



POLICE DEPARTMENT  
201 NORTH EAST FIRST STREET  
ANADARKO, OKLAHOMA 73005  
405-247-2411

## **PHASES FOR EMPLOYMENT**

PHASE ONE: APPLICATION AND QUESTIONNAIRE

PHASE TWO: WRITTEN EXAMINATION

PHASE THREE: PHYSICAL AGILITY TESTING

PHASE FOUR: ORAL BOARD

PHASE FIVE: MMPI TESTING AND BACKGROUND EXAMINATION

PHASE SIX: INTERVIEW WITH THE CHIEF OF POLICE AND/OR DESIGNEE

PHASE SEVEN: STATE PHYSICAL EXAMINATION

**FAILURE TO PASS A PHASE WILL RESULT IN THE DISQUALIFICATION  
OF AN APPLICANT.**

POLICE DEPARTMENT  
201 NORTH EAST FIRST STREET  
ANADARKO, OKLAHOMA 73005  
405-247-2411

**RELEASE AND WAIVER OF LIABILITY STATEMENT  
THIS IS AN IMPORTANT LEGAL DOCUMENT  
READ IT CAREFULLY BEFORE SIGNING.**

The undersigned, \_\_\_\_\_, wishes to release and waive all *Legal, Emotional* and *Professional* responsibility from the CITY OF ANADARKO and the Anadarko Police Department. The undersigned is a Police applicant and is volunteering for the agility test phase of the application process. The applicant therefore relieves the CITY OF ANADARKO and Anadarko Police Department from all and any responsibility that results in injury and/or emotional injury from the testing phases.

In case of emergency, contact: \_\_\_\_\_  
Name Address Phone

I am fully aware that by signing this document, I am releasing the CITY OF ANADARKO, Anadarko Police Department, and their employees of any and all responsibility upon my voluntary act to participate in this test.

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

\_\_\_\_\_  
Print Name

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally  
appeared \_\_\_\_\_, the party that executed the  
foregoing instrument, and acknowledged the said instrument to be free and voluntary act  
and deed for the use and purpose therein.

*Witness* my hand and the official seal affixed the day and year first above written.

\_\_\_\_\_  
Notary Public Commission # Expire Date

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

POLICE DEPARTMENT  
201 NORTH EAST FIRST STREET  
ANADARKO, OKLAHOMA 73005  
405-247-2411

**ANADARKO POLICE DEPARTMENT APPLICANT  
PRELIMINARY QUESTIONNAIRE**

**PLEASE CIRCLE YOUR RESPONSE TO EACH QUESTION BELOW:**

1. ARE YOU A LEGAL RESIDENT OF THE UNITED STATES?  
YES NO
2. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE?  
YES NO
3. ARE YOU 21 YEARS OF AGE OR OLDER?  
YES NO
4. WILL YOU TAKE A POLYGRAPH EXAMINATION?  
YES NO
5. HAVE YOU EVER BEEN OR ARE YOU IN THE MILITARY?  
YES NO  
IF YES DID YOU RECEIVE A HONORABLE DISCHARGE?  
YES NO N/A
6. WILL YOU TAKE A PHYSICAL AGILITY TEST?  
YES NO
7. WILL YOU SUBMIT TO A PSYCHOLOGICAL SCREENING (MMPI)?  
YES NO
8. ARE YOU CURRENTLY ON PROBATION FOR DRIVING WHILE  
INTOXICATED OR OTHER TRAFFIC OFFENSE?  
YES NO
9. HAVE YOU BEEN CONVICTED OF DRIVING WITH A SUSPENDED  
LICENSE OR FAILURE TO LEAVE IDENTIFICATION WITHIN THE LAST  
5 YEARS?  
YES NO
10. HAVE YOU HAD THREE OR MORE HAZARDOUS (MOVING) TRAFFIC  
CONVICTIONS WITHIN THE LAST 12 MONTHS?  
YES NO
11. HAVE YOU HAD SIX OR MORE HAZARDOUS (MOVING) TRAFFIC  
CONVICTIONS WITHIN THE LAST 24 MONTHS?  
YES NO
12. HAVE YOU BEEN CONVICTED OF DRIVING WHILE INTOXICATED OR  
DRIVING UNDER THE INFLUENCE OF DRUGS WITHIN THE LAST 10  
YEARS?  
YES NO
13. HAVE YOU EVER COMMITTED OR BEEN CONVICTED OF A FELONY?  
YES NO

14. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING A SEX OFFENSE?  
YES NO
15. HAVE YOU USED, SOLD, OR DELIVERED ANY HARD DRUGS?  
YES NO
16. HAVE YOU USED MARIJUANA IN THE LAST TWO YEARS?  
YES NO
17. HAVE YOU EVER BEEN CONVICTED OF SPOUSAL ABUSE (DOMESTIC VIOLENCE)?  
YES NO
18. DO YOU HAVE A PROTECTIVE ORDER AGAIN YOU?  
YES NO

TO QUALIFY FOR FURTHER PROCESSING, YOU MUST HAVE ANSWERED QUESTIONS 1-4 & 6-7 WITH 'YES' AND QUESTION 8-18 WITH 'NO'.

MUST BE 21 YEARS OF AGE

MUST POSSESS A VALID OK DRIVERS LICENSE AND ACCEPTABLE DRIVING RECORD.

MUST BE A CITIZEN OF THE UNITED STATES AND POSSESS A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT.

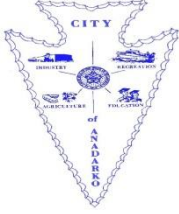
DURING THE FIRST (12) MONTH OF EMPLOYMENT, MUST SUCCESSFULLY COMPLETE A BASIC POLICE ACADEMY AS TAUGHT BY THE COUNCIL OF LAW ENFORCEMENT EDUCATION & TRAINING (CLEET), WRITTEN PRACTICAL AND FIELD EXERCISES UNDER THE DIRECT SUPERVISION OF A FIELD TRAINING OFFICER (F.T.O.)

---

APPLICANT NAME

---

DATE



# CITY OF ANADARKO

## Employment Application

Human Resource Department  
501 West Virginia Ave.  
PO Box 647  
Anadarko, OK 73005  
Phone: 405-247-7819  
Fax: 405-247-5903



Website: [www.cityofanadarko.org](http://www.cityofanadarko.org)  
An Equal Opportunity Employer

|  |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
|--|--------|---------------------------------|--------------------------------|---|---------------------------------|--------------------------------|-----------------|---------------------------------|--------------------------------|
| <b>Full Name</b>   |        |                                 |                                |   |                                 | <b>Date:</b>                   |                 |                                 |                                |
| <i>Last</i>  |        |                                 | <i>First</i>                   |   |                                 | <i>M.I.</i>                    |                 |                                 |                                |
| <b>Address:</b>  |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
| <i>Street Address</i>  |        |                                 |                                |   | <i>Apartment/Unit #</i>         |                                |                 |                                 |                                |
|  |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
| <i>City</i>  |        |                                 |                                |   | <i>State</i>                    |                                | <i>ZIP Code</i> |                                 |                                |
| <b>Phone</b>   | (    ) |                                 |                                | <b>E-mail Address:</b>  |                                 |                                |                 |                                 |                                |
| <b>Date Available:</b>   |        |                                 |                                |   |                                 | <b>Desired Salary:</b>         |                 | <b>\$</b>                       |                                |
| <b>Position Applied for:</b>   |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
| Are you a citizen of the United States?  |        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.?  |                                 |                                |                 | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Have you ever worked for the City?   |        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, when?   |                                 |                                |                 |                                 |                                |
| Have you been convicted of a felony in the last 7 years?   |        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Do you hold a valid OK driver license? YES <input type="checkbox"/> NO <input type="checkbox"/> |                                 |                                |                 |                                 |                                |
| If yes, explain:   |        | If yes give type and number:    |                                |   |                                 |                                |                 |                                 |                                |
| Are you related to any City employee or any member of the City Council? If yes give name. Yes <input type="checkbox"/> NO <input type="checkbox"/> |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
| If you are under 18 years old, can you provide proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>         |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
| <b>Education</b>   |        |                                 |                                |   |                                 |                                |                 |                                 |                                |
| <b>High School:</b>  |        |                                 |                                |   |                                 | <b>Address:</b>                |                 |                                 |                                |
| <b>From:</b>   |        | <b>To:</b>                      |                                | <b>Did you graduate?</b>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <b>Degree:</b>  |                                 |                                |
| <b>College:</b>  |        |                                 |                                |   |                                 | <b>Address:</b>                |                 |                                 |                                |
| <b>From:</b>   |        | <b>To:</b>                      |                                | <b>Did you graduate?</b>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <b>Degree:</b>  |                                 |                                |
| <b>Other:</b>  |        |                                 |                                |   |                                 | <b>Address:</b>                |                 |                                 |                                |
| <b>From:</b>   |        | <b>To:</b>                      |                                | <b>Did you graduate?</b>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <b>Degree:</b>  |                                 |                                |
| List any computer skills, certificates, licenses, or languages not mentioned or equipment you are qualified to operate:                            |        |                                 |                                |   |                                 |                                |                 |                                 |                                |

