

## PIEDMONT POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

The City of Piedmont does not discriminate on the basis of race, religion, color, sex, national origin, age, marital or veteran's status, and political affiliation, disabled status, or any other legally protected status.

The Piedmont Police Department, after reviewing your application form, verifying your responses, and conducting necessary interviews or test, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER, the Police Department conducts a pre-employment exam, which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.

In addition, please provide us with prior education, work experience, and relevant training or certificates and licenses that would indicate your knowledge, skills, CLEET Training if any and abilities to perform the job duties. Be as specific as possible since you will be screened on what you include, regardless of what you might otherwise be able to perform.

Print or type answers to each question clearly and completely. ALL questions must be answered. This is an application for employment and no employment contract is being offered. The City of Piedmont may change wages, benefits, and conditions of employment at anytime. If you need assistance in completing this application form, or in participating in the selection process, please inform the Chief of Police.

---

Position Applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Have you ever worked for the City of Piedmont: Yes  No

If yes give dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Are you prevented from lawfully becoming employed in the Country because of Visa and/or Immigration status?  
Yes  No

Proof of Citizenship may be required upon employment.

Date available for work: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shifts  Weekends  Nights

Do you have a current Oklahoma State Drivers License:  Yes  No

Drivers License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## MILITARY SERVICE

---

Branch of Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

List any specific military experience or training that is job-related: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

---

1. Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

---

1. Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Until: \_\_\_\_\_ Salary (Hourly, Monthly) \_\_\_\_\_

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

2. Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Until: \_\_\_\_\_ Salary (Hourly, Monthly) \_\_\_\_\_

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

3. Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Until: \_\_\_\_\_ Salary (Hourly, Monthly) \_\_\_\_\_

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

PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED

**EMPLOYMENT EXPERIENCE CONTINUED**

---

4. Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Until: \_\_\_\_\_ Salary (Hourly, Monthly) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

5. Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Until: \_\_\_\_\_ Salary (Hourly, Monthly) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

6. Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Until: \_\_\_\_\_ Salary (Hourly, Monthly) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED**

Are you related to any city employee or any member of the city council? YES  NO

If yes, give name, department and relationship. \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	Name of School	Course of Study	Years Completed	Diploma	Number of Hours
<b>Elementary</b>					
<b>High School</b>					
<b>College</b>					
<b>Other (Specify)</b>					

Describe any specialized training, any special license, which would help us determine your suitability for this position. Please attach a separate sheet of paper. All attachments **MUST** be signed.

**READ CAREFULLY BEFORE SIGNING**

I certify that the facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Piedmont's Police Department to investigate any information included in this application and I agree to medical examination if required. I understand that this application is not a contract of employment. I hereby release the City of Piedmont and it's agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand that if employed, false information or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulation of the City of Piedmont's Police Department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Title 70 O.S. § 3311.11**

In accordance with Title 70 O.S. § 3311.11, beginning November 1, 2009, any person who is employed as a peace officer within the State of Oklahoma and who is scheduled to attend the basic law enforcement certification academy conducted by CLEET shall, prior to admission, be required to provide proof of a score of a minimum of seventy percent (70%) on the CLEET approved physical assessment test. The purpose of this test is to ensure the applicant is in sufficient physical condition to safely participate and/or avoid unnecessary injury during basic law enforcement training.

The physical assessment test will be referred to as the "Test for Safe Participation" or "The Test."

- All cadets, prior to admission, must obtain and provide proof of a minimum score of 70% on the CLEET Test for Safe Participation.
- All employing agencies should ensure that potential hires are aware of this testing requirement, as it may be a condition of employment if the applicant will be attending the basic academy at CLEET facilities in Ada, Oklahoma.
- The CLEET Test for Safe Participation has been created and validated by Stanard & Associates, Inc.
- The Test for Safe Participation will be administered at the K.O. Rayburn Training Center in Ada, Oklahoma. Two testing dates will be available. The first testing will be held on the Wednesday of the week immediately preceding the start of the scheduled academy. Testing on Wednesday will be between 0800 and 1700 hrs. The second testing will be held on the Monday prior to the start of Basic Academy. Testing will begin at 0700 hrs. Academy participants will be required to notify CLEET which testing session will be attended. This notification shall be included in the "Confirmation Letter" submitted to CLEET prior to start of the basic academy.
- Upon receipt of the "Confirmation Letter," participants will receive a designated time on the testing day to take the Safe Participation Test. Participants shall come to the Multi-Purpose Room at the Training Center at the designated time to take the Test.
- Participants will be allowed a total of four (4) opportunities to pass the physical assessment test, with no more than two (2) attempts per testing day.
- Any applicant who fails to achieve a minimum of 70% on the physical assessment test will not be admitted into the basic academy.

Please read the documents below for more information and to learn the specific requirements related to taking the Test for Safe Participation.

**RELEASE OF INFORMATION / AUTHORIZATION**

---

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Piedmont, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institution, financial or credit institution, including records of loans, the records of commercial or retail agencies including credit reports and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Piedmont Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also agree to pay any and all charges of fees concerning this request and can be billed for such charges at the below listed address.

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

Address: \_\_\_\_\_  
Signature (Including Maiden Name) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

---

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_, 20\_\_\_\_  
My commission number is: \_\_\_\_\_