

UNIVERSITY OF OKLAHOMA POLICE DEPARTMENT
INSTRUCTIONS TO THE APPLICANT
READ CAREFULLY

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for employment by the University of Oklahoma police department.

This form must be typewritten or printed clearly in BLACK ink only. All questions must be answered completely and accurately. All statements in this questionnaire are subject to verification both by documentation and by polygraph. If you find any question unclear or confusing, call for clarification.

Failure to answer ALL of the questions in this document completely & accurately will reduce your chances of being selected.

Be sure to include the zip codes with every address entered. If you resided outside the USA, include the country with the complete address.

If you have been fired from a job, have a criminal record, or other derogatory aspects of your life, these items, in themselves, may not keep you from being accepted. However, the omission or falsification of any pertinent information will cause your application to be rejected. No matter how qualified you are in other respects, you cannot become a Oklahoma University Community Service Officer if your truthfulness is in doubt.

For this reason, we encourage you to be open and straightforward as you respond to the questionnaire and in all your dealings with the University of Oklahoma police department.

Please note the Section XI "Release" is a legal document and **MUST** be signed before a notary public.

If space provided is inadequate give further details on a separate sheet:

1. Use only 8.5" X 11' paper.
2. Precede each answer with the page number and section number of the question being answered. More than one answer may be put on a sheet.

ATTACH WITH THIS PERSONAL HISTORY
STATEMENT:

1. A certified copy of your Birth Certificate.
2. A certified copy of your high school and college transcripts. You must arrange for an Official copy of your high school & college transcripts to be sent to the University of Oklahoma police department directly from the Institution.
3. A copy of your Military Form DD214 if applicable.
4. When the background packet is turned in documents that establish identity and employment eligibility must be brought in and copied by person accepting the packet. Please see <http://hr.ou.edu/IFSS/student.asp> for details and contact OU International Student services for assistance.

Return this form, and direct any questions you may have, to CSO III Quinalty, or you may call 325-1717 for further assistance.

UNIVERSITY of OKLAHOMA POLICE DEPARTMENT

Personal History Statement for Applicants

I. PERSONAL

(List other names you have been known by (aliases, nicknames, maiden names, other changes in name). Attach statement giving reasons therefore.)

Last Name/First Name/Middle Name:						
Present residence address/Street or RFD/City/State/Zip Code:						
Residence Phone:		Business Phone:		SSN#:		
Date of Birth:(Mo/Day/Yr)			Age			
Place of Birth:(City/County/State/Country)						
Height:	Weight:	Eyes Color:	Hair Color:	U.S.Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Scars, Distinguishing Marks, Tattoos:						
Native: <input type="checkbox"/> Yes <input type="checkbox"/> No		Naturalization Certificate #:		If Derived, Provide Cert. # & explain.		
Date, Place, and Court of Naturalization:						
Citizenship Record:		If naturalized, check below if you are a citizen by virtue of a naturalization certificate issued to: <input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Spouse				
Passport #		Passport Expiration Date (MM/DD/YYYY):			Visa #	
Marital Status :(check one)		<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	
		<input type="checkbox"/> Widowed				
Name of Fiancé (If Applicable)		Address (Street/City/State)		Phone Number		
List all marriages you have had.						
When		Where		Who Officiated		Spouse's Full Name
Name, Address, and phone number of spouse(s) if divorced or separated:						
Name		Address		Phone		
If ever separated, annulled, or divorced, provide the following information.						
<input type="checkbox"/> Separated	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced	Date of Order or Decree	By Whom	Issuing Court	Reason

I. PERSONAL (CONTINUED)

RECORD OF PARENTHOOD: List all of your children, including adopted and stepchildren and provide the following information. Indicate if Child is Deceased:

Name	Sex	Date of Birth	Place of Birth	Other Parent Name	Supported by Whom	Child Residence

Other Dependents: Provide the following information for any dependents, other than spouse or children, you claim as tax exemptions.

Name	Address	Relationship	% of Support

II. RESIDENCE HISTORY

List ALL locations you've lived within the last ten years, whether parents', friends', college, or military, regardless of length of time. Begin with your immediate address & provide the information requested on the blank line below each category. (Attach additional sheets if needed).

