

BARTLESVILLE POLICE DEPARTMENT



BACKGROUND APPLICATION



Bartlesville Police Department Background Investigation Questionnaire

Applicants Name (Last, First Middle)	Today's Date	Test Date
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INSTRUCTIONS

Read and Follow ALL Instructions Below. Failure to do so will DELAY AND/OR VOID Your Application

1. Form must be completely filled out by **APPLICANT**.
2. Complete in **BLACK INK (LEGIBLY) OR TYPE**.
3. Answer each question **COMPLETELY AND ACCURATELY**.
4. Each blank **MUST** have an answer in it. If the question does not apply to you or the answer is none, write "N/A" in the appropriate space.
5. If there is not enough space to provide a complete answer or explanation, attach additional sheets (8½ x 11"). Be sure to label any attached sheets clearly with the section and page number.
6. You must sign and date the questionnaire.
7. Keep a copy for your records.
8. Be sure to submit OFFICIAL, CERTIFIED college transcripts and other documents listed on the last page with this background questionnaire.
9. Return the completed questionnaire and other information to:

Bartlesville Police Department
Training Division/Testing Coordinator
615 S Johnstone
Bartlesville, OK 74003

▶ PLEASE NOTE THE FOLLOWING ◀

- Your application WILL NOT be considered further until this form is correctly completed & submitted to the Bartlesville Police Department Training Division.
- Incomplete or inaccurate answers may be grounds for rejection or removal.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is always better to tell the truth, no matter what. Your application will be given every consideration in light of all available information.
- You may be asked to submit additional information or documentation pertaining to your application.
- Be sure to notify the Bartlesville Police Department Training Division/Testing Coordinator on the update form (or in writing) of any change in address, phone number, or any other information relevant to your application.

DO NOT WRITE IN THE SPACE BELOW

W.T. Date:	W.T. Score:	P.A.T Date:	P.A.T. Score:
O.B. Date:	O.B. Score:	College Hours:	Degree:
Major In:	GPA:	High School GPA:	
Questionnaire Received Date:		Investigator Assigned To Questionnaire:	
Additional Comments:			
W.T. – Written Test P.A.T. – Physical Agility Test		O.B – Oral Board	



Bartlesville Police Department

Background Investigation Questionnaire

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I. PERSONAL INFORMATION

1. FULL LEGAL NAME (LAST, FIRST, MIDDLE):				2. SOCIAL SECURITY NUMBER	
3. LIST ALL OTHER NAMES OR NICKNAMES USED (INCLUDE ANY MAIDEN NAMES AND LEGAL NAME CHANGES. LIST DATE AND REASON FOR NAME CHANGE)					
4. DRIVER'S LICENSE NUMBER	4.a STATE	4.b EXP. DATE	5. BIRTHDATE	6. BIRTH PLACE (CITY, STATE, COUNTRY)	
7. RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)					
8. HOME PHONE NUMBER	9. WORK PHONE NUMBER	10. PAGER NUMBER	10.a E-MAIL ADDRESS		
11. FAX NUMBER	12. ALTERNATE PHONE NUMBER FOR MESSAGES		13. CELLULAR PHONE NUMBER		
14. ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			14.a IF A U.S. CITIZEN, WERE YOU		14.b NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/>
15. IF NATURALIZED, GIVE DATE, LOCATION AND JUDGE:					
16. HAVE YOU APPLIED TO THE BARTLESVILLE POLICE DEPARTMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>				16.a IF SO, WHEN AND DISPOSITION	
17. HOW DID YOU LEARN ABOUT THE BARTLESVILLE POLICE DEPARTMENT?			POLICE RECRUITER <input type="checkbox"/>	BARTLESVILLE POLICE OFFICER <input type="checkbox"/>	
			CITY JOB LINE <input type="checkbox"/>	HUMAN RESOURCE DEPT. <input type="checkbox"/>	
			INTERNET <input type="checkbox"/>	COLLEGE JOB FAIR <input type="checkbox"/>	

II. EMPLOYMENT HISTORY

IMPORTANT NOTICE: You must list every job you have ever held, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so will result in automatic disqualification. Failure to complete all required information (names, addresses, dates, and phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

18. BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART TIME JOBS, TEMPORARY AND VOLUNTEER WORK. COMPLETE INFORMATION IS REQUIRED.

1. DATES EMPLOYED		EMPLOYER INFORMATION		PHONE & EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE		JOB TITLE & DUTIES:		
2. DATES EMPLOYED		EMPLOYER INFORMATION		PHONE & EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE		JOB TITLE & DUTIES:		
3. DATES EMPLOYED		EMPLOYER INFORMATION		PHONE & EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME		REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>
SALARY/WAGE		JOB TITLE & DUTIES:		

CONTINUE EMPLOYMENT HISTORY ON PAGE 2

II. EMPLOYMENT HISTORY – CONTINUED

4. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
5. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
6. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
7. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
8. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
9. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
10. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					
11. DATES EMPLOYED				EMPLOYER INFORMATION		PHONE & EXT. NUMBER	
FROM:		TO:		NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME				REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE		JOB TITLE & DUTIES:					

II. EMPLOYMENT HISTORY – CONTINUED

19. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN (INCLUDE DATE, PLACE, & SPECIFIC DETAILS)
20. HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN & WHERE?
21. HAVE YOU EVER BEEN A BONDED EMPLOYEE?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN & WHY?
22. HAVE YOU EVER BEEN DENIED BOND?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN & WHY?
23. HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF BARTLESVILLE?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHICH DEPARTMENT(S)?
24. DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF BARTLESVILLE?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:
25. HAVE YOU EVER WORKED FOR THE CITY OF BARTLESVILLE?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST WHICH DEPARTMENT AND WHEN:
LIST SUPERVISOR'S NAME AND PHONE NUMBER:	
26. ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER?	NO <input type="checkbox"/> YES <input type="checkbox"/>
27. LIST ALL BUSINESS VENTURES IN WHICH YOU HAVE HAD A FINANCIAL INTEREST BOTH PAST AND PRESENT. INCLUDE THE NAME OF THE BUSINESS OR VENTURE AND INCLUDE PARTNERS AND/OR CREDITORS INVOLVED:	
28. MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF NO, PLEASE EXPLAIN:
29. HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE, OR FEDERAL AGENCY?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST AGENCY AND DATE:
30. LIST BELOW ALL DATES OF UNEMPLOYMENT SINCE YOUR 17 TH BIRTHDAY. INCLUDE THE LENGTH OF UNEMPLOYMENT, REASON FOR UNEMPLOYMENT, EFFORTS TO SEEK EMPLOYMENT, AND WHY YOU WERE TURNED DOWN FOR EMPLOYMENT. EXPLAIN IN DETAIL, INCLUDING DATES AND ADDRESSES IF APPLICABLE.	

