



# CITY OF EL RENO

## EL RENO POLICE DEPARTMENT

116 N. EVANS AVE. EL RENO, OK, 73036

405-262-6941 FAX 405-262-2128



### **APPLICATION FOR EMPLOYMENT COMMUNICATIONS OFFICER**

The City of El Reno is an equal opportunity Employer  
The City of El Reno offers equal opportunities to all persons without regard to race, color, religion, age, marital status, Veteran's status, sex, national origin, disabilities or any other legally protected status.

#### **GENERAL INFORMATION**

Name (Print/Type): \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone : \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ ST: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

How soon could you report to work? \_\_\_\_\_

Type of Employment: Full Time:  Part Time:

Rate of Pay Expected: \_\_\_\_\_

When would you be available? Days of week: \_\_\_\_\_

From: \_\_\_\_\_ AM  PM  to \_\_\_\_\_ AM  PM

#### **EDUCATION**

##### **Middle School:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Last year completed: 6  7  8  9

##### **High School:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Last year completed: 9  10  11  12  Graduated: \_\_\_\_\_ Diploma: \_\_\_\_\_

**High School (If more than one attended)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Last year completed: 9  10  11  12  Graduated: \_\_\_\_\_ Diploma: \_\_\_\_\_

**College:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Years completed: 1  2  3  4  5  6  Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Degree level: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

(If more than one college attended complete the following)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Years completed: 1  2  3  4  5  6  Graduated \_\_\_\_\_ Degree: \_\_\_\_\_

Degree level: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you applied for a job with us before \_\_\_\_\_ If Yes, When? \_\_\_\_\_

Have you ever been employed by the City of El Reno before? \_\_\_\_\_ If Yes, When? \_\_\_\_\_

Have you ever been arrested, convicted, pled guilty, or pled "no contest" to a felony? \_\_\_\_\_

If Yes, When: \_\_\_\_\_ State of Offense: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Nature of Criminal allegations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under indictment, investigation, or involved in any civil or criminal litigation where you are named as the defendant? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WORK RECORD**

Are you currently employed? \_\_\_\_\_

If Yes, what is your reason for wanting to change jobs? \_\_\_\_\_

Have you ever been fired or asked to resign from employment? \_\_\_\_\_

If Yes, When: \_\_\_\_\_ Reason: \_\_\_\_\_

**Complete the following section starting with your current or most recent employer and complete in full.**

Name of Employer: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date left: \_\_\_\_\_ Pay: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date left: \_\_\_\_\_ Pay: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date left: \_\_\_\_\_ Pay: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date left: \_\_\_\_\_ Pay: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**DRIVING RECORD**

Do you have a valid driver's license? \_\_\_\_\_

Any restrictions? \_\_\_\_\_ If Yes, What type? \_\_\_\_\_

Have you been cited for any traffic violations within the past five years? \_\_\_\_\_

If Yes,

1. When: \_\_\_\_\_ Where: \_\_\_\_\_ Disposition: \_\_\_\_\_

2. When: \_\_\_\_\_ Where: \_\_\_\_\_ Disposition: \_\_\_\_\_

3. When: \_\_\_\_\_ Where: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you been involved in any traffic accidents within the past five years? \_\_\_\_\_

If Yes,

1. When: \_\_\_\_\_ Where: \_\_\_\_\_ Disposition: \_\_\_\_\_

2. When: \_\_\_\_\_ Where: \_\_\_\_\_ Disposition: \_\_\_\_\_

3. When: \_\_\_\_\_ Where: \_\_\_\_\_ Disposition: \_\_\_\_\_

**SELECTIVE SERVICE/MILITARY SERVICE**

Have you served in any branch of the military? \_\_\_\_\_ If Yes, please indicate the branch, your current status and training received that might assist you as a communications officer.

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(also provide a copy of discharge paperwork if applicable )

In chronological order, most recent to oldest, list all special training or education that would be a benefit to you for the position of Communications Officer.

Name of School	Location	Dates Attended	Certification received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **REFERENCES**

The following information will be used to question family members, former associates and current associates to determine your fitness and ability to perform the essential functions of the job. The City of El Reno, however, is not limited to checking only the listed references.

