



Sapulpa Police Department

Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

WRITTEN TEST DATE

OFFICIAL USE ONLY

INSTRUCTIONS

Read and follow all the instructions below. Failure to do so will delay or void your application.

(YOU MUST SUBMIT A PASSPORT SIZE PHOTO WITH QUESTIONNAIRE)

1. Form must be completely filled out by applicant.
2. Complete legibly in Black ink or type.
3. Answer each question completely and accurately. Each blank must have an answer in it. If the question does not apply to you, write N/A in the appropriate space.
4. If there is not enough space for you to provide a complete answer or explanation, attach additional sheets (8-1/2 X 11). Be sure to label any attached sheets clearly with the section and page number.
5. Sign and date the questionnaire.
6. Keep a copy of the questionnaire for your records.
7. Be sure to submit official certified college transcripts and other documents listed on the last page of this questionnaire. All attachments may be photocopies except for college transcript.
8. Mail the **original completed** questionnaire with original college transcript and other required documents to:
Sapulpa Police Department 20 N Walnut Sapulpa, OK 74066
9. Mail a **copy of the completed** questionnaire with copies of all required documents to:
Sapulpa Police Department 20 N Walnut Sapulpa, OK 74066 Attention: Police Recruiting Unit

PLEASE NOTE THE FOLLOWING:

- Your application will not be considered further until this form is correctly completed & submitted to the Background Investigator
- 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 the information available.
- You may be asked to submit additional information or documentation pertaining to your application.
- Be sure to notify your recruiter, and once assigned, your Background Investigator, of any changes in address, phone number, or any other information relevant to your application.

DO NOT WRITE IN THE SPACE BELOW

TEST:

COLLEGE HOURS:

DEGREE:

MAJOR IN:

GPA:

P.A.T. TEST DATE

P.A.T. SCORE

WRITTEN TEST DATE:

WRITTEN TEST SCORE:

ADDITIONAL COMMENTS:

Sapulpa Police Department

Background Investigation Questionnaire

Table of Contents

INSTRUCTIONS COVER SHEET	1
TABLE OF CONTENTS	2
I. PERSONAL INFORMATION	3
II. EMPLOYMENT INFORMATION	3
III. EDUCATION HISTORY	6
IV. MILITARY HISTORY	10
V. CRIMINAL AND DRIVING HISTORY	12
VI. DRUG AND ALCOHOL USE	15
VII. ORGANIZATIONS AND OTHER ACTIVITIES	17
VIII. CREDIT AND FINANCIAL HISTORY	18
IX. FAMILY INFORMATION ~ MARITAL	20
X. FAMILY INFORMATION ~ PARENTS AND SIBLINGS	23
XI. FAMILY INFORMATION ~ SPOUSE'S FAMILY	24
XII. REFERENCES	25
XIII. RESIDENCES	26
XIV. GAMBLING HISTORY	28
XV. INTEREST	28
SIGNATURE	29
FINAL INSTRUCTIONS	30

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. DRIVERS LICENSE NUMBER	4a. STATE	4b. EXP. DATE	5. BIRTHDATE	6. BIRTHPLACE (CITY, STATE, COUNTRY)	
7. RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)					
8. HOME PHONE NUMBER	9. WORK PHONE NUMBER		10. PAGER NUMBER		10a. E-MAIL ADDRESS
11. FAX NUMBER	12. ALTERNATE PHONE NUMBER FOR MESSAGES			13. CELL PHONE NUMBER	
14. ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			14a. IF A U.S. CITIZEN, WERE YOU: NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/>		
15. IF NATURALIZED, GIVE DATE, LOCATION, AND JUDGE					
16. HAVE YOU EVER APPLIED TO THE SAPULPA POLICE DEPARTMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>				16a. IF SO, WHEN AND DISPOSITION	
17. HOW DID YOU LEARN ABOUT THE SAPULPA POLICE DEPARTMENT? <div style="display: flex; justify-content: space-between;"> <div> POLICE RECRUITER <input type="checkbox"/> CITY JOBLINE <input type="checkbox"/> INTERNET <input type="checkbox"/> NEWSPAPER: <input type="checkbox"/> </div> <div> OFFICER <input type="checkbox"/> HR DEPT <input type="checkbox"/> JOB FAIR <input type="checkbox"/> OTHER <input type="checkbox"/> </div> </div>					