1.	DATES UNEMPLOYED	UNEMPLOYMENT INFORMATION
	FROM: TO:	DETAILS (INCLUDING ADDRESSES IF APPLICABLE)
2.	DATES UNEMPLOYED	UNEMPLOYMENT INFORMATION
	FROM: TO:	DETAILS (INCLUDING ADDRESSES IF APPLICABLE)
3.	DATES UNEMPLOYED	UNEMPLOYMENT INFORMATION
	FROM: TO:	DETAILS (INCLUDING ADDRESSES IF APPLICABLE)
4.	DATES UNEMPLOYED	UNEMPLOYMENT INFORMATION
	FROM: TO:	DETAILS (INCLUDING ADDRESSES IF APPLICABLE)
5.	DATES UNEMPLOYED	UNEMPLOYMENT INFORMATION
	FROM: TO:	DETAILS (INCLUDING ADDRESSES IF APPLICABLE)
6.	DATES UNEMPLOYED	UNEMPLOYMENT INFORMATION
	FROM: TO:	DETAILS (INCLUDING ADDRESSES IF APPLICABLE)

II. EMPLOYMENT HISTORY – CONTINUED

31. HAVE YOU EVER APPLIED TO ANY LAW ENFORCEMENT AGENCY OR PUBLIC SAFETY AGENCY (E.G. POLICE DEPARTMENT, SHERIFF'S DEPARTMENT, FIRE DEPARTMENT, EMT) THAT DID NOT HIRE YOU FOR ANY REASON, INCLUDING BUT NOT LIMITED TO NOT HAVING SUFFICIENT OPENINGS: IF YES, LIST PAST AND PRESENT APPLICATIONS, INCLUDING THOSE WITH THE BARTLESVILLE POLICE DEPARTMENT BELOW:					YES <input type="checkbox"/> NO <input type="checkbox"/>
AGENCY	ADDRESS	DATE OF APPLICATION	DISPOSITION	BACKGROUND INVESTIGATOR	
32. HAVE YOU EVER BEEN INVOLVED IN THE BARTLESVILLE POLICE DEPARTMENT RESERVE? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST DATES:					
33. HAVE YOU EVER BEEN DENIED A POSITION WITH THE BARTLESVILLE POLICE RESERVES? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST DATES AND REASONS:					
34. HAVE YOU EVER BEEN INVOLVED IN ANY OTHER POLICE RESERVE OR AUXILIARY UNIT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, INDICATE BELOW:					
AGENCY	ADDRESS	DATE OF SERVICE	POSITION HELD	REASON FOR LEAVING	
35. HAVE YOU EVER BEEN ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW ENFORCEMENT OFFICER? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN AND WHERE:					
36. HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST DETAILS BELOW (WHEN, WHERE, & WHY):					

III. EDUCATION HISTORY

37. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE PROJECTED GRADUATION DATE:					
38.a LIST ALL SCHOOLS EVER ATTENDED IN ORDER . BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL, INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE AND MILITARY SCHOOLS.					
COLLEGES AND UNIVERSITIES					
1. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
2. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
3. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	

III. EDUCATION HISTORY – CONTINUED

4. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
5. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
6. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
VOCATIONAL, TECHNICAL, MILITARY, OR OTHER POST SECONDARY SCHOOLS					
1. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
2. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
3. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
4. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
5. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
6. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
7. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
CONTINUE EDUCATION HISTORY ON PAGE 6					

III. EDUCATION HISTORY – CONTINUED

IMPORTANT: ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT WITH THIS FORM

1. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
2. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
3. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
4. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
5. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
6. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
7. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
JUNIOR HIGH / MIDDLE SCHOOL					
1. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
2. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
3. SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:	
CONTINUE EDUCATION HISTORY ON PAGE 7					

III. EDUCATION HISTORY – CONTINUED

4. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
5. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
6. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
ELEMENTARY / GRADE SCHOOL				
1. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
2. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
3. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
4. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
5. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
6. SCHOOL INFORMATION				
SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)		FROM	TO
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS:
39. WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE ATTENDING JUNIOR HIGH, HIGH SCHOOL, OR COLLEGE, INCLUDING PROBATIONS, SUSPENSIONS, DISMISSALS, OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST THE DATES AND DETAILS BELOW.				
CONTINUE EDUCATION HISTORY ON PAGE 8				

III. EDUCATION HISTORY – CONTINUED

40. HAVE YOU EVER FAILED ANY COURSES, EITHER IN HIGH SCHOOL OR COLLEGE? NO ☐ YES ☐
IF YES, LIST WHAT COURSE(S) AND WHEN (IF REPEATED, LIST WHEN AND GRADE RECEIVED):

41. GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING) AND ANY GRADE BELOW A 2.00 GPA.

42. LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD AND GROUPS OR TEAMS YOU BELONG TO WHILE ATTENDING JUNIOR HIGH, HIGH SCHOOL, AND COLLEGE.

43. LIST ANY FOREIGN LANGUAGE YOU HAVE AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE):
USE A SCALE OF 1 TO 5. EXAMPLE: 1=SOME 3=MODERATE 5=FLUENT

LANGUAGE AND DIALECT (IF APPLICABLE)	SPEAK	READ	WRITE
1			
2			
3			

IV. MILITARY HISTORY

44. ARE YOU CURRENTLY REGISTERED WITH THE SELECTIVE SERVICE? NO ☐ YES ☐ IF NO, EXPLAIN:

45. WHAT IS YOUR SELECTIVE SERVICE NUMBER? (CALL 1-847-688-6888 FOR YOUR NUMBER)

46. HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO ☐ YES ☐ IF YES, EXPLAIN:

47. HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO ☐ YES ☐ IF YES, EXPLAIN:

CONTINUE MILITARY HISTORY ON PAGE 9

IV. MILITARY HISTORY – CONTINUED

48. HAVE YOU EVER JOINED THE MILITARY SERVICE? NO ☐ YES ☐ IF YES, LIST MILITARY BRANCH AND UNITS SERVED IN:

BRANCH	SERVICE NUMBER	TYPE OF UNIT	M.O.S.	JOB TITLE AND DESCRIPTION

DATE OF ENLISTMENT	DATES OF ACTIVE DUTY	HIGHEST RANK ON ACTIVE DUTY

49.a TYPE OF DISCHARGE OR SEPARATION: ☐ HONORABLE ☐ GENERAL UNDER HONORABLE
☐ DISHONORABLE ☐ GENERAL UNDER OTHER THAN DISHONORABLE
☐ BAD CONDUCT

