

**City of Hobart Police Department**  
Application for Employment  
204 North Lincoln Street  
Hobart, OK. 73651  
**Phone: (580) 726-2424 Fax: (580) 726-2474**

Dear Applicant:

The City of Hobart appreciates your interest in a career with us. Completion of this Employment Application is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position. Read all questions carefully and answer all questions completely and honestly. Applications are kept on file for a period of 6 months for consideration to an opening in the department for which you apply. Any application on file will be considered null and void after that 6 months and to be considered you must reapply.

A resume does not substitute for this application or any part of. You may attach a resume with this application, but a resume by itself will be considered incomplete and will not be considered for any vacancy that may arise. Please print using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "N/A" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

**Please note:** Certain jobs are classified as a "safety sensitive" position as defined by the United States Department of Transportation drug and alcohol testing regulations, the Oklahoma Standards for Workplace Drug and Alcohol Testing Act and/or Oklahoma Medical Marijuana laws. As a "safety sensitive" classification, you will be subject to drug and alcohol testing, including random testing.

Marijuana is one of the substances included in the drug panel screening. Possession of a medical marijuana license will not excuse you from the testing process, or the consequences of testing positive for marijuana.

This packet contains the following forms:

- Application for Employment
- Pre-employment Drug Screen Consent
- Authorization for Release of information Form

**Return the entire completed packet to the address below:**

**Hobart Police Department  
204 North Lincoln, Hobart, OK 73651**

**Office Use Only: Date Received:** \_\_\_\_\_

<b>FULL NAME:</b>	<b>DATE:</b>

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**INSTRUCTIONS: Applicants must complete all blanks accurately and completely.**  
**PLEASE PRINT, NEATNESS AND LEGIBILITY ARE IMPORTANT.**

In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Hobart prohibits discrimination in employment because of race, color, sex, religion, national origin, age, transgender or disability.

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.	
Street Address:			Apt/Unit #
City:	State:	Zip:	
Social Security Number:		Email Address:	
Phone #: (    )		Alternate Phone #: (    )	
Position Applied For			Date Available:

How did you learn about this opportunity?	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for the City of Hobart? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?	
Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES    Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> (Please make copies of all applicable service records including any discharge papers and attach to this application.)	
Date entered:	Date separated:
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on a separate sheet of paper and attach to this application.	
Have you ever had your driver's license suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on a separate sheet of paper and attach to this application.	
Have you ever applied with the City of Hobart before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, When?	
Do you speak another language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, what language?	
Do you know of any reason that you could not pass a background check? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on a separate sheet of paper and attach to this application.	
Do you have any relatives, by blood or marriage, working / holding office for the City of Hobart? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on a separate sheet of paper and attach to this application.	

EDUCATION		
Circle your highest education Level: 9 10 11 12 College Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		
High School:	Address:	
College:	Address:	
Hours Completed:	Did you Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other School:	Did you Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Hours School:	Did you Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

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<b>PREVIOUS EMPLOYMENT</b>			
<b>Start with your present or most recent job. Include Military service. List your last 5 FIVE years of work experience. Explain any gaps in employment history. A resume does not substitute for this portion of the application.</b>			
Company:		Phone #: (    )	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone #: (    ) -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone #: (    ) -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone #: (    ) -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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<b>PREVIOUS EMPLOYMENT (continued)</b>			
Company:		Phone #: (    )    -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone #: (    )    -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone #: (    )    -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone #: (    )    -	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Responsibilities:			
From:	To:	Reason for Leaving?	
May we contact your previous supervisor/employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**IF MORE SPACE IS NEEDED PLEASE ATTACH A SEPARATE SHEET.**

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<b>PERSONAL REFERENCE (Can include friends or relatives.)</b>	
Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

<b>PROFESSIONAL REFERENCE (Not to include relatives.)</b>	
Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

Full Name:	Relationship:
Company:	Phone #: (    )
Address	Years Known

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<b>PREVIOUS NAMES</b>	
List any other name(s) you have used (maiden, nicknames, married etc.)	
1.	2.
3.	4.

