

**McALESTER POLICE DEPARTMENT**  
**QUALIFICATIONS**  
**FOR POLICE RECRUIT**

1. Must be 21 years of age (attach birth certificate)
2. High school diploma or equivalency (attach proof)
3. Copy of Driver's License (attach copy)
4. No felony convictions
5. Cannot have an extensive misdemeanor or traffic record
6. Ability to pass very extensive physical examination
7. Must be able to successfully complete the Minnesota Multiphasic Personality Inventory or its equivalent
8. Must successfully complete physical agility test (attach waiver and release for agility signed)

**MCALESTER POLICE DEPARTMENT  
PRIMARY RESIDENCE  
POLICY #06-005**

Revised 05-26-2015 by Gary Wansick, Chief of Police

**POLICY TITLE: PRIMARY RESIDENCE**

In order to provide and more efficient, and quicker response by the McAlester Police Department employees, the following policy exist:

All McAlester Police Department employees shall reside within Pittsburg County. If a current employee's primary residence is located outside Pittsburg County as of this policy date, that employee is grandfathered and is not required to change residence. If an employee moves from that residence he/she shall be required to reside within Pittsburg County as condition of employment with the McAlester Police Department.

Any person applying for a position with the McAlester Police Department and his/her primary residence is outside Pittsburg County, he/she shall agree to move within Pittsburg County within one year from date of hire for continued employment with the McAlester Police Department.

**CITY OF MCALESTER  
POSITION DESCRIPTION**

**TITLE: POLICE RECRUIT**

GENERAL DESCRIPTION

Police Recruit is a non-exempt entry level law enforcement officer in the Police Department who is a probationary employee in the process of obtaining the necessary skills through training and on-the-job experience to become a Police Officer.

PRIMARY DUTIES

- Operates a motor vehicle for extended periods of time in all environmental conditions and on occasion operates the vehicle at high speeds and in congested traffic situations.
- Patrols assigned area of City and enforces state and federal laws and City ordinances; patrols and examines buildings and residence to detect suspicious conditions and handles situations accordingly.
- Directs traffic in congested and emergency areas; Reports safety hazards; responds to scene of accident, administers first aid, and investigates cause and files accident reports; issues citations to violators of traffic laws.
- Visits the scene of crimes and accidents; searches for and preserves evidence; investigates and interviews victims, witnesses and potential suspects; apprehends those suspected of crimes or misdemeanor; participate in all line-ups; makes oral and written reports; and provides testimony in court.
- Speaks before citizens and citizen's groups and participates in various training sessions.

JOB REQUIREMENTS

- Must be 21 years of age; must be able to qualify on the shooting range. Must be able to pass the Oklahoma Police Pension and Retirement System's medical standards and be state certified.
- Ability to operate two-way radio, walkie-talkie in field situations, and to operate effectively radar equipment and breathalyzer.
- Ability to perform routine preventive maintenance on vehicle.
- Ability to read, understand and interpret ordinances, laws and other operating procedures and communicate orally and in writing.
- Ability to investigate crimes and do reports.
- Ability to deal effectively with the public using tact and diplomacy and remain calm in emergency situations; provide constitutional requirements, and perform first aid and/or CPR.
- Ability to make split second decisions that could affect the well being of the public, department, fellow employees, as well as the officer's safety. Ability to interface with other law enforcement personnel and safety personnel.
- Ability and willingness to maintain strict confidentiality.
- Must be able to respond to varying situations with tact and diplomacy and know how to deal with stressful, hostile, or irrational persons, whether due to physical or mental disability, drugs, socio-economic differences, or other factors.

