____ Zip _____
E-mail address _____

Name _____ Years known _____
Address _____ City/State _____ Zip _____
Home phone (____) _____ Work phone (____) _____ Cell (____) _____
Work Address _____ City/State _____ Zip _____
E-mail address _____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

Name of Account

Amount Behind

Days Behind

Explanation:

Name of Account

Amount Behind

Days Behind

Explanation:

5. Have you ever been referred to a collection agency? Yes No How many times? _____

When was the last time? _____

Name of Account

Amount Behind

Days Behind

Explanation:

Name of Account

Amount Behind

Days Behind

Explanation:

Name of Account

Amount Behind

Days Behind

Explanation:

Name of Account

Amount Behind

Days Behind

Explanation:

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

TRAFFIC RECORD (Complete only if position requires valid driver license.)

1. List all driver licenses that you have EVER held and which is currently active.
- | State | License Number | Active or Date Surrendered or Expired |
|-------|----------------|---------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Type _____ Restrictions? (i.e. glasses) _____ Endorsements? (i.e. motorcycle) _____

3. How many years of driving experience do you have? _____ Approximately how many miles a year do you drive? _____

4. List any and all incidents where your driver license has been suspended, revoked or put on probation in any county or state.
- | Date | Location | Reason |
|-------|----------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

For the purpose of answering the below question: arrested is defined as being detained by a Law enforcement agency or agent acting on a warrant of arrest or summons issued in your name indicating a failure to properly dispose of a traffic, parking or other misdemeanor citation within the prescribed number of days after receipt of the citation; and detained means transported to jail, transported to a magistrate, or transported before a court clerk where a fine had to be paid or bond posted to avoid your incarceration, whether or not the fine and/or bond was actually posted by you or someone else.

5. For any reason whatsoever, have you ever in your lifetime failed to pay or otherwise legally dispose of any traffic, parking or other misdemeanor citations? Yes No If yes, please explain:

6. Have you ever been arrested on a traffic warrant? Yes No If so, when and by what agency?

7. List any and all vehicles currently owned by you, registered in your name or that you frequently drive.
- | Year | Make | Model | Color | License No. | State |
|-------|-------|-------|-------|-------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

8. List your auto insurance carrier, policy number and agent's phone number. _____

9. List all moving and non-moving tickets (i.e. speeding, ran red light, unsafe lane change, expired registration, no insurance, etc.), excluding parking tickets, that you have received in the last ten years, starting with the most recent ticket. "Disposition of Ticket" means how you chose to take care of the ticket (i.e. did you plead guilty and take defensive driving, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc.). If your ticket was for speeding, include the posted speed and the citation speed.

Date	Agency	Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List all of the accidents you have been involved in as a **driver** starting with the most recent accident. For this form, the determination of "At Fault/Not at Fault" is the listed opinion made by the investigative officer, not yours.

Date of Accident	Location (City/State)	Investigating Agency	At Fault/Not at Fault
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

CRIMINAL OFFENSES

1. Have you ever been **arrested** as an adult (age 18 and above)? Yes No If so, how many times?
How many times for felonies? _____ How many times for misdemeanors? _____

2. Have you been arrested or convicted, as an adult, for the offense of driving under the influence (DUI) or driving under the influence of drugs? Yes No

If so, when? _____ Who was the arresting agency? _____

What was the outcome of the arrest? _____

3. Have you ever been **arrested or convicted** for any other alcohol or drug-related offense? Yes No
If yes, list offenses, dates of arrests and disposition of cases.

4. Have you ever been arrested or convicted for any criminal offenses involving a spouse or family member, or which could be considered domestic violence? Yes No

Date Arrested	Name of Offense	Law Enforcement Agency	Disposition
---------------	-----------------	------------------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____

5. Complete the following if you've been **arrested** as an adult, have **appeared as a defendant** in a criminal proceeding, and/or any and all **pending criminal charges** against you other than those listed above.

Date Arrested	Name of Offense	Law Enforcement Agency	Disposition
---------------	-----------------	------------------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____

6. Are you **currently using** drugs illegally? Yes No

7. List any and all drugs ever taken illegally and when. _____

CIVIL SUITS/LITIGATIONS

1. Have you ever had a monetary judgment entered against you by a court of law or a lien filed against you or your property? Yes No If yes, please explain:

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

2. Have you ever been a party to a lawsuit as a Defendant? Yes No If yes, explain:

SPECIAL QUALIFICATIONS, SKILLS AND HOBBIES

1. List any special skills and/or qualifications you may possess (i.e. pilot, radio operator, scuba diver, computer programs, typing skills, etc.):

2. List guns or weapons that you are familiar with or own and any qualifications or license (i.e. FFL, CHL, etc.). List license and permit number. If denied, explain below:

3. If you are fluent in a foreign language or sign language, indicate in each area your degree of fluency. (Excellent, Good, Fair)

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List any hobbies you participate in:

5. List all extracurricular activities you participated in during high school and/or college:

USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS.