49.b GIVE A BRIEF EXPLANATION OF REASON FOR DISCHARGE:

49.c INDICATE STATUS AT TIME OF DISCHARGE BELOW:

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE
			YEARS MONTHS DAYS

50. LIST ALL CITATIONS OR COMMENDATIONS:

51. LIST ALL MILITARY TRAINING AND EDUCATION:

52. HAVE YOU EVER BEEN UNDER ANY INVESTIGATION BY A MILITARY AUTHORITY? NO ☐ YES ☐

IF YES, LIST ALL DISCIPLINARY PROBLEMS WHILE IN THE MILITARY (ARTICLE 15'S, UCMJ CONVICTIONS, DEMOTIONS, INCLUDING ANY JUDICIAL OR NON-JUDICIAL ACTION, ETC.) INCLUDING DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL.

53. LIST ANY PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES THAT ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. PLEASE LIST THOSE INDIVIDUALS WHO KNEW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME	ADDRESS	PHONE	# OF YEARS KNOWN
1.			
2.			
3.			

CONTINUE MILITARY HISTORY ON PAGE 10

IV. MILITARY HISTORY – CONTINUED53. HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO ☐ YES ☐ IF YES, INDICATE YOUR STATUS BELOW:53.a CURRENTLY ACTIVE RESERVE? NO ☐ YES ☐53.b MEMBER IN I.R.R.? NO ☐ YES ☐53.c HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY ☐ MONTHLY ☐ SUMMER ONLY ☐

53.d GIVE DETAILS ON YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS

COMMANDING OFFICER NAME & PHONE

YOUR CURRENT RANK

V. CRIMINAL AND DRIVING HISTORY

LIST ALL OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE, AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE, AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED, OR CONVICTED THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES.

NOTE: The existence of an arrest record and/or conviction(s) is **NOT** an automatic disqualifying factor.

Giving a false answer to this question **IS** a disqualifying factor.

54. HAVE YOU EVER BEEN QUESTIONED, DETAINED, ARRESTED, INVESTIGATED, WARNED, OR ISSUED A CITATION FOR ANY MISDEMEANOR OR FELONY, OTHER THAN TRAFFIC EITHER AS AN ADULT OR JUVENILE? NO ☐ YES ☐

IF YES, LIST THE NAMES OF THE AGENCY OR COURT, DATE OF CONTACT, REASON FOR CONTACT, CHARGE IF ANY, SENTENCE IF ANY, NAME OF OFFICER, AND DISPOSITION OF INCIDENT. (INCLUDING DEFERRED SENTENCES) PROVIDE FULL DETAILS ON SUPPLEMENTAL SHEETS WHEN NECESSARY.

DATE	AGENCY OR COURT	CHARGE	SENTENCE	OFFICER	DISPOSITION
1.					
2.					
3.					
4.					
5.					

55. HAVE YOU EVER BEEN AFFILIATED WITH ANY STREET GANG? NO ☐ YES ☐ IF YES, EXPLAIN IN FULL DETAIL:56. HAVE YOU EVER BEEN REPORTED TO A LAW ENFORCEMENT AGENCY AS A MISSING PERSON OR A RUNAWAY? NO ☐ YES ☐
IF YES, EXPLAIN IN FULL DETAIL:57. HAVE YOU EVER STOLEN OR TAKEN ANYTHING FROM ANYONE WITHOUT PERMISSION, OR COMMITTED ANY CRIME THAT YOU DID NOT GET CAUGHT FOR? NO ☐ YES ☐ IF YES, EXPLAIN IN FULL DETAIL, INCLUDING DATES, PLACES, AND AMOUNT TAKEN OR CRIME COMMITTED:58. HAVE YOU EVER BEEN INVESTIGATED, DETAINED, ARRESTED, OR CONVICTED FOR: DRUG RELATED CRIME: NO ☐ YES ☐
ALCOHOL RELATED CRIME: NO ☐ YES ☐ DOMESTIC VIOLENCE RELATED CRIME: NO ☐ YES ☐ IF YES TO ANY, EXPLAIN IN DETAIL BELOW:**CONTINUE CRIMINAL HISTORY ON PAGE 11**

V. CRIMINAL AND DRIVING HISTORY – CONTINUED

59. HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON? NO ☐ YES ☐ IF YES, GIVE DETAILS BELOW:

59.a IF YES ABOVE, WHAT WAS THE DATE OF THE APPLICATION?

59.b WAS THE REQUEST GRANTED?

59.c NAME OF LAW ENFORCEMENT AGENCY APPLIED TO:

60. PLEASE EXPLAIN THE PURPOSE FOR CARRYING THE CONCEALED WEAPON (ALSO ATTACH COPY OF YOUR PERMIT):

61. HAS AN EX-PARTE OR OTHER TYPE OF RESTRAINING ORDER OR PROTECTIVE ORDER EVER BEEN PLACED AGAINST YOU?

NO ☐ YES ☐ IF YES EXPLAIN:

62. LIST BELOW ANY FRIENDS, ASSOCIATES, OR RELATIVES, PAST AND PRESENT, WHO HAVE BEEN CONVICTED OF A FELONY OR PARTICIPATED IN A CRIMINAL ACT. GIVE A BRIEF EXPLANATION OF YOUR RELATIONSHIP TO THE PERSON AND THE PERSON AND THE CRIMINAL ACTIVITY IN WHICH THEY ARE OR WERE INVOLVED:

NAME (LAST, FIRST, MIDDLE):	RELATIONSHIP:	EXPLAIN CRIMINAL ACTIVITIES AND/OR CONVICTIONS:
1		
2		
3		
4		

63. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT? NO ☐ YES ☐ IF YES, GIVE DETAILS:
(INCLUDE WHEN, WHERE, AND WHY):