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, 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 AND 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 AND 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 AND 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

4 DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND 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 AND 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 AND 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 AND 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 AND 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 AND 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 AND 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:			

SALARY WAGE:		JOB TITLE & DUTIES:	
11			
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 ☐ YES ☐
 IF YES, EXPLAIN. (INCLUDE DATE, PLACE & SPECIFIC DETAILS)

20. HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE NO ☐ YES ☐ IF YES, WHEN & WHERE?

21. HAVE YOU EVER BEEN A BONDED EMPLOYEE? NO ☐ YES ☐ IF YES, WHERE & WHY?

22. HAVE YOU EVER BEEN DENIED BOND? NO ☐ YES ☐ IF YES, WHERE & WHY?

23. HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF SAPULPA? NO ☐ YES ☐ IF YES, WHICH DEPARTMENT(S):

24. DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF SAPULPA? NO ☐ YES ☐
 IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:

25. HAVE YOU EVER WORKED FOR THE CITY OF SAPULPA? NO ☐ YES ☐
 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 ☐ YES ☐

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? YES ☐ NO ☐ IF NO, PLEASE EXPLAIN:

29. HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO ☐ YES ☐
 IF YES, LIST AGENCY AND DATE:

30. LIST BELOW ALL DATES OF UNEMPLOYMENT SINCE YOUR 17TH BIRTHDAY. INCLUDE THE LENGTH OF UNEMPLOYMENT, REASONS 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 NOT HAVING SUFFICIENT OPENINGS? NO ☐ YES ☐

IF YES, LIST PAST AND PRESENT APPLICATIONS, INCLUDING THOSE WITH THE SAPULPA POLICE DEPARTMENT BELOW:

AGENCY	ADDRESS	DATE OF APPLICATION	DISPOSITION	BACKGROUND INVESTIGATOR

³². HAVE YOU EVER BEEN INVOLVED IN THE SAPULPA POLICE RESERVE? NO ☐ YES ☐ IF YES, LIST DATES:

³³. HAVE YOU EVER BEEN DENIED A POSITION WITH THE SAPULPA POLICE RESERVE? NO ☐ YES ☐
IF YES, LIST DATES AND REASON:

³⁴. HAVE YOU EVER BEEN INVOLVED IN ANY OTHER POLICE RESERVE OR AUXILLIARY UNIT? NO ☐ YES ☐
IF YES, INDICATE BELOW:

AGENCY	ADDRESS	DATE OF SERVICE	POSITION HELD	REASON FOR LEAVING

³⁵. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW ENFORCEMENT OFFICER? NO ☐ YES ☐ IF YES, LIST WHEN AND WHERE:

³⁶. HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? NO ☐ YES ☐
IF YES, LIST DETAILS BELOW (WHEN, WHERE AND WHY):

III. EDUCATION HISTORY

³⁷. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO ☐ YES ☐
IF YES, GIVE PROJECTED GRADUATION DATE:

^{37a}. 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:	COMMENTS:
2 SCHOOL INFORMATION				

SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

3 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

4 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

5 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

6 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	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:	COMMENTS:	

2 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

3 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

4 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

5 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

6 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:	

7 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

8 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

III. EDUCATION HISTORY - CONTINUED

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

HIGH SCHOOL				
1 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

2 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

3 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

4 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

5 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

6 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

7 SCHOOL INFORMATION				
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM: TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	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:	COMMENTS:

2 SCHOOL INFORMATION				
-----------------------------	--	--	--	--

SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
3 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	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:	COMMENTS:
5 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
6 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	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:	COMMENTS:
2 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
3 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
4 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
5 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:
YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:		HOURS EARNED:	GPA:	COMMENTS:
6 SCHOOL INFORMATION					
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)		FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:
-----------------	--------------------------	---------------	------	-----------

38. WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE ATTENDING JUNIOR HIGH, HIGH SCHOOL OR COLLEGE, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS?
 NO ☐ YES ☐ IF YES, LIST THE DATES AND DETAILS BELOW:

39. 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):

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

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

42. LIST ANY FOREIGN LANGUAGE ABILITY 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

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

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

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

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

CONTINUE MILITARY HISTORY ON PAGE 11

IV. MILITARY HISTORY - CONTINUED

47. 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
1				
2.				