## WORKING CONDITIONS

- Some exposure to unpleasant weather and requires continuous attention to safe working and operating procedures to ensure the safety of one's self and fellow citizens.
- Possibility of body attacks while making an arrest; severe bodily harm while dealing with felons.
- Must possess the physical strength and stamina to chase and subdue fleeing persons; to arrest them if necessary; and to bring them into custody.
- Great probability of working, rotating shifts, extended hours, emergency call out, and to testify at court on days off.
- Must have the physical strength and stamina to rescue victims.
- Must have the visual acuity to identify suspects, detect danger, read licenses and tags, etc.
- Must possess the aural acuity to understand conversation in quiet and noisy environments, understand radio transmissions, distinguish between car backfires and gun shots, and determine location of persons in distress, etc.
- Must be able to communicate effectively to transmit information via the radio, talk to victims, suspects, etc.

## AMERICANS WITH DISABILITIES ACT COMPLIANCE

The City of McAlester is an Equal Opportunity Employer. ADA requires the City to provide adequate accommodations to qualified persons with disabilities. Prospective and current employees are encouraged to discuss ADA accommodations with management.

## **MCALESTER POLICE DEPARTMENT**

### **Applicant Selection Process**

- Step 1. Preliminary Applicant Questionnaire, City Employment Application, and Resume
- Step 2. Preliminary Review by Chief and Captains
- Step 3. Written Test
- Step 4. Physical Agility Test
- Step 5. Police Officer Application
- Step 6. Oral Board
- Step 7. Background Investigation
- Step 8. Polygraph
- Step 9. Psychological Testing – MMPI
- Step 10. Interview with the Chief of Police
- Step 11. Physical – Oklahoma Police Pension Board



- 3. Do you have a valid Driver's License? \_\_YES \_\_NO
- 4. Are you willing to take a polygraph examination? \_\_YES \_\_NO
- 5. Are you willing to take a physical agility test? \_\_YES \_\_NO
- 6. Are you willing to submit to psychological testing?  
(MMPI, CPI, psychological interview) \_\_YES \_\_NO
- 7. Will you sign consent and release forms for financial records, employment history verifications, and  
interviews with former employers, co-workers, relatives, neighbors and acquaintances? \_\_YES \_\_NO
- 8. Do you have a high school diploma or G.E.D.? \_\_YES \_\_NO

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Part 3. You must be able to answer "YES" to the following question, if you have served on active duty, guard, or reserves with any branch of the United States Armed Forces. If you have never been in the military, mark "N/A."

- 9. Have you, or will you receive a discharge from Military duty under honorable conditions?  
(Honorable, General, Etc.) \_\_YES \_\_NO \_\_N/A

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Part 4. You must be able to answer "NO" to the following questions to continue with the application process.

- 10. Do you have any felony convictions? \_\_YES \_\_NO
- 11. Are you currently on probation for driving while intoxicated or any other traffic offense? \_\_YES \_\_NO
- 12. Have you been convicted of driving while your license was suspended within the last five (5) years? \_\_YES \_\_NO
- 13. Have you been convicted for driving under the Influence of alcohol or drugs within the last  
ten (10) years? \_\_YES \_\_NO
- 14. Have you used marijuana within the last five (5) Years? \_\_YES \_\_NO
- 15. Have you used any other illegal drug(s) within the last five (5) years?  
If so what drug(s) \_\_\_\_\_ \_\_YES \_\_NO

The answers I have given are true and correct to the best of my knowledge. I understand that I can be eliminated from consideration if any of the information I have given is found to be false or incorrect.

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

\_\_\_\_\_  
Date

**McALESTER POLICE DEPARTMENT**  
**APPLICATION FOR EMPLOYMENT AS POLICE OFFICER**

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
DATE AVAILABLE FOR WORK

Are you available to work: \_\_\_\_\_ Shift Work \_\_\_\_\_ Weekends \_\_\_\_\_ Nights

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Phone

List any name(s) you have been known by and provide any other Social Security Number you have used:

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

If you are under twenty-one (21) years of age or forty-six (46) years of age or older, you are not eligible for hire due to the Police Pension System. An exception exists if you had prior Police Pension service.

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

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

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the Police Officer position. Failure to answer these questions may indicate that you have not provided the information to qualify you for the present position. Use additional pages if you need more space.