64. DO YOU CURRENTLY HAVE ANY UNPAID FINES, COURT COSTS, OR COURT ORDERED RESTITUTION? NO ☐ YES ☐
IF YES, GIVE ALL DETAILS, INCLUDING THE LAW ENFORCEMENT AGENCY, LOCATION, COURT, AND DATES:

65. HAVE YOU EVER BEEN FINGERPRINTED? NO ☐ YES ☐ IF YES, BY WHOM AND WHY?

66. HAVE YOU BEEN THE VICTIM OF A CRIME? NO ☐ YES ☐ IF YES, EXPLAIN:

66.a IF YOU INDICATED YES TO THE ABOVE QUESTION, WAS THE CRIME REPORTED TO A LAW ENFORCEMENT AGENCY?
NO ☐ YES ☐ IF YES, WHAT AGENCY, WHERE, AND WHEN?

CONTINUE CRIMINAL HISTORY ON PAGE 12

V. CRIMINAL AND DRIVING HISTORY – CONTINUED

67. LIST ALL TRAFFIC VIOLATIONS OR ARRESTS, EXCEPT PARKING, THAT YOU HAVE EVER RECEIVED:

CITY, STATE, AND AGENCY/COURT	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

68. GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST. (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC)	EXPIRATION DATE
1				
2				
3				

69. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE COLLISION?

NO ☐ YES ☐ IF YES, LIST EACH COLLISION BELOW STARTING WITH THE MOST RECENT:**69.1 COLLISION INFORMATION**

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED: NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE:	WHO WAS AT FAULT:	HOW DID COLLISION OCCUR?	

69.2 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED: NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE:	WHO WAS AT FAULT:	HOW DID COLLISION OCCUR?	

69.3 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED: NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE:	WHO WAS AT FAULT:	HOW DID COLLISION OCCUR?	

69.4 COLLISION INFORMATION

DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED: NO <input type="checkbox"/> YES <input type="checkbox"/>
AMOUNT OF DAMAGE:	WHO WAS AT FAULT:	HOW DID COLLISION OCCUR?	

CONTINUE CRIMINAL HISTORY ON PAGE 13

V. CRIMINAL AND DRIVING HISTORY – CONTINUED

70. IF THERE IS ANYTHING YOU WISH TO DISCUSS ABOUT YOUR DRIVING RECORD, PLEASE USE THIS SPACE BELOW:

71. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO ☐ YES ☐

IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):

72. HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO ☐ YES ☐ IF YES, EXPLAIN BELOW:

73. DO YOU HAVE LIABILITY INSURANCE? NO ☐ YES ☐ IF YES, GIVE YOUR INSURANCE INFORMATION BELOW:

INSURANCE INFORMATION

POLICY NUMBER:

COMPANY NAME:

AGENT:

74. PLEASE LIST ALL YOUR CURRENT VEHICLES BELOW:

YEAR:	MAKE:	MODEL:	TAG NUMBER:	STATE:	REGISTERED TO:
1.					
2.					
3.					

75. AN INVESTIGATION WILL BE CONDUCTED OF ALL INFORMATION YOU HAVE PROVIDED, IN ADDITION TO WHAT IS AVAILABLE TO THE BARTLESVILLE POLICE DEPARTMENT. BECAUSE OF THIS, ARE YOU AWARE OF ANY INFORMATION ABOUT YOURSELF OR A PERSON WITH WHOM YOU ARE OR HAVE BEEN CLOSELY ASSOCIATED WITH, WHICH MIGHT REFLECT UNFAVORABLY ON YOUR REPUTATION, MORALS, CHARACTER, ABILITY, OR EDUCATION? NO ☐ YES ☐ IF YES, GIVE COMPLETE DETAILS ON SUPPLEMENTAL PAGES.

VI. DRUG AND ALCOHOL USE

76. DO YOU CURRENTLY USE ANY DRUG THAT YOU HAVE OBTAINED WITHOUT PRESCRIPTION OR HAVE OBTAINED THE PRESCRIPTION BY SOME TYPE OF TRICK OR DECEPTION? NO ☐ YES ☐ IF YES, LIST WHAT KIND AND TO WHAT EXTENT:

77. DO YOU HAVE ANY CLOSE FRIENDS THAT YOU KNOW USE ILLEGAL DRUGS OR SIMILAR SUBSTANCES? NO ☐ YES ☐

IF YES, TELL US HOW MANY OF YOUR FRIEND(S) AND WHAT TYPE OF DRUG YOUR FRIEND(S) USE OR USED:

78. DO YOU NOW, OR HAVE YOU EVER USED, POSSESSED, SUPPLIED, OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROINE, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, while **LYING** about it is.)

NO ☐ YES ☐ IF YES, LIST WHAT KIND AND TO WHAT EXTENT BEGINNING AT THE TOP OF PAGE 14:

CONTINUE DRUG AND ALCOHOL HISTORY ON PAGE 14

VI. DRUG AND ALCOHOL USE – CONTINUED

79. LIST BELOW ALL ILLEGAL NARCOTICS AND INSTANCES OF POSSESSION OR USAGE:

SUBSTANCE	EVER USED	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMOUNT POSSESSED
MARIJUANA	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HASHISH	NO <input type="checkbox"/> YES <input type="checkbox"/>				
COCAINE	NO <input type="checkbox"/> YES <input type="checkbox"/>				
PCP	NO <input type="checkbox"/> YES <input type="checkbox"/>				
HEROIN	NO <input type="checkbox"/> YES <input type="checkbox"/>				
LSD	NO <input type="checkbox"/> YES <input type="checkbox"/>				
METHAMPHETAMINES	NO <input type="checkbox"/> YES <input type="checkbox"/>				
OTHER (LIST)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
OTHER (LIST)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
OTHER (LIST)	NO <input type="checkbox"/> YES <input type="checkbox"/>				

80. GIVE A DETAILED SUMMARY CONCERNING THE CIRCUMSTANCES OF ANY OF THE DRUG HISTORY INDICATED ABOVE. (USE ADDITIONAL NARRATIVE SHEETS IF NECESSARY):