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

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

48a. GIVE A BRIEF EXPLANATION OF REASONS FOR DISCHARGE:

48b. 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

49. LIST ALL CITATIONS OR COMENDATIONS:

50. LIST ALL MILITARY TRAINING AND EDUCATION:

51. HAVE YOU EVER BEEN UNDER 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.) INCLUDE DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL:

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

NAME	ADDRESS	PHONE	# OF YEARS KNOWN
1			
2			
3			

CONTINUE MILITARY HISTORY ON PAGE 12

IV. MILITARY HISTORY - CONTINUED

53. HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO ☐ YES ☐ IF YES, INDICATE YOUR STATUS BELOW
- 53a. CURRENTLY ACTIVE RESERVE? NO ☐ YES ☐ 53b. MEMBER IN I.R.R.? NO ☐ YES ☐
- 53c. HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY ☐ MONTHLY ☐ SUMMER ONLY ☐
- 53d. GIVE DETAILS OF YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME &PHONE	YOUR CURRENT RANK

V. CRIMINAL AND DRIVING HISTORY

54. 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 convictions is **NOT** an automatic disqualifying factor. Giving a false answer to this question **IS** a disqualifying factor.

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

55. HAVE YOU EVER BEEN IN OR 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 OTHER 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 BELOW:

CONTINUE CRIMINAL HISTORY ON PAGE 13

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.

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

59b. WAS THE REQUEST GRANTED?

59c. NAME OF LAW ENFORCEMENT AGENCY APPLIED TO:

60. PLEASE EXPLAIN THE PURPOSE FOR CARRYING THE CONCEALED WEAPON (ALSO ATTACH A 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 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 WHERE, WHEN 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 AND COURT DATES:

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

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

66a. 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 14

V. CRIMINAL AND DRIVING HISTORY - CONTINUED

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

CITY, STATE 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:

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?	
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?	
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?	
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 AND DRIVING HISTORY ON PAGE 15

V. CRIMINAL AND DRIVING HISTORY - CONTINUED

70. IF THERE IS ANYTHING YOU WISH TO DISCUSS ABOUT YOUR DRIVING RECORD, PLEASE USE THE 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 VEHICLE LIABILITY INSURANCE? NO ☐ YES ☐ IF YES, GIVE INSURANCE INFORMATION BELOW:

INSURANCE INFORMATION

POLICY NUMBER:

COMPANY NAME:

AGENT:

74. PLEASE LIST ALL OF 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 SAPULPA 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 A PRESCRIPTION OR HAVE OBTAINED BY SOME 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 DRUGS 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, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.)

NO ☐ YES ☐ IF YES, LIST WHAT KIND AND TO WHAT EXTENT BEGINNING AT THE TOP OF PAGE 16.

CONTINUE DRUG AND ALCOHOL HISTORY ON PAGE 16

VI. DRUG AND ALCOHOL HISTORY - CONTINUED

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

SUBSTANCE:	EVER USED?	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMT. POSSESSED
¹ MARIJUANA	NO <input type="checkbox"/> YES <input type="checkbox"/>				
² HASHISH	NO <input type="checkbox"/> YES <input type="checkbox"/>				
³ COCAINE	NO <input type="checkbox"/> YES <input type="checkbox"/>				
⁴ PCP	NO <input type="checkbox"/> YES <input type="checkbox"/>				
⁵ HEROIN	NO <input type="checkbox"/> YES <input type="checkbox"/>				
⁶ LSD	NO <input type="checkbox"/> YES <input type="checkbox"/>				
⁷ METHAMPHET-AMINES	NO <input type="checkbox"/> YES <input type="checkbox"/>				
⁸ OTHER (LIST)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
⁹ OTHER (LIST)	NO <input type="checkbox"/> YES <input type="checkbox"/>				
¹⁰ 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 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 PRINCIPLES 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 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.

- 86a. 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.