### **FAMILY**

#### **Father:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Mother:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Siblings:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **SPOUSE:**

#### **Current Spouse:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Former Spouse(s):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PERSONAL REFERENCES:**

#### **College Roommate:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **MILITARY ASSOCIATE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List at least 5 other personal references, **do not** list relatives or former employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **SUBVERSIVE ORGANIZATIONS**

Affiliation with groups that do not support local, state and Federal Laws:

As used in this application, subversive organization shall mean any group or organization which does not support local, state or federal laws, and which advance it's beliefs through violence and force.

- a. Have you ever advocated, advised or taught doctrine that states or implies the Government of the United States of America, State or territory of the United States of America or any subdivision thereof should be overthrown by force, violence or any other means forbidden by law? \_\_\_\_\_
- b. Are you now or have you ever been a member of any subversive organization based on the definition provided above? \_\_\_\_\_

Have you ever been connected or affiliated in any manner with or attended a meeting of any subversive organization? \_\_\_\_\_

Have you ever paid, collected or solicited any money, dues or contributions to, for or on behalf of any subversive organization? \_\_\_\_\_

If your response is yes to any of the questions listed above please indicate the circumstances:

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Do you know of any other information that was not asked or have any statements regarding information which may arise during your background investigation, concerning your current fitness to handle the essential functions of the job that could affect our decision regarding your employment? \_\_\_\_\_

If Yes, explain:

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## **PERSONAL QUESTIONNAIRE**

As an applicant for the position of Communications Officer with the City of El Reno, you will be exposed to situations and information that is often confidential and could be crucial to criminal investigations and criminal proceedings as well as protected personal information relating to the identification, criminal history and medical information of persons in and out of the community. You will also be a representative of the El Reno Police Department as well as the Law Enforcement Community as a whole. Due to this vital and sensitive role you will be subject to an extensive background investigation and may be subject to a polygraph examination related to these questions or other issues that might arise during your background investigation therefore it is imperative that you shall answer the following questions completely and truthfully to the best of your ability.

1. Are you currently or have you ever been addicted to any controlled substance prescribed by a medical doctor or otherwise. \_\_\_\_\_ If Yes, Please indicate the type of drug, the approximate date of use and the extent of usage.

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2. During the past five years, except as covered by medical procedure, have you ingested, inhaled, injected or in any other fashion used any substance other than alcohol with the intent of getting high or intoxicated. \_\_\_\_\_ If Yes, Please indicate the type of drug, the approximate date of use and the extent of usage.

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3. Have you ever stolen anything of value \_\_\_\_\_ If Yes, please indicate how many times, the item(s) taken and approximately when it occurred.

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4. Have you ever been arrested or detained to questioning as the suspect in a crime of any kind? \_\_\_\_\_ If Yes, If Yes, please indicate how many times, approximately when it occurred where it occurred and what the allegations were against you.

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5. Do you support Local, State and Federal Laws and their enforcement, and are you willing to do so without reservations? \_\_\_\_\_ If No, please explain:

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6. Based on the provided Job Description are you able to fulfill the essential functions of Communications Officer for the El Reno Police Department, with or without reasonable accommodation? \_\_\_\_\_





## APPLICATION CERTIFICATION

I, \_\_\_\_\_, hereby certify that the information I have provided in the attached application is true and correct and no omissions have been made in an attempt to mislead or hide facts or details relevant to my abilities, personal history and qualifications to adequately perform the functions of the job for which I am applying. I understand if any portion of this application is found to be, now or at a later time, incorrect, false or omissions have intentionally been made, it shall be sufficient grounds for denial of or dismissal from employment from the El Reno Police Department. I understand by completing the application and waivers this information may be subject to confirmation through records checks and an intense background investigation where present and former employers, educational facilities, family members and other persons and entities will be questioned about information you provided as well as any other information pertinent to your abilities, qualifications, character and personal history we feel is important in assessing your abilities to fill the position for which you are being considered.

I also understand nothing contained in this application for employment, the granting of an interview or from any testing I am asked to complete is intended to create a contract of employment or of any benefits with the El Reno Police Department and the City of El Reno. No promises regarding employment have been made to me and I understand no promise or guarantee of employment for any length of time or under specific circumstances shall be binding on the El Reno Police Department and the City of El Reno unless made in writing by or with the express written consent and authorization of the City Manger. If an employment relationship is established, I understand I have the right to terminate employment at any time and for any reason and the El Reno Police Department and the City of El Reno retain the same right.