81. WOULD YOUR PERSONAL EXPERIENCE WITH DRUGS (OR WITH FRIENDS WHO USE DRUGS) AFFECT YOUR ABILITY TO ENFORCE LAWS AGAINST THEM? NO ☐ YES ☐ IF YES, EXPLAIN:82. DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO ☐ YES ☐
IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY, AND TYPE OF BEVERAGE (E.G. LIQUOR, WINE, BEER):83. DID YOU DRINK ALCOHOLIC BEVERAGES IN COLLEGE? NO ☐ YES ☐ IF YES, TO WHAT EXTENT?84. HAVE YOU EVER DRIVEN WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? NO ☐ YES ☐
IF YES, EXPLAIN THE CIRCUMSTANCES AND NUMBER OF TIMES:

VII. ORGANIZATIONS AND OTHER ACTIVITIES

85. LIST ALL GROUPS, CLUBS, AND ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BELONGED TO IN THE PAST, EXCLUDING HIGH SCHOOL AND COLLEGE (INCLUDE OFFICES HELD, NAME OF ORGANIZATION, ADDRESS, AND PHONE NUMBER, ACTIVITIES YOU WERE INVOLVED IN WHILE BELONGING TO THIS GROUP, NAME OF A CONTACT PERSON, ADDRESS AND PHONE NUMBER):

FOR THE PURPOSE OF THE NEXT THREE QUESTIONS, SUBVERSIVE GROUP MEANS ANY ORGANIZATION OR GROUP WHOSE GOALS AND OBJECTIVES ARE DIRECTED TOWARD THE UNDERMINING AND/OR OVERTHROW OF THE UNITED STATES GOVERNMENT OR STATE OR LOCAL GOVERNMENTS AND/OR THE PRINCIPALS OF DEMOCRACY OR ANY GROUP OR ORGANIZATION OR ASSOCIATION WHOSE GOALS ARE DIRECTED TOWARD INTIMIDATION, HARASSMENT, OR DEPRIVING CIVIL RIGHTS AND LIBERTIES OF ANY RACIAL, SOCIAL, OR ETHNIC GROUP.

(PROVIDE DETAILS ON SUPPLEMENTAL PAGES FOR ANY YES ANSWERS)

86. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A SUBVERSIVE GROUP? NO ☐ YES ☐

IF YES, GIVE COMPLETE DETAILS ON SUPPLEMENTAL PAGES.

86.a HAVE YOU EVER BEEN CONNECTED WITH OR AFFILIATED WITH ANY SUBVERSIVE GROUP, INCLUDING ATTENDING MEETINGS?

NO ☐ YES ☐ IF YES, GIVE COMPLETE DETAILS ON SUPPLEMENTAL PAGES.

86.b DO YOU BELONG TO ANY GROUP THAT HOLD BELIEFS, OR DO YOU HOLD BELIEFS, THAT WOULD PREVENT YOU FROM VOWING ALLEGIANCE TO THE FLAG OF THE UNITED STATES AND/OR THE CONSTITUTION OF THE UNITED STATES? NO ☐ YES ☐

IF YES, GIVE COMPLETE DETAILS ON SUPPLEMENTAL PAGES.

87. LIST ANY HOBBIES, SKILLS, AND SPECIAL INTERESTS, OR ABILITIES YOU HAVE, INCLUDING ANY HONORS YOU HAVE RECEIVED WHILE INVOLVED IN THESE ACTIVITIES:

88. LIST ANY SPECIALIZED TRAINING SKILLS OR AREAS OF EXPERTISE THAT YOU HAVE WHICH ARE DIRECTLY OR INDIRECTLY RELATED TO LAW ENFORCEMENT WORK. **(Attach copies of certification cards, training diplomas, or certificates if applicable.)**

89. PLEASE LIST ANY OTHER INFORMATION ABOUT YOURSELF THAT IS NOT ASKED BY THE ABOVE QUESTIONS WHICH YOU FEEL WOULD BE BENEFICIAL FOR US TO KNOW:

VIII. CREDIT AND FINANCIAL HISTORY

90. LIST ALL BANKING INSTITUTIONS THAT YOU HAVE AN ACCOUNT WITH:

NAME OF BANK	STREET ADDRESS, CITY, STATE, ZIP CODE	SAVINGS ACCOUNT #	CHECKING ACCOUNT #
1.			
2.			
3.			
4.			

91. LIST BELOW ALL PLACES WHERE YOU HAVE HAD CREDIT IN THE PAST THAT HAVE NO CURRENT BALANCE:

CREDIT NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	ACCOUNT #	ORIGINAL BALANCE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

92. LIST BELOW ALL PRESENT CREDIT (INCLUDING CREDIT CARDS, LOANS (VEHICLE/HOUSE/BOAT/STUDENT/ETC.), LINES OF CREDIT)

CREDIT NAME:	STREET ADDRESS, CITY, STATE, ZIP CODE	ORIGINAL BALANCE:	CURRENT BALANCE:	MO. PAYMENT:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

VIII. CREDIT AND FINANCIAL HISTORY – CONTINUED

93. LIST AND EXPLAIN ALL FINANCIAL PROBLEMS, PAST OR PRESENT, INCLUDING OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC. (A COMPLETE CREDIT HISTORY WILL BE OBTAINED BY THE BARTLESVILLE POLICE DEPARTMENT)

94. LIST AND EXPLAIN ALL LIENS OR OTHER ENCUMBRANCES THAT HAVE BEEN PLACED AGAINST YOUR PROPERTY, FILES, SCHOOL TRANSCRIPTS, ETC., FOR FAILURE TO PAY DEBTS:

95. HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED OR HAD ANY OF YOUR BILLS TURNED OVER TO A COLLECTION AGENCY?
NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

96. HAVE YOU OR YOUR SPOUSE'S WAGES EVER BEEN GARNISHED? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

97. DO YOU OWE OVERDUE ALIMONY OR CHILD SUPPORT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

98. HAVE YOU EVER BEEN, OR ARE YOU NOW DELINQUENT ON TAXES TO ANY CITY, STATE, OR FEDERAL GOVERNMENT?
NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

99. HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT CHECKS? NO ☐ YES ☐
IF YES, PLEASE LIST AND EXPLAIN (INCLUDING ESTIMATED NUMBER OF BAD CHECKS AND DATE OF LAST BAD CHECK WRITTEN):

99.a WAS PROPERTY REPOSSESSED AS A RESULT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

99.b WHO WERE THE CHECKS WRITTEN TO?