### Professional References

*Please list three professional references.*

|            |  |               |        |
|------------|--|---------------|--------|
| Full Name: |  | Relationship: |        |
| Company:   |  | Phone:        | (    ) |
| Address:   |  |               |        |

|            |  |               |        |
|------------|--|---------------|--------|
| Full Name: |  | Relationship: |        |
| Company:   |  | Phone:        | (    ) |
| Address:   |  |               |        |

|            |  |               |        |
|------------|--|---------------|--------|
| Full Name: |  | Relationship: |        |
| Company:   |  | Phone:        | (    ) |
| Address:   |  |               |        |

### Current or Previous Employment

|  |     |                                 |                                |
|--|-----|---------------------------------|--------------------------------|
| Company:   |     | Phone:                          |                                |
| Address:   |     | Supervisor:                     |                                |
| Job Title:   |     | Starting Salary: \$             | Ending Salary: \$              |
| Responsibilities:  |     |                                 |                                |
| From:  | To: | Reason for Leaving:             |                                |
| May we contact your previous supervisor for a reference? |     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

|  |     |                                 |                                |
|--|-----|---------------------------------|--------------------------------|
| Company:   |     | Phone:                          |                                |
| Address:   |     | Supervisor:                     |                                |
| Job Title:   |     | Starting Salary: \$             | Ending Salary: \$              |
| Responsibilities:  |     |                                 |                                |
| From:  | To: | Reason for Leaving:             |                                |
| May we contact your previous supervisor for a reference? |     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

|  |     |                                 |                                |
|--|-----|---------------------------------|--------------------------------|
| Company:   |     | Phone:                          |                                |
| Address:   |     | Supervisor:                     |                                |
| Job Title:   |     | Starting Salary: \$             | Ending Salary: \$              |
| Responsibilities:  |     |                                 |                                |
| From:  | To: | Reason for Leaving:             |                                |
| May we contact your previous supervisor for a reference? |     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

### Military Service

|                                   |  |                    |  |     |  |
|-----------------------------------|--|--------------------|--|-----|--|
| Branch:                           |  | From:              |  | To: |  |
| Rank at Discharge:                |  | Type of Discharge: |  |     |  |
| If other than honorable, explain: |  |                    |  |     |  |

### Disclaimer and Signature

#### DRUG SCREEN INFORMATION

To assist in providing a drug free workplace, the CITY OF ANADARKO has a mandatory drug screen program for job applicants who are offered employment. All job offers are subject to a negative drug screen.

If you are offered employment by the City department or division, you will be required to provide a urinalysis sample for drug screen purposes. The screen will be to identify the presence of controlled or other prohibited substances. Failure of the drug screen will result in denial of employment. Additional information on this program may be obtained by submitting a written inquiry to: Human Resources Director, CITY OF ANADARKO, 501 W Virginia Ave, Anadarko, OK 73005.

*I certify that my answers are true and complete to the best of my knowledge. I hereby grant to the CITY OF ANADARKO permission to investigate any information included in the application and I agree to submit to medical examination, background checks and drug screening, if required. I understand that this application is not a contract for employment.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I acknowledge that I have read and understand this agreement.*

|            |  |       |  |
|------------|--|-------|--|
| Signature: |  | Date: |  |
|------------|--|-------|--|

## VOLUNTARY AFFIRMATIVE ACTION SURVEY

### Voluntary Applicant Survey

The City of Anadarko adheres to the equal employment opportunity guidelines set forth by state and federal laws. This information is sought in good faith and is for analysis of affirmative action only. Submission of this information is confidential and will be removed immediately upon receipt of this application. Qualified applicants are considered for positions without regard to race, color, and religion, sex, national origin, age, and disability, martial or veteran status.

Date of Birth \_\_\_\_\_ Sex M\_\_\_\_ FM\_\_\_\_  
(MM/DD/YYYY)

Race/Ethnic Group:

- White
- African-American
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other/Two or More Races

Check any of the following that are applicable:

- Vietnam or Desert Storm Era Veteran
- Disabled Veteran
- Handicapped Individual

Position Desired \_\_\_\_\_

**THIS INFORMATION IS STRICTLY VOLUNTARY**