1. Have you ever worked for the City of McAlester?  Yes  No

If yes, give the name of the departments, dates, and reasons for leaving.

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2. Are you related to any City of McAlester employee, or any member of the McAlester City Council?  Yes  No

If yes, give name, department, and relationship.

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3. Have you applied with the McAlester Police Dept. before?  Yes  No

If yes, give the dates you applied. \_\_\_\_\_

4. Have you applied with any other law enforcement agencies within the last five (5) years?  Yes  No

If yes, to which agency, and when have you applied?

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5. Do you know any McAlester Police Officers?  Yes  No

If yes, who? \_\_\_\_\_

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6. How did you learn about this opening? \_\_\_\_\_

7. Can you operate: Automobile \_\_\_\_\_ Motorcycle \_\_\_\_\_ Airplane \_\_\_\_\_ Helicopter \_\_\_\_\_

License Number	State	Date of Expiration	Type
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8. Does your Driver's License have any restrictions?  Yes  No

If yes, explain: \_\_\_\_\_

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9. Have you ever had a Driver's License suspended or revoked? \_\_\_ Yes \_\_\_ No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you have liability insurance on the vehicles you operate? \_\_\_ Yes \_\_\_ No  
 Have you ever had your insurance policy cancelled? \_\_\_ Yes \_\_\_ No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. In the last seven years:  
 a) How many traffic tickets have you received? \_\_\_\_\_  
 b) Number of times arrested for driving while drinking or driving under the influence? \_\_\_\_\_  
 c) Number of arrests for reckless driving of any type? \_\_\_\_\_  
 d) Number of accidents you were involved in as a driver for which you were charged or cited?  
 \_\_\_\_\_  
 e) Have you ever been involved in a serious accident or accidents where you were the driver? \_\_\_ Yes \_\_\_ No

If you answered yes or anything other than "None" (0) to any of the questions above, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Arrest information will not necessarily disqualify you; however, it is imperative that law enforcement personnel have a clean conviction record and not be addicted to controlled substances. Answer the following:  
 a) Have you ever been arrested? \_\_\_ Yes \_\_\_ No  
 b) Placed in jail? \_\_\_ Yes \_\_\_ No  
 c) Detained? \_\_\_ Yes \_\_\_ No  
 d) Received a conviction? \_\_\_ Yes \_\_\_ No  
 e) Received a suspended sentence? \_\_\_ Yes \_\_\_ No  
 f) Received a deferred sentence which has not been sealed? \_\_\_ Yes \_\_\_ No  
 g) Placed on probation by any court of law or enforcement body anywhere? \_\_\_ Yes \_\_\_ No

If you answered yes to any of the previous questions, please explain:

Date	Charge	Age	Jurisdiction	Disposition	Agency



15. Education. List high school(s), college(s), correspondence, business, or technical schools attended. Do not include Military schools.

Name of School	City and State	Type of School

Dates of attendance	Hours Completed	Graduate/Degree

16. List all special educational honors, scholarships, etc. that you received:

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17. List all memberships in school societies, fraternities, or clubs. You may exclude memberships in organizations indicating national origin, if you wish.

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18. Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? \_\_\_Yes \_\_\_No  
If yes, explain the circumstances:

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19. Employment experience for the past ten (10) years. In chronological order, list all employment, including part time and military service, starting with the most current:

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed By: Name of Firm: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Salary \_\_\_\_\_

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

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

Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed By: Name of Firm: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Salary \_\_\_\_\_

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

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

Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed By: Name of Firm: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Salary \_\_\_\_\_

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

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

Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

20. If you had no prior experience, please explain what you have done since high school to prepare you for this job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever been fire, suspended, or put on an inactive status (other than for prior Worker's Compensation cases) by any of your previous employers?  Yes  No  
If yes, explain: \_\_\_\_\_

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22. Account for all periods of time since age eighteen (18) that you were not in school, working, or recuperating from an illness or injury, if over ninety (90) days in duration.