I further understand depending on the position applied for, prior to being offered employment I may be required to take an examination or examinations pertaining to the skills or attributes needed to satisfactorily complete the necessary functions of the job. In the event I have a disability, which will affect my ability to take an examination I will so inform the Test Administrator prior to taking the examination so reasonable accommodation might be made. Reasonable accommodation may include accessibility to testing sites, modified testing conditions and accessible testing formats. The El Reno Police Department reserves the right to require medical documentation concerning the need for special accommodations.

I understand if I am initially offered a position of employment, the El Reno Police Department and the City of El Reno may require me to take and pass a medical examination prior to the commencement of work as a condition of employment. I also understand drug and alcohol tests are conducted and are a condition of employment. Refusal to submit to such tests when requested shall be considered sufficient reason for denial of or termination of employment with El Reno Police Department.

I understand if employed the policies and procedures issued by the El Reno Police Department and the City of El Reno are conditions of employment and the El Reno Police Department and the City of El Reno may revise policies and procedures, in whole or in part, unilaterally at any time.

I have read the above written Certification, I fully understand the contents within and agree to the terms and conditions expressed and implied within.

Signature of Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_.

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

My Commission Number \_\_\_\_\_

EL RENO POLICE DEPARTMENT

AUTHORIZATION TO RELEASE MEDICAL  
AND WORKERS' COMPENSATION INFORMATION

To whom it may concern;

I, \_\_\_\_\_, hereby authorize any physician, hospital, clinic or other repository of medical records to release any and all medical records, charts, or any other information in their possession regarding my medical history in order to determine my ability to perform the essential functions for which I have applied with the El Reno Police Department.

This Release is executed with full knowledge and understanding that the information is for official use by Medical or Psychological practitioners on behalf of El Reno Police Department and or its agents for the purpose of fitness for duty in the job for which I have applied. My consent has been granted for the purpose of performing post offer medical or psychological examinations as required by the El Reno Police Department. The provided information will remain confidential and will be subject to protections provided by the Americans with Disabilities Act, HIPAA guidelines and State Law.

By signing this release I hereby release the custodian of such records, physician, and or any hospital, clinic, or other medical or psychological facility, including its officers, employees and any other parties, individually or collectively involved with those facilities or persons from any and all liability associated with the release of said records in compliance with their release, while acting under the guidelines set forth in this agreement.

A Photo static copy, including scanned copies transmitted by electronic media, shall be as valid as the original.

Should there be any question as to the validity of this agreement to release information you may contact me using the information provided below.

Name: (printed/typed) \_\_\_\_\_ Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public: X \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

My Commission Number \_\_\_\_\_

EL RENO POLICE DEPARTMENT

Confidential Information Release Waiver

To whom it may concern:

I \_\_\_\_\_, hereby authorize any sworn Police Officer or other authorized representative of the El Reno Police Department bearing this release or a photo-static copy thereof to obtain any and all information from your files pertaining to my employment, financial or credit status, academic or educational records, including but not limited to achievements, attendance, personal history, disciplinary records and awards. I hereby direct you to release all such information upon request of the bearer. This also includes copies of this requests received by courier, fax machine or other electronic means.

This release is executed with full knowledge and understanding that the information obtained is for official use by the El Reno Police Department for the purpose of determining my fitness and qualifications for employment.

I hereby release any person who serves as the custodian of such records, any school, vocational school, college or university, credit bureau, lending institution, consumer reporting agency, business or other institution, including its employees, officers or any other personnel both individually and collectively from any and all liability for damages, real or perceived which may occur from compliance or any attempt to comply with this waiver.

I further understand any information obtained from this investigation is confidential and will not be furnished to me. I realize this is necessary in order for the El Reno Police Department to obtain an objective and unbiased report as to my history and qualifications. I will not attempt to obtain a copy of the information you have provided should I be hired or declined for the position I am applying.

Should there be any question as to the validity of this release, or copies thereof, you may contact me as indicated below.

Name: (printed/typed) \_\_\_\_\_

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public: X \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ My Commission Number \_\_\_\_\_