99.c HAVE ANY OF YOUR CHECKS EVER BEEN TURNED OVER TO THE DISTRICT ATTORNEY FOR PROSECUTION? NO ☐ YES ☐
IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:

VIII. CREDIT AND FINANCIAL HISTORY – CONTINUED

100. HAVE YOU OR YOUR SPOUSE EVER BEEN REFUSED CREDIT? NO ☐ YES ☐ IF YES, WHERE, WHO, WHEN, AND WHY?

101. HAVE YOU OR YOUR SPOUSE EVER DECLARED BANKRUPTCY? NO ☐ YES ☐

IF YES, EXPLAIN THE CIRCUMSTANCES AND LIST THE AMOUNT OF MONEY INVOLVED, NUMBER OF ACCOUNTS, AND WHETHER THE CREDIT HAS BEEN RE-ESTABLISHED:

102. HAVE YOU OR YOUR SPOUSE EVER BEEN A PLAINTIFF OR A DEFENDANT IN ANY CIVIL SUIT? NO ☐ YES ☐

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES (INCLUDING DATE, LOCATION, CASE NUMBER, AND THE ACTUAL SETTLEMENT):

103. HAVE YOU EVER HAD A JUDGEMENT RENDERED AGAINST YOU? NO ☐ YES ☐ IF YES, PROVIDE AMOUNT AND DETAILS:

104. DO YOU ANTICIPATE ANY INCOME OTHER THAN POLICE SALARY? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

IX. FAMILY INFORMATION – MARITAL

105. CURRENT MARITAL STATUS: MARRIED ☐ WIDOWED ☐ DIVORCED ☐ ENGAGED ☐ SEPARATED ☐
UNMARRIED ☐ ANNULLED ☐ OTHER ☐ IF OTHER, PLEASE EXPLAIN:

106. GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: **(Attach copy of marriage license)**

DATE OF PRESENT MARRIAGE		PLACE OF MARRIAGE (COUNTRY, STATE, COUNTY, CITY)	
DATE:		LOCATION:	
SPOUSE'S FULL NAME BEFORE MARRIAGE:	BIRTHDATE:	SOCIAL SECURITY NUMBER:	
SPOUSE'S FORMER ADDRESS:	SPOUSE'S PLACE (OR FORMER PLACE) OF EMPLOYMENT:		
SPOUSE'S CURRENT JOB TITLE:	SPOUSE'S WORK PHONE:	SPOUSE'S WORK HOURS	

107. LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (INCLUDING FOSTER, STEP, ADOPTED)

FULL NAME OF CHILD:	DATE OF BIRTH:	BIRTH/LEGAL FATHER AND MOTHER	PRESENT ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			

IX. FAMILY INFORMATION – MARITAL – CONTINUED**107. LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (CONTINUED FROM PAGE 18):**

FULL NAME OF CHILD:	DATE OF BIRTH:	BIRTH/LEGAL FATHER AND MOTHER	PRESENT ADDRESS
1.			
2.			
3.			
4.			
5.			

108. DO YOU HAVE CHILDREN LISTED THAT ARE NOT CURRENTLY LIVING WITH YOU? DO YOU PAY CHILD SUPPORT?NO ☐ YES ☐ IF YES, HOW MUCH?

108.a IS THE CHILD SUPPORT VOLUNTARY OR COURT ORDERED?

EXPLAIN:

108.b HAVE YOU EVER BEEN TAKEN BACK TO COURT? NO ☐ YES ☐ IF YES, EXPLAIN:

108.c IF YOU ARE NOT PAYING CHILD SUPPORT, WHAT IS THE ARRANGEMENT FOR CARE OF THE CHILD?

108.d WHO HAS PRESENT LEGAL CUSTODY OF THE CHILDREN?

108.e IF NOT IN YOUR CUSTODY, WHAT ARE YOUR VISITATION RIGHTS?

108.f IS YOUR VISITATION SUPERVISED OR UNSUPERVISED?

108.g ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO ☐ YES ☐ IF NO, WHY NOT?108.h HAVE YOU EVER BEEN DELINQUENT WITH CHILD SUPPORT? NO ☐ YES ☐ IF SO, WHEN AND WHY?109 IF DIVORCED, DO YOU PAY ALIMONY? NO ☐ YES ☐ IF YES, HOW MUCH AND ARE YOU CURRENT?110. HAVE YOU EVER BEEN TAKEN BACK TO COURT FOR MORE ALIMONY? NO ☐ YES ☐ IF YES, EXPLAIN BRIEFLY:111. HAVE YOU EVER BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:111.a WERE CHARGES EVER BROUGHT AGAINST YOU? NO ☐ YES ☐ IF YES, EXPLAIN IN DETAIL:
(INCLUDE CITY, STATE, COURT, CASE NUMBER, AND FINDINGS OF THE COURT)

CONTINUE FAMILY INFORMATION ON PAGE 20

IX. FAMILY INFORMATION – MARITAL – CONTINUED

112. LIST ALL FORMER MARRIAGES (GIVE ALL INFORMATION, EVEN IF DECEASED) USE ADDITIONAL PAGES IF NEEDED.

FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
EX-SPOUSE			
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	
PLACE OF DIVORCE	COURT	COURT FILE NUMBER	
REASON FOR DIVORCE:			

113. LIST FORMER FATHER & MOTHER IN-LAW INFORMATION

NAME	DATE OF BIRTH	STREET ADDRESS, CITY, STATE, ZIP	WORK & HOME PHONE #
EX-SPOUSE'S FATHER			
EX-SPOUSE'S MOTHER			

114. LIST CURRENT SPOUSE'S FORMER MARRIAGES:

NAME	STREET ADDRESS, CITY, STATE, ZIP AND PHONE #	DATE OF MARRIAGE
SPOUSE'S FORMER SPOUSE'S NAME		
PLACE OF MARRIAGE	PLACE OF DIVORCE	DATE OF DIVORCE

115. LIST CHILDREN AND/OR OTHER DEPENDENTS OF THAT MARRIAGE:

FULL NAME OF CHILD	DATE OF BIRTH	STREET ADDRESS, CITY, STATE, ZIP, & PHONE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