- 86b. DO YOU BELONG TO ANY GROUP THAT HOLDS 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:

88. 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 BELOW ALL BANKING INSTITUTIONS THAT YOU HAVE AN ACCOUNT WITH:

NAME OF BANK:	ADDRESS (CITY, STATE AND ZIP)	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 AND ZIP)	ACCOUNT #	ORIGINAL BALANCE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

92. LIST BELOW ALL **PRESENT** CREDIT (INCLUDE CREDIT CARDS AND STUDENT LOANS):

CREDIT NAME:	STREET ADDRESS (CITY, STATE AND ZIP)	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. INCLUDE OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC. (A COMPLETE CREDIT HISTORY WILL BE OBTAINED BY THE SAPULPA 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 YOUR 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, COUNTY, STATE OR FEDERAL GOVERNMENT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

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

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

- 99b. WHO WERE THE BAD CHECKS WRITTEN TO?

- 99c. 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 IN ANY CIVIL SUIT? NO ☐ YES ☐ IF YES, EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, LOCATION, CASE NUMBER AND THE ACTUAL SETTLEMENT):

¹⁰³ HAVE YOU EVER HAD A JUDEMENT 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 AND CITY)

DATE:

LOCATION:

SPOUSE'S FULL NAME BEFORE MARRIAGE:

DATE OF BIRTH:

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 (INCLUDE FOSTER, STEP, ADOPTED):

FULL NAME OF CHILD DATE OF BIRTH BIRTH / LEGAL FATHER AND MOTHER PRESENT ADDRESS

1			
2			
3			
4			
5			

IX. FAMILY INFORMATION ~ MARITAL - CONTINUED

107. LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (CONTINUED FROM PAGE 20):

FULL NAME OF CHILD	DATE OF BIRTH	BIRTH / LEGAL FATHER AND MOTHER	PRESENT ADDRESS
6			
7			
8			
9			
10			

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

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

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

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

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

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

108f. IS YOUR VISITATION SUPERVISED OR UNSUPERVISED?

108g. ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO ☐ YES ☐ IF NO, WHY NOT?:

108h. 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 BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

108g. WERE CHARGES EVER BROUGHT AGAINST YOU? NO ☐ YES ☐ IF YES, EXPLAIN IN DETAIL?
 (INCLUDE CITY, STATE, COURT, AND FINDING OF THE COURT)

CONTINUE FAMILY INFORMATION ON PAGE 22

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-IN-LAW AND MOTHER-IN-LAW

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

114. LIST CURRENT SPOUSE'S FORMER MARRIAGES

NAME	STREET ADDRESS (INCLUDE CITY, STATE AND ZIP) & PHONE NUMBER	DATE OF MARRIAGE
SPOUSE'S FORMER SPOUSE'S NAME		
PLACE OF MARRIAGE	DATE OF DIVORCE	PLACE OF DIVORCE

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

FULL NAME OF CHILD	DATE OF BIRTH	STREET ADDRESS (INCLUDE CITY, STATE AND ZIP) AND PHONE NUMBER
1		
2		
3		
4		
5		
6		
7		

116. LIST ANYONE ELSE DEPENDENT ON YOU FOR FINANCIAL SUPPORT

NAME	DATE OF BIRTH	STREET ADDRESS (INCLUDE CITY, STATE AND ZIP) AND PHONE NUMBER
1		
2		
3		
4		
5		
6		
7		

CONTINUE FAMILY INFORMATION ON PAGE 23

X. FAMILY INFORMATION ~ PARENTS AND SIBLINGS

117. LIST ALL PARENTAL INFORMATION (INCLUDE ADOPTIVE PARENTS IF APPLICABLE)

APPLICANT'S 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	

APPLICANT'S STEP-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	

APPLICANT'S 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		

APPLICANT'S 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 SIBLINGS, INCLUDING STEP, HALF, AND ADOPTIVE

1

FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)	SOCIAL SECURITY NUMBER
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)	SOCIAL SECURITY NUMBER
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)	SOCIAL SECURITY NUMBER
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)	SOCIAL SECURITY NUMBER
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	