<b>ADDRESS HISTORY</b>					
In the space below, list all addresses where you have lived during the past <b>FIVE (5)</b> years, including military address if applicable. Begin with your present address. If more space is needed attach separate sheet.					
FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE

<b>DRIVING HISTORY</b>				
Do you currently have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
STATE	LICENSE CLASS	EXPIRATION	DL NUMBER	RESTRICTIONS

Have you ever had any other driver's license: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in the space below list all stated where you have been licensed and/or all names you have been licensed under. (use separate sheet if needed)	
Name	State

List all driving citations/summons you have received as an adult or juvenile, in the last <b>FIVE (5)</b> years beginning with the most recent. If more space is needed attach separate sheet.			
MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION

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<b>NARCOTICS HISTORY</b>				
Please answer the following questions YES or NO regarding the illegal use of Drugs. List your explanation on the lines provided, or a separate sheet, if you answer YES to that question.				
DRUG	YES	NO	NUMBER OF TIMES USED	LAST TIME USED
Marijuana				
Cocaine				
Methamphetamine				
Heroin				
PCP				
Designer Drugs (i.e. Ecstasy)				
Other (list)				
Explanation:				

- Have you ever engaged in illegal use of drugs, including the consumption of prescription drug not prescribed to you? Yes  No
- Have you ever illegally obtained any prescription drugs or controlled substance? Yes  No
- Have you ever illegally sold, furnished or supplied any narcotics or drugs to anyone? Yes  No
- Have you ever possessed any illegal narcotics or drugs? Yes  No

LIST ANY TRAINING, CERTIFICATIONS OR QUALIFICATIONS.

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**\*\*\*PLEASE ATTACH THE FOLLOWING WITH THIS APPLICATION\*\*\***

- Photo copy of Driver's License
- Photo copy of C.L.E.E.T. Certification (if applicable)
- Photo copy of Social Security card
- Photo copy of any Training/School Certificates you feel are helpful to us in considering your application

**NOTE TO APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you are applying? Yes  No

**PLEASE READ THE FOLLOWING STATEMENT AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED**

I certify all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. I also understand that if I am employed by the City, I must comply with its policies, procedures and directives as a condition of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**PRE-EMPLOYMENT DRUG SCREEN CONCENT**

1. I, \_\_\_\_\_, as an applicant with the City of Hobart, Oklahoma, consent to allow my blood, breath, and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Hobart, Oklahoma or its authorized agents or representatives.
  
2. I hereby release the City of Hobart and its employees from any action that may arise out of the results of such tests or information being released to the City of Hobart.
  
3. I understand that if I fail to sign and return this consent to the City of Hobart, Oklahoma, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have will be withdrawn.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I am an applicant for a position with the Hobart Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Hobart Police Department.

I hereby authorize any representative of the Hobart Police Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Hobart Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I further consent to your release, including photocopies, of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records and any information contained in the investigatory files, efficiency ratings, complaints or grievances filed against me. I further request release of attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files, which are deemed to be confidential and/or sealed.

I understand my rights under Title 5 USN §522a, the Privacy Act of 1974, with regard to access and disclosure of records, along with 51 OS §24A.8, with regard to Open Records Act, and I waive those rights with the understanding that information furnished will be used by the Hobart Police Department in conjunction with employment procedures.

I hereby authorize the National Personnel Records Center, St. Louise, Missouri, or other custodian of my military records (if applicable) to release to the Hobart Police Department information or photocopies from my military personnel records. This could include photocopies of my DD214 Report of Separation, etc.

A photocopy of this release from will be valid as an original thereof, although the said photocopy does not contain an original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address or phone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including responsible attorney's fees, arising out of or by reason of complying with this request.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of Oklahoma

County of \_\_\_\_\_

The above, \_\_\_\_\_, appeared before me and voluntarily executed his/her signature.

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission #

\_\_\_\_\_  
My Commission Expires