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code
Person or Company Rented From	Address (City/State/Zip Code)	Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code
Person or Company Rented From	Address (City/State/Zip Code)	Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code
Person or Company Rented From	Address (City/State/Zip Code)	Phone #

II. RESIDENCE HISTORY (CONT.)

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code	
Person or Company Rented From	Address (City/State/Zip Code)		Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code	
Person or Company Rented From	Address (City/State/Zip Code)		Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code	
Person or Company Rented From	Address (City/State/Zip Code)		Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code	
Person or Company Rented From	Address (City/State/Zip Code)		Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code	
Person or Company Rented From	Address (City/State/Zip Code)		Phone #

From: (Mo/Yr)	To: (Mo/Yr)	Residence Address/apt#/City/State/Zip Code	
Person or Company Rented From	Address (City/State/Zip Code)		Phone #

III. FAMILY HISTORY

List alphabetically by last name, spouse (maiden name), father, mother (maiden name), sisters, brothers, aunts, and uncles LIVING or DECEASED. Include In-laws & Spouse's immediate family. Attach additional sheet if needed.

Relationship	Last Name, First, MI	Address	Occupation	Date of Birth

III. FAMILY HISTORY (CONT.)

IV. CHARACTER REFERENCES

Provide a Minimum of three (3) non-family Character References that can be contacted in regards to you. Provide information on the blank line below each category.

Last Name, First, MI	Occupation	Address/City/State/Zip
Number of years known	Work Phone #	Home Phone #:

Last Name, First, MI	Occupation	Address/City/State/Zip
Number of years known	Work Phone #	Home Phone #:

Last Name, First, MI	Occupation	Address/City/State/Zip
Number of years known	Work Phone #	Home Phone #:

V. EMPLOYMENT HISTORY

Beginning with your most current employment, please list ALL jobs, including part-time, temporary, & voluntary positions you have held in the past 10 years, in sequence. Include periods of unemployment & Military service in this section as well. If Military, list each duty station as a separate place of employment. If needed, attach additional sheets.

EMPLOYER NAME		ADDRESS		PHONE	
From: (Mo/Yr)				To: (Mo/Yr)	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Temporary		
Title &/or Position:			Supervisor's name:		
Description of duties:					
Salary Range/Rate of pay:		Beginning		Ending	
Reason for Leaving:					

V. EMPLOYMENT HISTORY (CONT.)

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)		To: (Mo/Yr)
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:		Supervisor's name:
Description of duties:		
Salary Range/Rate of pay:		Beginning Ending
Reason for Leaving:		

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)		To: (Mo/Yr)
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:		Supervisor's name:
Description of duties:		
Salary Range/Rate of pay:		Beginning Ending
Reason for Leaving:		

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)		To: (Mo/Yr)
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:		Supervisor's name:
Description of duties:		
Salary Range/Rate of pay:		Beginning Ending
Reason for Leaving:		

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)		To: (Mo/Yr)
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:		Supervisor's name:
Description of duties:		
Salary Range/Rate of pay:		Beginning Ending
Reason for Leaving:		

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)		To: (Mo/Yr)
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:		Supervisor's name:
Description of duties:		
Salary Range/Rate of pay:		Beginning Ending
Reason for Leaving:		

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)	To: (Mo/Yr)	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:	Supervisor's name:	
Description of duties:		
Salary Range/Rate of pay:	Beginning	Ending
Reason for Leaving:		

EMPLOYER NAME	ADDRESS	PHONE
From: (Mo/Yr)	To: (Mo/Yr)	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary
Title &/or Position:	Supervisor's name:	
Description of duties:		
Salary Range/Rate of pay:	Beginning	Ending
Reason for Leaving:		

VI. EDUCATIONAL HISTORY

According to the guidelines set out by the University of Oklahoma Police Department all Community Service Officers must possess a High School Diploma or have passed the General Educational Development (GED) test. List ALL Institutions you have attended in sequential order beginning with the most recent through the last High School you attended.

NAME OF SCHOOL	LOCATION OF SCHOOL (City & State)	DATES ATTENDED	
		From Mo/Yr	To Mo/Yr

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two & four year colleges, universities, and business and vocational schools. It also includes any formal education beyond the high school level.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain (include school, date, & circumstances).	

Have you ever received any disciplinary actions from any high school or post-secondary school?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain (include school, date, & circumstances).	

VII. MILITARY SERVICE

Please provide ALL information regarding ANY military service you may have had. Please include DD 214.

If you are a Male under age 26, please provide the following:			
Selective Service Number	Date of Registration	Address at Time of Registration	
Have you ever served in the armed forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served in the National Guard or military reserves?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "Yes" to either question, please provide the following information:			
Branch of Service	Service Number	Dates of Service From Mo/Yr	Type of Discharge To Mo/Yr
Are you Currently participating in any military reserve or National Guard program?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If "Yes", please give details (include branch of service, when, where , circumstances).			