116. LIST ANYONE ELSE DEPENDING ON YOUR FINANCIAL SUPPORT:

FULL NAME	DATE OF BIRTH	STREET ADDRESS, CITY, STATE, ZIP, & PHONE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

CONTINUE FAMILY INFORMATION ON PAGE 21

IX. FAMILY INFORMATION – PARENTS AND SIBLINGS**112. LIST ALL PARENTAL INFORMATION (INCLUDING ADOPTIVE PARENTS IF APPLICABLE)****APPLICANTS FATHER**

FATHER'S FULL NAME:	BIRTHDATE:	PLACE OF BIRTH:	SOCIAL SECURITY NUMBER:
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:	PLACE OF EMPLOYMENT AND WORK PHONE:

APPLICANTS STEP-FATHER

STEP-FATHER'S FULL NAME:	BIRTHDATE:	PLACE OF BIRTH:	SOCIAL SECURITY NUMBER:
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:	PLACE OF EMPLOYMENT AND WORK PHONE:

APPLICANTS MOTHER

MOTHER'S CURRENT NAME:	MAIDEN NAME:	BIRTHDATE:	PLACE OF BIRTH:
SOCIAL SECURITY NUMBER:		ADDRESS (STREET, CITY, STATE, ZIP):	
HOME PHONE:	PLACE OF EMPLOYMENT AND WORK PHONE:		

APPLICANTS STEP-MOTHER

STEP-MOTHER'S CURRENT NAME:	MAIDEN NAME:	BIRTHDATE:	PLACE OF BIRTH:
SOCIAL SECURITY NUMBER:		ADDRESS (STREET, CITY, STATE, ZIP):	
HOME PHONE:	PLACE OF EMPLOYMENT AND WORK PHONE:		

118. LIST ALL BROTHERS, HALF-BROTHERS, STEP-BROTHER'S SISTERS, HALF-SISTERS AND STEP-SISTER'S (INCLUDING ADOPTED SIBLINGS)**1.**

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME		SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE

2.

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME		SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE

3.

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME		SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE

4.

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME		SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE

IX. FAMILY INFORMATION – PARENTS AND SIBLINGS - CONTINUED

CONTINUE SIBLING INFORMATION BELOW (USE ADDITIONAL SHEETS IF NEEDED)

5.

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME	SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	

6.

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	
SPOUSE'S FULL NAME	SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT AND WORK PHONE	

118. LIST ALL ARRESTS, WITH CHARGES, (CITY, STATE), AND DISPOSITION OF ANY PERSON LISTED IN THIS FAMILY INFORMATION SECTION OR ANY OTHER IMMEDIATE FAMILY MEMBER OR CLOSE RELATIVES WITH ALL AVAILABLE INFORMATION.

NAME	CHARGES	DATE	CITY/STATE	DISPOSITION	RELATIONSHIP TO APPLICANT
1.					
2.					
3.					
4.					
5.					

IX. FAMILY INFORMATION – SPOUSE'S FAMILY

119. LIST SPOUSE'S PARENTS, STEP-PARENTS, SIBLINGS, AND STEP-SIBLINGS BELOW:

1.

FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

2.

FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

3.

FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

4.

FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

5.

FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

CONTINUE FAMILY INFORMATION ON PAGE 23

IX. FAMILY INFORMATION – SPOUSE'S FAMILY - CONTINUED

CONTINUE SIBLING INFORMATION BELOW (USE ADDITIONAL SHEETS IF NEEDED)

6.			
FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

7.			
FULL NAME	BIRTHDATE	RELATIONSHIP TO SPOUSE	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE	

120. LIST ALL ARRESTS WITH CHARGES, (CITY, STATE), AND DISPOSITION CONCERNING ANY PERSON LISTED IN THE SPOUSE'S FAMILY INFORMATION SECTION WITH ALL AVAILABLE INFORMATION.

NAME	CHARGES	DATE	CITY/STATE	DISPOSITION	RELATIONSHIP TO APPLICANT
1.					
2.					
3.					

X. REFERENCES121. LIST THREE (3) REFERENCES, **NOT RELATIVES** WHO HAVE KNOWN YOU WELL FOR AT LEAST THREE (3) YEARS. **DO NOT** LIST ANY PAST OR PRESENT EMPLOYERS. INDICATE IF THE PERSON IS A MR. OR A MS. NOTE: **COMPLETE** INFORMATION IS **REQUIRED**.

1.			
FULL NAME	# OF YEARS KNOWN	WORK ADDRESS (STREET, CITY, STATE, ZIP)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION	HOME AND WORK PHONE NUMBERS	
2.			
FULL NAME	# OF YEARS KNOWN	WORK ADDRESS (STREET, CITY, STATE, ZIP)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION	HOME AND WORK PHONE NUMBERS	
3.			
FULL NAME	# OF YEARS KNOWN	WORK ADDRESS (STREET, CITY, STATE, ZIP)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION	HOME AND WORK PHONE NUMBERS	

122. LIST THREE (3) REFERENCES, **NOT LISTED IN THE SECTION ABOVE** WHO ARE SOCIAL ACQUAINTANCES AND HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. (PREFERABLY YOUR AGE GROUP) INDICATE IF THE PERSON IS A MR. OR A MS.

1.			
FULL NAME	# OF YEARS KNOWN	WORK ADDRESS (STREET, CITY, STATE, ZIP)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION	HOME AND WORK PHONE NUMBERS	
2.			
FULL NAME	# OF YEARS KNOWN	WORK ADDRESS (STREET, CITY, STATE, ZIP)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION	HOME AND WORK PHONE NUMBERS	
3.			
FULL NAME	# OF YEARS KNOWN	WORK ADDRESS (STREET, CITY, STATE, ZIP)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION	HOME AND WORK PHONE NUMBERS	

XI. RESIDENCES123. DO YOU RENT OR OWN YOUR PRESENT RESIDENCE? RENT ☐ OWN ☐

124. LIST THE AMOUNT OF RENT OR PAYMENTS PER MONTH: \$

LANDLORD OR MORTGAGE COMPANY INFORMATION

IF RENTING, GIVE LANDLORD'S NAME

ADDRESS

PHONE NUMBER

IF YOU OWN, FIVE MORTGAGE CO. NAME

ADDRESS

ACCOUNT NUMBER

125. WITH WHOM DO YOU PRESENTLY RESIDE WITH? (LIST BELOW AND USE ADDITIONAL SHEETS IF NEEDED)

FULL NAME

BIRTHDATE

RELATIONSHIP

SOCIAL SECURITY NUMBER

126. HAVE YOU EVER LIVED WITH ANYONE OTHER THAN YOUR SPOUSE, PARENT, OR IMMEDIATE RELATIVE? NO ☐ YES ☐

IF YES, LIST BELOW:

1.

