

**SECURITY OFFICER APPLICANT PERSONAL
HISTORY INFORMATION**

UNIVERSITY OF OKLAHOMA



POLICE DEPARTMENT

INSTRUCTIONS

HISTORY STATEMENT

AUTHORIZATION TO RELEASE INFORMATION

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 type written 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 and accurately will reduce your chances of being selected.

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 University of Oklahoma Public Safety Officer I 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 Section "XIII Affidavit" needs to 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.
3. More than one answer may be put on each sheet.
4. Write on only one side of each sheet.

Attach with this personal history statement the following documents:

1. A certified copy of your birth certificate.
2. A copy of your Military Form DD214, if applicable.

You must also arrange for an official copy of your high school and college transcripts to be mailed directly to the University of Oklahoma Police Department from the institution.

Return this form and any questions you have to the University of Oklahoma Police Department's Administration Command Supervisor.



UNIVERSITY OF OKLAHOMA POLICE DEPARTMENT
 2775 Monitor Avenue
 Norman, Oklahoma 73072
 Phone: 405-325-1717 Fax: 405-325-5122

PERSONAL HISTORY STATEMENT

I. PERSONAL

LAST NAME				FIRST NAME				MIDDLE NAME			
DATE OF BIRTH	AGE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	HOME PHONE		CELL PHONE			
BEST EMAIL ADDRESS											
CURRENT ADDRESS – STREET				CITY			STATE	ZIP			
SSN#	US CITIZEN	NATIVE	NATURALIZATION CERT #		DATE, PLACE, COURT OF NATURALIZATION						
IF NATURALIZED, CHECK BELOW IF YOU ARE A CITIZEN BY VIRTUE OF A NATURALIZATION CERTIFICATE ISSUED TO:											
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse											
PLACE OF BIRTH – CITY		COUNTY			STATE			COUNTRY			
SCARS, DISTINGUISHING MARKS, TATTOOS											
LIST ALL NAMES YOU HVE BEEN KNOWN BY (ALIASES, NICKNAMES, MAIDEN NAMES, OTHER NAME CHANGES AND EXPLAIN											
MARITAL STATUS (CHECK ONE)											
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed											
NAME OF FIANCEE OR PERSON YOU ARE IN A RELATIONSHIP WITH (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 DIVORCED OR SEPERATED SPOUSE(S)											
Name				Address				Phone Number			

I. PERSONAL (CONTINUED)

IF EVER SEPERATED, ANNULLED OR DIVORCED, PROVIDE THE FOLLOWING INFORMATION

Divorced/Separated/Annulled	Date of Decree	Issuing Court	Reason

RECORD OF PARENTHOOD: List all of your children, including adopted, foster and stepchildren and provide the following information.

Name	Sex	Date of Birth	Place of Birth	Other Parent Name	Residence

OTHER DEPENDENTS: Provide the following information for any other dependents other than spouse and children you claim on taxes

Name	Address	Relationship

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; attach additional sheets if necessary.

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

II. RESIDENCE HISTORY (CONTINUED)

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

II. RESIDENCE HISTORY (CONTINUED)

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

FROM MO/YR	TO MO/YR	STREET	CITY	STATE	ZIP
LANDLORD		STREET	CITY	STATE	ZIP
ROOMMATE		CONTACT NUMBER	E-MAIL ADDRESS		

III. FAMILY HISTORY

Provide the name of any family members, living with you, who have been convicted of any felony. List alphabetically by last name, spouse (maiden name), father, mother (maiden name), sisters, brothers, aunts and uncles. Include in-laws and spouses immediate family. (Only those with felony convictions need to be listed.)

[illegible]

IV. CHARACTER REFERENCES

Provide a Minimum of three (3) NON-Family Character References that can be contacted in regards to you.

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

IV. CHARACTER REFERENCES (CONTINUED)

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION AND WORK ADDRESS	WORK PHONE	YEARS KNOWN
CELL PHONE	E-MAIL ADDRESS	

V. EMPLOYMENT HISTORY

Beginning with your most current employment, please list ALL jobs, including part-time, temporary and voluntary positions you have held in the past ten years in sequence. Include periods of unemployment and military service. If military, list each duty station as a separate place of employment. Attach additional sheets if needed.

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY	END PAY	REASON FOR LEAVING		

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY	END PAY	REASON FOR LEAVING		

V. EMPLOYMENT HISTORY (CONTINUED)

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

V. EMPLOYMENT HISTORY (CONTINUED)

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

V. EMPLOYMENT HISTORY (CONTINUED)

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	PHONE NUMBER
CHECK ONE				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Temporary				
TITLE AND /OR POSITION			SUPERVISOR'S NAME	
DESCRIPTION OF DUTIES				
BEGIN PAY		END PAY	REASON FOR LEAVING	

Have you ever been placed on probation or suspended by an employer?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been subject to an investigation by an employer?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES" to either questions above, please provide details below (include when, where and why).	

VI. EDUCATIONAL HISTORY

According to the guidelines set out by the University of Oklahoma Police Department all Public Safety Officer's I 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	CITY AND STATE	FROM MO/YR	TO MO/YR

VI. EDUCATIONAL HISTORY (CONTINUED)

NAME OF SCHOOL	CITY AND STATE	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 and four year colleges and universities, business schools, vocational schools or any other institutes of formal education.)

