



Town of Salina
Salina Police Department
321 W Ferry – Salina, OK 74365
(918)-434-5782

Application for Employment

Please read all questions carefully and give concise, complete answers. All prospective employees offered a job are required to submit and satisfactorily pass a drug screen, and depending on the position, may be required to submit and be able to pass a medical examination.

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Social Security Number: _____ Date of Birth: _____

Male: _____ Female: _____ Racial or Ethnic Group: _____

Full Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____ Desired Position: _____

Desired Wage: _____ Date Available: _____

Driver's License Number: _____ Type of License: _____

State License Issued By: _____ Expiration Date: _____

In the past 7 years have you had your driver's license revoked or suspended? If yes, please explain: _____

In the past 7 years have you been convicted of careless or reckless driving, operating or being in actual physical control of a motor vehicle while under the influence or impaired by alcohol/drugs (DUI, DWI, APC, etc.) _____ If yes, please explain: _____

Have you been convicted of more than 2 moving traffic violations in the past 7 years, or have you had more than one at fault accident in the past 7 years? _____ If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes: _____ No: _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes: _____ No: _____ Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes: _____ No: _____ Degree: _____

Are you a U.S. citizen or resident alien? _____

Are you 21 years of age? _____

Do you have any felony convictions or domestic violence incidents? If yes, please explain:

Do you have fingerprint clearance from the FBI & Oklahoma State Bureau of Investigation?

Have you been administered a psychological evaluation & been evaluated by a psychologist licensed by the state of Oklahoma? If yes, please explain: _____

Have you been committed to an Oklahoma state mental health institution involuntarily? If yes, please explain: _____

If hired, each department employee must be able to take/pass the MMPI (Minnesota Multiphasic Personality Inventory), POSSE (Peace Officer Screening and Selection Evaluation) & POST (Police Officer Selection Test). Upon hiring, would you be willing to take the mandatory tests above? Yes: _____ No: _____

Have you been convicted of or pled guilty/no contest or had a suspended imposition of sentence to a crime other than a traffic violation? _____ If yes, please explain: _____

Have you been convicted of a felony? _____ If yes, please explain: _____

Have you previously applied for the SPD? _____ If yes, when? _____

Are you CLEET certified? _____ Date of certification: _____

List any additional Law Enforcement certifications and/or training. Indicate dates: _____

Have you ever had a peace officer certification revoked? _____ If yes, please explain: _____

Applicant Statement

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment.

I understand and hereby acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the employer may discharge 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 by the Board of Trustees for the Town of Salina. In the event of employment, I

understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the Town of Salina.

Applicant Signature: _____ Date: _____