CONTINUE FAMILY INFORMATION ON PAGE 24

5					
FULL NAME		BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)		SOCIAL SECURITY NUMBER
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)		SOCIAL SECURITY NUMBER
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	
118a. LIST ANY ARRESTS, WITH CHARGES, (CITY, STATE) AND DISPOSITION OF ANY PERSON LISTED IN THIS FAMILY INFO. SECTION OR ANY OTHER IMMEDIATE FAMILY MEMBER OR CLOSE RELATIVE WITH ALL AVAILABLE INFO.					
NAME	CHARGES	DATE	CITY/STATE	DISPOSITION	RELATIONSHIP TO APPLICANT
1					
2					
3					
XI. FAMILY INFORMATION ~ SPOUSE'S FAMILY					
119. LIST SPOUSE'S PARENTS, STEP-PARENTS, SIBLINGS, AND STEP-SIBLINGS BELOW.					
1					
FULL NAME:		BIRTHDATE:		RELATIONSHIP TO SPOUSE:	
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:		PLACE OF EMPLOYMENT AND WORK PHONE:	
2					
FULL NAME:		BIRTHDATE:		RELATIONSHIP TO SPOUSE:	
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:		PLACE OF EMPLOYMENT AND WORK PHONE:	
3					
FULL NAME:		BIRTHDATE:		RELATIONSHIP TO SPOUSE:	
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:		PLACE OF EMPLOYMENT AND WORK PHONE:	
4					
FULL NAME:		BIRTHDATE:		RELATIONSHIP TO SPOUSE:	
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:		PLACE OF EMPLOYMENT AND WORK PHONE:	
5					
FULL NAME:		BIRTHDATE:		RELATIONSHIP TO SPOUSE:	
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:		PLACE OF EMPLOYMENT AND WORK PHONE:	
CONTINUE FAMILY INFORMATION ON PAGE 25					

XI. FAMILY INFORMATION ~ SPOUSE'S FAMILY - CONTINUED

6

FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:	SOCIAL SECURITY NUMBER:
ADDRESS (STREET, CITY, STATE, ZIP):		HOME PHONE:	PLACE OF EMPLOYMENT AND WORK PHONE:
^{120.} LIST ANY 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			

XII. REFERENCES

^{121.} LIST THREE (3) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS. INDICATE IF THE PERSON AS A MR. OR MS. NOTE: <u>COMPLETE INFORMATION IS REQUIRED.</u>			
1			
FULL NAME:	# OF YEARS KNOWN:	SOCIAL SECURITY NUMBER:	HOME AND WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
2			
FULL NAME:	# OF YEARS KNOWN:	SOCIAL SECURITY NUMBER:	HOME AND WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
3			
FULL NAME:	# OF YEARS KNOWN:	SOCIAL SECURITY NUMBER:	HOME AND WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
^{121.} 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 AS A MR. OR MS.			
1			
FULL NAME:	# OF YEARS KNOWN:	HOW OFTEN DO YOU SEE:	HOME AND WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
2			
FULL NAME:	# OF YEARS KNOWN:	HOW OFTEN DO YOU SEE:	HOME AND WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):
3			
FULL NAME:	# OF YEARS KNOWN:	HOW OFTEN DO YOU SEE:	HOME AND WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):		OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):

XIII. RESIDENCES

¹²³ DO YOU OWN OR RENT YOUR PRESENT RESIDENCE? RENT ☐ OWN ☐

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

LANDLORD OR MORTGAGE CO. INFORMATION

IF RENTING, GIVE LANDLORD NAME:	ADDRESS:	PHONE NUMBER:
IF YOU OWN, GIVE MORTGAGE CO. NAME:	ADDRESS:	ACCOUNT NUMBER:

¹²⁵ WITH WHOM DO YOU PRESENTLY RESIDE? (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: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

2

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

3

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

4

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

XIII. RESIDENCES - CONTINUED

LIST OF PREVIOUS RESIDENCE ADDRESSES CONTINUED

5		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
6		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
7		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
8		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
9		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
10		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
11		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
12		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
13		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
14		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:

XIII. RESIDENCES - CONTINUED

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

- ¹²⁹. GIVE A BRIEF EXPLANATION OF ANY SERIOUS DISPUTES YOU HAVE HAD WITH FRIENDS, ASSOCIATES, RELATIVES AND NEIGHBORS. INCLUDE 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.