DO YOU UNDERSTAND THAT THE TERM "BACKGROUND INVESTIGATION" AS USED IN THIS DOCUMENT REFERS TO ANY AND ALL INFORMATION AND SOURCES OF INFORMATION THAT THE NEWCASTLE POLICE DEPARTMENT IN ITS SOLE DISCRETION MAY DEEM NECESSARY TO OBTAIN OR CONTACT IN ORDER TO DETERMINE YOUR FITNESS AS AN EMPLOYEE?

YES NO (circle one)

I, _____, CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY GRANT AUTHORIZATION TO THE NEWCASTLE POLICE DEPARTMENT TO CONTACT ANY PERSON OR ORGANIZATION FOR INFORMATION AND/OR DOCUMENTS TO VERIFY THE VALIDITY OF ANY PREVIOUS STATEMENT.

Signature of Applicant

Date

Applicant address, city, state, zip code

Telephone number

Subscribed and sworn before me this ____ day of _____, 20 ____.

Notary Public

My Commission Expires _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, AM AN APPLICANT FOR EMPLOYMENT WITH THE NEWCASTLE POLICE DEPARTMENT. IN ORDER TO PROCESS MY APPLICATION, CERTAIN INFORMATION MUST BE MADE AVAILABLE TO THE CHIEF OF POLICE. THIS INFORMATION IS FOR MY BENEFIT.

I HEREBY AUTHORIZE, REQUEST AND DIRECT ANY AND ALL FORMER EMPLOYERS, INCLUDING ANY AND ALL INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, ENTITIES OR GOVERNMENTAL AGENCIES TO RELEASE, FURNISH, SHARE AND EXCHANGE ANY INFORMATION THAT YOU MAY HAVE CONCERNING ME, INCLUDING INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE AS WELL AS INFORMATION OBTAINED BY MY SOCIAL SECURITY NUMBER, TO ANY AUTHORIZED AGENT OF THE NEWCASTLE POLICE DEPARTMENT.

I HEREBY RELEASE FROM LIABILITY AND PROMISE TO HOLD HARMLESS, UNDER ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION ARISING OUT OF MY STATEMENTS, ACTS OR OMISSIONS MADE IN CONNECTION WITH MY BACKGROUND INVESTIGATION, ANY AND ALL PERSONS OR ENTITIES WHO SHALL FURNISH ANY INFORMATION OR OPINIONS TO THE OFFICERS, AGENTS OR EMPLOYEES OF THE CITY OF NEWCASTLE WHO CONDUCT MY BACKGROUND INVESTIGATION.

I APPOINT THE CHIEF OF POLICE OF THE NEWCASTLE POLICE DEPARTMENT OR HIS REPRESENTATIVE AS MY AGENT AND ATTORNEY-IN-FACT FOR THE SOLE PURPOSE OF COLLECTING INFORMATION FOR PROCESSING MY APPLICATION AND DIRECT THAT THE CHIEF OF POLICE OR HIS REPRESENTATIVE BE PERMITTED TO INSPECT ALL OF SAID FILES AND INFORMATION, AND BE PERMITTED TO MAKE COPIES THEREOF AT THEIR DISCRETION. THIS REQUEST CAN BE TREATED AS IF I WAS MAKING THE REQUEST IN PERSON.

Signature of Applicant

Date

Applicant address, city, state, zip code

Telephone number

Subscribed and sworn before me this ____ day of _____, 20 ____.

Notary Public

My Commission Expires _____

APPLICANT'S CONSENT FORM REGARDING BACKGROUND CHECKS

**PLEASE READ THE FOLLOWING DISCLOSURE
CAREFULLY BEFORE SIGNING**

By this document, the City of Newcastle discloses to you that it conducts background checks for employment purposes prior to making job offers to applicants. These background checks include requesting and reviewing criminal records histories on applicants. Criminal records histories are obtained from the Oklahoma State Bureau of Investigation, as well as other sources of public records. The Oklahoma State Bureau of Investigations requires a full date of birth to perform a criminal history check. Please sign below to signify receipt of the foregoing disclosure. Additionally, your signature below authorizes a background check on you by the City of Newcastle, including use of your date of birth to conduct such background check. Please note that the City of Newcastle will use your date of birth only in connection with its background check of you, and that the City of Newcastle will not use your date of birth in making any employment decisions regarding you.

EMPLOYEE AUTHORIZATION AND CONSENT

I understand and agree that this information shall remain on file and shall serve as an ongoing authorization for the City of Newcastle to conduct background checks of me as an applicant, and, if I am hired, at any time during my employment period.

I authorize the use of any information that I provided to the City of Newcastle to verify my statements, and I authorize my past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons, companies, firms, partners, businesses or employers from any liability or damages on account of having furnished such information.

I consent to such investigations as the City of Newcastle may make regarding driving records, law enforcement records, credit reports and my general background. I certify that I have read and understand each of the statements and authorizations contained in this consent for background investigation and release of liability, and sign this document as my free and voluntary act.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH HUMAN RESOURCES.

Printed Name

DOB

Signature

Date