

Have you previously been employed by the City of Broken Arrow? Yes No

If yes, identify when and what department. _____

Do you have any relatives working for the City of Broken Arrow? Yes No

If yes, identify the person and your relationship with them. _____

Are you under 18 years of age? Yes No

If yes, how old are you? _____

Do you have a legal right to work in the United States? Yes No

(Verification will be required upon initial employment and failure to furnish documentation will be cause for termination.)

Have you ever been denied a surety bond or had one cancelled? Yes No

Have you ever been convicted of or pled guilty, no contest or had a suspended imposition of sentence to a crime other than a traffic violation? (This information does not in itself disqualify you for employment.) Yes No

If yes, give details: _____

Are you currently on probation for any criminal offense? Yes No

If yes, give details: _____

EDUCATION

	Name of School & Address	Last Year Completed	Did You Graduate?	Degree/Course
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade School, etc.)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPUTER SKILLS

Please list all computer skills (i.e. with software, specialized systems, etc.) that you possess.

Skill:

Proficiency:

Low Med High

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Job Title: _____ Dates employed: From _____ To _____
Employer: _____ Address: _____
Supervisor: _____ Telephone number: _____
Hourly rate/salary: Starting _____ Final _____ Reason for leaving: _____
Work performed: _____

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Employer: _____ Address: _____
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Hourly rate/salary: Starting _____ Final _____ Reason for leaving: _____
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Job Title: _____ Dates employed: From _____ To _____
Employer: _____ Address: _____
Supervisor: _____ Telephone number: _____
Hourly rate/salary: Starting _____ Final _____ Reason for leaving: _____
Work performed: _____

May we contact your present employer? Yes No

May we contact your previous employers? Yes No

If not, please explain why: _____

ADDITIONAL INFORMATION

If you have any additional information or comments you feel would help us determine your suitability for this position, such as special licenses or training, please describe below:

READ CAREFULLY

I certify the facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Broken Arrow or its agents to investigate any information included in the application and I agree to submit to a drug screen and medical examination if required. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false 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 regulations of the City of Broken Arrow.

Signature

Date of Application

POLICE OFFICER & JAILER APPLICANTS ONLY

Have you previously applied with the Broken Arrow Police Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		
* Date of Birth _____		
*Oklahoma State law requires that all Police Officers participate in the Oklahoma Police Pension & Retirement System. The pension requires all applicants to be the ages of 21 and 45 at the time of admission. This information will be used to ensure compliance with that statute.		
Are you CLEET certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The job requires fluent speaking and writing in English. Can you meet this requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a peace officer certification revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state circumstances: _____		
Have you ever been convicted of any misdemeanor crime, including domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details: _____		
Are you willing to carry and, if necessary, use a firearm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain: _____		
<u>Police Officer applicants are required to submit to a polygraph test and a psychological examination.</u>		
Are you willing to submit to a psychological examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a psychological test for a police position within the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details: _____		
Are you willing to submit to a polygraph examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FIRE APPLICANTS ONLY

Please list any fire or medic related training or certifications you possess:	

EMT Certification Number: _____	
* A legible copy of your valid EMT Certification Card must be attached for consideration of employment.	

The City of Broken Arrow does not discriminate on the basis of age, race, handicap, sex, political or religious affiliation, national origin or any other legally protected status in the admission, access, or treatment of people for employment or in its programs and activities. Any person needing an auxiliary aid in order to participate should contact the Human Resources Manager at least two days in advance of the event so that appropriate arrangements can be made.

THIS APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS.

**City of Broken Arrow
CONSUMER AUTHORIZATION AND RELEASE**

In connection with **City of Broken Arrow** considering me for employment, continued employment, promotion or reassignment, I authorize **City of Broken Arrow** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize, without reservation, any person or entity contacted by **City of Broken Arrow**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **City of Broken Arrow**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 918-259-2400 (Please write in blue or black ink. Light ink won't show up)

LEGAL NAME _____ DOB * _____ SS# _____

OTHER NAMES USED _____

DRIVERS LICENSE # _____ STATE _____

Name as it exactly appears on Drivers License _____

CURR. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **City of Broken Arrow** considering you for employment, continued employment, promotion or reassignment, **City of Broken Arrow** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE



State of Oklahoma
 Department of Public Safety
 RECORDS REQUEST and CONSENT TO RELEASE
 FOR Motor License Agent USE Only

INDIVIDUAL REQUEST

RECORD FEE
 \$25.00

I hereby request an Oklahoma driving record summary (Motor Vehicle Report, or MVR)
 [state law limits this summary to three years]

For:
 Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____

Check the following applicable statement:

- I am the person named in the record sought. I am requesting the record of another person.

If you are not the person named in the record sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

1. Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order; order of a court.
3. Research Activities or Statistical Reports: personal information shall not be published, redisclosed, or used to contact individuals †
4. Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, antifraud, rating or underwriting activities †
5. Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request _____

Signature of Person Named in Request _____

By signing above, I voluntarily give consent to the Motor License Agency to release the above-named record to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

Printed Name of Person Making Request _____

Signature of Person Making Request _____

City of Broken Arrow

† Print Agency/Company Name (if item 1, 3, 4, 5 or 6 was checked above) _____

Date _____

220 S. First Street

Broken Arrow

Oklahoma

74012

Address

City

State

Zip

To be completed by Motor License Agency: The record requested has been approved for release and issued by:

Printed Name of motor license agent or employee _____

Signature of motor license agent or employee _____

CENTRAL PARK TAG AGENCY #7262

Motor license agency name and number

City of Broken Arrow
CONSUMER AUTHORIZATION AND RELEASE
A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

City of Broken Arrow
CONSUMER AUTHORIZATION AND RELEASE

A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS
REGARDING:**

PLEASE CONTACT:

CRA's creditors and others not listed below

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
202-326-3761

National banks federal branches/agencies of
foreign banks (word "National" or initials "N.A."
appear in or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, MailStop 6-6
Washington, D.C. 20219
800-613-6743

Savings associations and federally chartered
savings banks (word "federal" or initials "F.S.B."
appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, D.C. 20552
800-842-6929

Federal Reserve system member banks (except
national banks, and federal branches/agencies
of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, D.C. 20551
202-452-3693

Federal Credit Unions (words "Federal Credit
Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State chartered banks that are not a member of the
Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, D.C. 20429
800-934-FDIC

Air-surface, or rail common carriers regulated by
former Civil Aeronautics Board or Interstate
Commerce Commission.

Department of Transportation
Office of Financial Management
Washington, D.C. 20590

Activities subject to the Packers and Stockyards
Act, 1921

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, D.C. 20250
202-720-7051

City of Broken Arrow



Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department. Please return the completed form the Human Resources Department.

Gender

(Please check one of the options below)

Male

Female

Race/Ethnicity

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

White

Black or African American

Native Hawaiian or Other Pacific Islander

Asian

American Indian or Alaskan Native

Two or More Races

Date Completed: _____

Position Applying for: _____

Please return to form to the Human Resources Department.

Thank you for your participation.