XV. INTEREST

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

XV. INTEREST - 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 SAPULPA 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 WILFUL 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:** _____

Sapulpa Police Department

Background Investigation Questionnaire

REQUIRED DOCUMENTATION TO BE ATTACHED:

- \ COPY OF YOUR BIRTH CERTIFICATE
- \ HIGH SCHOOL OR GED TRANSCRIPT / RECORDS
- \ HIGH SCHOOL OR GED DIPLOMA
- \ CERTIFIED COPY OF COLLEGE TRANSCRIPTS (An official transcript either with raised seal, or an official transcript paper.
Do not provide a photocopy or fax).
- \ COLLEGE DIPLOMA
- \ MILITARY RECORDS (DD-214, ETC.)
- \ MARRIAGE LICENSE
- \ DIVORCE DECREE
- \ CHILD SUPPORT DOCUMENTATION / COURT ORDER
- \ CHILD CUSTODY PAPERS IF DIFFERENT FROM DIVORCE DECREE
- \ COPY OF YOUR SOCIAL SECURITY CARD
- \ PASSPORT SIZE PHOTOGRAPH OF APPLICANT

REMEMBER

BE SURE TO KEEP A COPY OF THIS QUESTIONNAIRE FOR YOUR RECORDS.

SUBMIT THE ORIGINAL QUESTIONNAIRE WITH OTHER REQUIRED DOCUMENTATION TO:

**SAPULPA POLICE DEPARTMENT
CITY OF SAPULPA
20 N. WALNUT
SAPULPA, OK 74006**

SUBMIT A COPY OF THE COMPLETED QUESTIONNAIRE WITH COPIES OF ALL REQUIRED DOCUMENTS TO:

**RECRUITING UNIT
SAPULPA POLICE DEPARTMENT
20 N. WALNUT
SAPULPA, OK 74006**

FAILURE TO SUBMIT THIS QUESTIONNAIRE WITHIN THE PRESCRIBED TIME FRAME WILL INDICATE YOUR VOLUNTARY WITHDRAWAL FROM FURTHER CONSIDERATION, UNLESS WE HEAR OTHERWISE.

BE SURE TO CONTACT YOUR RECRUITER OR BACKGROUND INVESTIGATOR (IF ASSIGNED) OF ANY UPDATES TO THE QUESTIONNAIRE.

ANY QUESTIONS, CONTACT A SAPULPA POLICE RECRUITER/BACKGROUND INVESTIGATOR AT (918) 224-3862

WE APPRECIATE YOUR INTEREST IN THE SAPULPA POLICE DEPARTMENT

THE CITY OF SAPULPA IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NARRATIVE SUPPLEMENTAL

LIST THE QUESTION NUMBER IN THE LEFT COLUMN THAT YOU ARE GIVING ADDITIONAL INFORMATION OR ANSWERS TO:

[illegible]

PHOTOCOPY THIS PAGE AS NEEDED TO ANSWER ANY OF THE BACKGROUND QUESTIONS IN MORE DETAIL AND ATTACH ON THE BACK OF THE BACKGROUND INVESTIGATION QUESTIONNAIRE.

RESIDENCES SUPPLEMENTAL

1		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
2		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
3		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
4		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
5		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
6		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
7		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
8		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
9		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:
10		
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:
LANDLORD'S NAME:		LANDLORD'S ADDRESS:
		LANDLORD'S PHONE:

PHOTOCOPY THIS PAGE AS NEEDED TO FURTHER DOCUMENT ANY PREVIOUS RESIDENCES AND ATTACH ON THE BACK OF THE BACKGROUND INVESTIGATION QUESTIONNAIRE.

EMPLOYMENT HISTORY SUPPLEMENTAL

1 DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND 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 AND 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 AND 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:		

4 DATES EMPLOYED:		EMPLOYER INFORMATION:		PHONE AND 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 AND 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 AND 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:		

PHOTOCOPY THIS PAGE AS NEEDED TO FURTHER DOCUMENT ANY ADDITIONAL EMPLOYMENT HISTORY AND ATTACH ON THE BACK OF THE BACKGROUND INVESTIGATION QUESTIONNAIRE.