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23. In chronological order, list all special training received and occupational schools attended in your employment history. Exclude military schools and training, high schools, colleges, etc.

Name of School	Location	Dates	Hours	Certification
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24. List any additional information or make comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position. \_\_\_\_\_

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25. Are you now engaged in any business as an owner, partner (active or silent) or other connection, such as an employee? \_\_\_Yes \_\_\_No

If yes, give full details: (i.e. Name, address, etc.) \_\_\_\_\_

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26. Has any corporation, partnership, or business of which you were/are an officer, partner, employee, etc. ever been issued or denied a license or permit by any city, state, or federal government? \_\_\_Yes \_\_\_No

If yes, give full details. \_\_\_\_\_

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27. Have you registered for Selective Service? \_\_\_Yes \_\_\_No

If yes, when? \_\_\_\_\_

Have you served in any branch of the military? \_\_\_Yes \_\_\_No

If yes, indicate branch, current status, and any military training or experience that would assist you in being a police officer.

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Base/School	Location	School Type	Dates	Certifications
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Base/School	Location	School Type	Dates	Certifications
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List any medals, decorations, campaign and theater ribbons awarded to you while in the armed forces:

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Were you honorably discharged?  Yes  No  
If yes, please provide a copy of any discharge papers, such as Forms DD214 and DD214 Member 4.

28. SUBVERSIVE ORGANIZATIONS: As used in this application, a subversive organization shall mean any group or organization which does not support local, state, or federal laws, or which advances its beliefs through violence or use/threat of force.

- a) Have you advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or any political subdivision thereof should be overthrown by force, violence, or any unlawful means?  Yes  No
- b) Are you now or have you ever been a member of any subversive organization?  Yes  No
- c) Have you ever been connected, or affiliated in any manner with, or have you ever attended meetings on any subversive organization?  Yes  no
- d) Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any subversive organization?  Yes  No

If you answered yes to any of the questions in Section 28, indicate the circumstances:

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29. Background references pertaining to past character. This information is used to question family members and associates to determine your fitness to do the essential functions of the job. If applicable, provide:

Name of current spouse: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of former spouse: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of College Roommate: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Military Associate: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Other Personal References:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address, City & State: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address, City & State: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address, City & State: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address, City & State: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address, City & State: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address, City & State: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

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30. List any social, labor, civic, and fraternal organizations, that you have or now belong to, which demonstrates your fitness for the position of police officer. You may exclude any organization that indicates national origin, if you wish.

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31. Are you the co-maker or signer on any outstanding loan?  Yes  No  
If yes, explain the details: \_\_\_\_\_

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32. Have you ever been bonded?  Yes  No With respect to each time you have been bonded, give the details below:

Date	Reason	By Whom	Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

33. Which of your previous jobs did you like the best? Explain the duties, the type of supervision, and other details: \_\_\_\_\_

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34. Which of your previous jobs did you like the least? Explain the duties and reasons why.

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35. What prior experience have you had with firearms? Please explain:

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36. Have you ever been served with a summons or subpoena?  Yes  No  
If yes, how many times \_\_\_\_\_, list the reasons: \_\_\_\_\_

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37. Do you know of any other information that we have not asked for, which may come out in the background investigation, concerning your present fitness to handle the essential functions of a police officer?  Yes  No

If yes, you have the opportunity to disclose such information at the present time. This question does not necessarily refer to your mental or physical ability to do the job. Explain below:

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# MCALESTER POLICE DEPARTMENT WAIVER AND RELEASE

**YOU ARE SCHEDULED TO TAKE THE PHYSICAL AGILITY TEST.**

The physical agility test will consist of the following:

**PHASE ONE:**

- 1) Run 1.5 miles to the best of your ability.
- 2) As many set-ups as to your ability in 1 minute.
- 3) As many push-ups as to your ability in 1 minute.
- 4) Stretch test.