FULL NAME

BIRTHDATE

RELATIONSHIP

SOCIAL SECURITY NUMBER

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

HOME PHONE

GIVE DATES AND LOCATION LIVED AT:

2.

FULL NAME

BIRTHDATE

RELATIONSHIP

SOCIAL SECURITY NUMBER

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

HOME PHONE

GIVE DATES AND LOCATION LIVED AT:

3.

FULL NAME

BIRTHDATE

RELATIONSHIP

SOCIAL SECURITY NUMBER

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

HOME PHONE

GIVE DATES AND LOCATION LIVED AT:

127. LIST **ALL** RESIDENCES WHERE YOU HAVE LIVED (INCLUDING WHILE IN SCHOOL OR MILITARY) BEGIN WITH **PRESENT** RESIDENCE FIRST.

1.

FROM:

TO:

STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP

LANDLORD'S NAME

LANDLORD'S ADDRESS

LANDLORD'S PHONE NUMBER

2.

FROM:

TO:

STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP

LANDLORD'S NAME

LANDLORD'S ADDRESS

LANDLORD'S PHONE NUMBER

3.

FROM:

TO:

STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP

LANDLORD'S NAME

LANDLORD'S ADDRESS

LANDLORD'S PHONE NUMBER

4.

FROM:

TO:

STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP

LANDLORD'S NAME

LANDLORD'S ADDRESS

LANDLORD'S PHONE NUMBER

CONTINUE RESIDENCE INFORMATION ON PAGE 25

XI. RESIDENCES - CONTINUED

LIST OF ALL PREVIOUS RESIDENCE ADDRESSES CONTINUED

5.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
6.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
7.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
8.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
9.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
10.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
11.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
12.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
13.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
14.		
FROM:	TO:	STREET ADDRESS (INCLUDING APT. OR BOX NO.) CITY, STATE, ZIP
LANDLORD'S NAME		LANDLORD'S ADDRESS
		LANDLORD'S PHONE NUMBER
CONTINUE RESIDENCE INFORMATION ON PAGE 26		

XI. RESIDENCES - CONTINUED

128. HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RENTAL HOUSE, APARTMENT, OR OTHER DWELLING? NO ☐ YES ☐
IF YES, EXPLAIN:

129. GIVE A BRIEF EXPLANATION OF ANY SERIOUS DISPUTES YOU HAVE HAD WITH FRIENDS, ASSOCIATES, RELATIVES, AND NEIGHBORS. INCLUDING THE NATURE OF THE PROBLEM, THE PEOPLE INVOLVED, THE RESOLUTION, AND YOUR ROLE:

XIV. GAMBLING HISTORY

130. LIST ANY GAMBLING ACTIVITY YOU HAVE BEEN INVOLVED IN, INCLUDING, BUT NOT LIMITED TO PRO SPORTS, COLLEGE SPORTS, CARDS, DICE, CASINOS, ETC.

XIV. INTERESTS

131. IN THE SPACE BELOW, IN YOUR OWN HANDWRITING AND YOUR OWN WORDS, DISCUSS WHY YOU ARE SEEKING A SWORN POSITION WITH THE BARTLESVILLE POLICE DEPARTMENT. USE ONLY THE SPACE PROVIDED. DO NOT ATTACH SHEETS.

CONTINUE INTEREST INFORMATION ON PAGE 27

XIV. INTERESTS - CONTINUED

132. IN THE SPACE BELOW, PLEASE PROVIDE ANY ADDITIONAL INFORMATION WHICH MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION FOR A SWORN POSITION WITH THE BARTLESVILLE POLICE DEPARTMENT THAT HAS NOT BEEN PREVIOUSLY DISCUSSED.

133. LIST YOUR LONG TERM EMPLOYMENT GOALS.

READ AND SIGN THE FOLLOWING STATEMENT:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE QUESTIONNAIRE AND THAT ALL ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF AT ANY TIME DURING THE BACKGROUND INVESTIGATION, QUESTIONS SHOULD ARISE CONCERNING THIS QUESTIONNAIRE, I COULD BE REQUIRED TO SUBMIT TO A POLYGRAPH EXAMINATION.

PRINT FULL NAME: _____

SIGNATURE: _____

DATE: _____



City of Bartlesville

BARTLESVILLE POLICE DEPARTMENT

615 S JOHNSTONE AVE

Bartlesville OK 74003 / (918) 338-4001

www.cityofbartlesville.org

Authority for Release of Information

Last Name	First Name	Middle	Sex	Race	Date of Birth
Place of Birth (City/County)	State/Country	SSN	Driver's License No.		

I, _____ do hereby authorize a review of and **full disclosure of all records**, or any part thereof, concerning myself, and to **ANY** duly authorized agent of the Bartlesville Police Department whether the said records are of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; state or governmental licensing agencies; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; **employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me.** and salary records; real and personal property tax statements and records, and other financial statements and records and/or traffic records; the results of any polygraph examinations, records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is **to provide full and free access** to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Bartlesville Police Department to consider determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

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 for employment by the Bartlesville Police Department. I understand that all materials pertaining to this background investigation become the property of the Bartlesville Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, **the sources of confidential information cannot be released to me.**

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

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

My commission expires _____, 20____.

Notary _____

Applicants Signature

Street Address

City _____ State _____ Zip _____



City of Bartlesville

BARTLESVILLE POLICE DEPARTMENT

615 S JOHNSTONE AVE

Bartlesville OK 74003 / (918) 338-4001

www.cityofbartlesville.org

Authorization for Release Of Credit Information

Applicant's Full Name: _____

Applicant's Full Address: _____

City _____ State _____ Zip _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

If checked, a consumer report may be obtained by the Bartlesville Police Department for employment purposes in connection with your application for employment.

You have the right to request a written summary of your rights under the federal Fair Credit Reporting Act from the credit bureau.

By signing below, the applicant named above hereby authorizes the procurement by the Bartlesville Police Department of a consumer report in connection with the applicant's application for employment.

Signature of Applicant: _____ Date: _____

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

My commission expires: _____, 20____.

Signature of Notary: _____