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.			
Name	Contact Address	Contact Telephone	Years known

VIII. TRAFFIC AND CRIMINAL RECORD

TRAFFIC RECORD

Operation of a motor vehicle is an integral part of the position of Community Service Officer. Your past contacts with Police are an integral part of being a Community Service Officer. An investigation of your past criminal history & your driving history will be made through a record check. To expedite this procedure, please supply the following information:	
Oklahoma Driver's license number:	Expiration date:
Name under which license was granted:	
Please list other states where you have been licensed to operate a motor vehicle.	
State/Name under which license was granted	
State/Name under which license was granted	
State/Name under which license was granted	
State/Name under which license was granted	

VIII. TRAFFIC AND CRIMINAL RECORD (CONTINUED)

Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please explain (include when, where, why)?

Oklahoma law requires every operator of a motor vehicle carry liability insurance upon each vehicle. List below the number of vehicles that you currently own/use, and the insurance company that carries the required coverage for each.

Vehicle Make:Model: Owner: company: Insurance Expiration:	Type: Primary users: Policy Number:	Year: Year: Year:	OK License plate #:	Registered Insurance Date of Date of
Vehicle Make:Model: Owner: company: Insurance Expiration:	Type: Primary users: Policy Number:	Year: Year: Year:	OK License plate #:	Registered Insurance Date of Date of
Vehicle Make:Model: Owner: company: Insurance Expiration:	Type: Primary users: Policy Number:	Year: Year: Year:	OK License plate #:	Registered Insurance Date of Date of

Please list all traffic violations you have had in the last 5 years including the violation for which you were cited:

DATE	LOCATION	CITY/STATE	ISSUING AGENCY	DISPOSITION

Please list all Motor Vehicle Collisions in which you have been involved during the last 5 years. Please listed whether the accident involved an Injury, Non-Injury, or Fatality to one of the other drivers or a passenger in the vehicle you were riding?

DATE	CITY/STATE	INVESTIGATING AGENCY	DISPOSITION

Has your license ever been suspended, revoked, or placed on negligent operator's probation?
 Yes No

If "Yes", please give details (include what, when, where, why).

If there is anything you wish to discuss about your driving record, please use the space below.

VIII. CRIMINAL RECORD

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:

APPROX. DATE	POLICE AGENCY	CIRCUMSTANCES

Have you ever been placed on court probation as an adult? Yes No

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No

If you answered "Yes" to either of the two questions above, please give details below (include when, where, why).

Have you ever been interviewed by a Police Officer in reference to any incident not involving a traffic offense or a motor vehicle collision? Yes No

If "Yes", give details (include when, where, why).

Have you ever been the subject of any investigation, whether a Police investigation or an Internal investigation with an employer? Yes No

If "Yes", give details (include when, where, why).

IX. SOCIAL NETWORKING

Please list any Internet Social Networking sites you subscribe to or are a member.

E-MAIL ADDRESSES

SOCIAL NETWORK SITE	USERNAME	MAY WE ACCESS THIS SITE?

IX. GENERAL INFORMATION

How would you describe your Credit History?	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Have you ever filed for Bankruptcy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever been the subject of a foreclosure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever had your paycheck garnisheed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever been sued or been party to a lawsuit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have your bills ever been given to any collection agency or have you dealt with, or made payment with any collection agency in regards to your debts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever had purchased goods repossessed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever forgotten to file your income taxes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you owe any Federal, State, or Municipal office tax money, court costs, or other monetary debt?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you had a Federal/State tax refund withheld?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever had a Victim's Protective Order or a Temporary Restraining Order issued against you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If the answer to any of the above questions is "Yes", please give details (include when, where, why. Attach additional sheets if necessary.)						

X. AFFIDAVIT

I hereby certify that all statements made in this personal history statement are true & complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal. I also understand that these statements may be verified by Polygraph Examination.	
Signature in full	Date Completed

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am an applicant for employment with the University of Oklahoma Police Department. In order to process my application, certain information must be made available to the Director, Department of Public Safety of the University of Oklahoma. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institution or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Director, Department of Public Safety, University of Oklahoma or to any representative thereof, any document, information, record, or file that he or she deems material to the processing of my application for employment. Said information can be furnished if the request is therefore made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Director of Public Safety or his or her representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Director of Public Safety or his or her representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his or her discretion. This request can be treated as if I were making the request in person.

Signature: _____
SSN: _____
DOB: _____

Subscribed and sworn to before me this _____ day of _____ 2011_____.

NOTARY PUBLIC _____