**PHASE TWO:**

- 1) Exit a police car.
- 2) Run approximately seventy-five (75) yards on an incline.
- 3) Belly crawl.
- 4) Step net.
- 5) Monkey bars.
- 6) Retention cones.
- 7) Climb over a four (4) foot high window.
- 8) Run approximately ten (10) yards.
- 9) Climb through a four (4) foot high window.
- 10) Run approximately fifty (50) yards.
- 11) Climb over a six (6) foot stockade fence.
- 12) Run approximately forty (40) yards.
- 13) Lift/drag a 100 pound heavy bag five (5) yards.

**The course must be completed in four (4) minutes or less.**

I, the undersigned, an applicant for the position of police officer for the McAlester Police Department, understand that it will be necessary to satisfactorily demonstrate my physical ability and agility, hereby state that I voluntarily offer to demonstrate my physical ability and agility in such test as may be given me and do hereby release the City of McAlester, its agents, servants and employees from any claim for damages by reason of any injuries which might be sustained by me in attempting to satisfactorily complete the tests. This release shall be binding upon me, my representatives and assigns.

**THIS FORM MUST BE SIGNED BY THE APPLICANT AND WITNESSED PRIOR TO TURNING IN.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# READ CAREFULLY BEFORE SIGNING

I certify that I am the person named on this document, and that facts given in this application are true and correct and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Police Officer for the City of McAlester. I understand that all information and test scores obtained during this process become the property of the City of McAlester and will not be returned to me, or released to other parties.

I hereby grant permission to the City of McAlester, the McAlester Police Department, and its/their Officers/Representatives to investigate any information included in the application. I agree to submit to a pre-employment drug screen, and a post-offer medical examination. I understand that this application is not a contract of employment. I hereby release the City of McAlester, the McAlester Police Department and its Officers/Representatives 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) and discovered at a later time, may result in my discharge from employment. I understand that I am required to abide by all Rules and Regulations of the City of McAlester.

I hereby authorize any City, County, State, or Federal Agency, or former employer, or any individual listed in this application form to furnish, to any member of the McAlester Police Department, or representative of the City of McAlester, any information concerning me necessary to process this questionnaire. A copy of this authorization shall be considered as valid as the original.

Print Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Signature \_\_\_\_\_

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



# McAlester Police Department

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## BACKGROUND CHECK AUTHORIZATION AND RELEASE

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I understand that in connection with my application for Employment, the McAlester Police Department, their agents or employees may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. If my position involves handling money and/or having access to monies and/or other transferable monetary instruments, my credit history may also be checked

I understand that the McAlester Police Department may rely on any part of all of this Information in determining whether to extend an offer of Employment to me. I further understand that if any adverse action is taken by the McAlester Police Department, or if the McAlester Police Department chooses not to extend an offer of Employment duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I hereby release any and all Investigators, including the McAlester Police Department, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application for Employment. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing of my Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Former Last Name(s) if applicable: \_\_\_\_\_

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

Former Address: \_\_\_\_\_

**McALESTER POLICE DEPARTMENT**  
**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any Police Officer, or authorized representative of the City of McAlester bearing this release, or a photostatic copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment, credit, or educational records including, but not limited to, academics, achievements, attendance, athletics, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the McAlester Police Department. I understand that all information obtained during this process is the property of the City of McAlester, and will not be returned to me, or released to any other parties. Consent is granted for the McAlester Police Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records and, any school, college, university or other educational institution, credit bureau, lending institutions, consumer reporting agency, or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my family, my heirs, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me.

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

Name typed or printed: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**Authorization to Release Information**

I, \_\_\_\_\_, hereby authorize the Council on Law Enforcement Education and Training (CLEET) to release a copy of my Individual Full Profile to \_\_\_\_\_, of the \_\_\_\_\_ Police Department as part of my application for employment with that department..

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_. Seal

\_\_\_\_\_  
(Notary Public) Commission Number \_\_\_\_\_ My Commission Expires \_\_\_\_\_