☐

YES

☐

NO

If "YES", please explain (include school, dates and circumstances).

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

☐

YES

☐

NO

If "YES", please explain (include school, dates and circumstances).

VII. SOCIAL NETWORKING

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

DO NOT include any password information.

SOCIAL NETWORK SITE	USERNAME	MAY WE ACCESS THIS SITE PER FRIEND REQUEST?

Please list any internet Domain's that you own and any websites that you administer or work on.

INTERNET DOMAIN or WEBSITE

VII. SOCIAL NETWORKING (CONTINUED)

Please list any E-MAIL addresses that you currently use or have exclusive access to.
DO NOT include any password information.

VIII. MILITARY SERVICE

Please provide ALL information regarding ANY military service you may have had. (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 ACTIVE DUTY 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	FROM MO/YR	TO MO/YR	TYPE OF DISCHARGE

ARE YOU CURRENTLY SERVING IN ANY NATIONAL GUARD OR MILITARY RESERVE?

☐ YES ☐ NO

HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION WHILE IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES?

☐ YES ☐ NO

IF "YES", PLEASE PROVIDE DETAILS (INCLUDE BRANCH OF SERVICE, WHEN, WHERE AND 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. MILITARY SERVICE (CONTINUED)

NAME	CONTACT ADDRESS	CONTACT TELEPHONE	YEARS KNOWN

IX. TRAFFIC RECORD/CRIMINAL RECORD

Operation of a motor vehicle is an integral part of the position of Public Safety Officer I. Your past contacts with Police are also an integral part of being a Public Safety Officer I. An investigation of your past criminal history and your driving history will be made through a record check. To expedite this procedure, please provide the following information.

NAME ON OKLAHOMA DRIVER'S LICENSE	DRIVER'S LICENSE NUMBER	EXPIRATION
Please list ALL other states where you have been licensed to operate a motor vehicle.		
STATE	NAME ON DRIVER'S LICENSE	
STATE	NAME ON DRIVER'S LICENSE	
STATE	NAME ON DRIVER'S LICENSE	
STATE	NAME ON DRIVER'S LICENSE	
STATE	NAME ON DRIVER'S LICENSE	
HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? IF "YES", PLEASE EXPLAIN (INCLUDE WHEN, WHERE AND WHY).		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Oklahoma law requires every operator of a motor vehicle carry liability insurance on each vehicle. Please provide the information below.			
YEAR	MAKE	MODEL	LICENSE PLATE NUMBER AND STATE
REGISTERED OWNER/S		PRIMARY USER/S	
INSURANCE COMPANY		POLICY NUMBER	INSURANCE EXPIRATION

X. TRAFFIC RECORD (CONTINUED)

YEAR	MAKE	MODEL	LICENSE PLATE NUMBER AND STATE
REGISTERED OWNER/S		PRIMARY USER/S	
INSURANCE COMPANY		POLICY NUMBER	INSURANCE EXPIRATION

YEAR	MAKE	MODEL	LICENSE PLATE NUMBER AND STATE
REGISTERED OWNER/S		PRIMARY USER/S	
INSURANCE COMPANY		POLICY NUMBER	INSURANCE EXPIRATION

YEAR	MAKE	MODEL	LICENSE PLATE NUMBER AND STATE
REGISTERED OWNER/S		PRIMARY USER/S	
INSURANCE COMPANY		POLICY NUMBER	INSURANCE EXPIRATION

[illegible]

Please list ALL motor vehicle collisions you have been involved in.				
DATE	CITY/STATE	AGENCY	NON-INJURY/INJURY/FATALITY	DISPOSITION

X. TRAFFIC RECORD (CONTINUED)

DATE	CITY/STATE	AGENCY	NON-INJURY/INJURY/FATALITY	DISPOSITION

Has your driver's license ever been suspended, revoked or denied?

☐

YES

☐

NO

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

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

XI. CRIMINAL RECORD (CONTINUED)

If you have ever been arrested or convicted for any crime (excluding traffic citations), please provide the following information. Provide explanation and circumstances on separate sheet.

DATE	CITY/STATE	AGENCY	CRIME	DISPOSITION

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 "YES" to either questions above, please provide details below (include when, where and why).

XI. CRIMINAL RECORD (CONTINUED)

Have you ever been interviewed by a police officer in reference to any incident not involving a traffic offence or motor vehicle collision?

☐ YES ☐ NO

If "YES", please provide details below (include when, where and why).

Have you ever been the subject of any police investigation?

☐ YES ☐ NO

If "YES", please provide details below (include when, where and why).

XII. GENERAL INFORMATION

HOW WOULD YOU DESCRIBE YOUR CREDIT HISTORY?

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

HAVE YOU EVER FILED FOR BANCURPCY?

☐ YES ☐ NO

HAVE YOU EVER BEEN SUBJECT TO A FORECLOSURE?

☐ YES ☐ NO

HAVE YOU EVER HAD YOUR WAGES GARNISHED?

☐ YES ☐ NO

HAVE YOU EVER BEEN SUED OR BEEN PARTY TO A LAWSUIT?

☐ YES ☐ 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 DEBT?

☐ YES ☐ NO

HAVE YOU EVER HAD ANYTHING REPOSSESSED?

☐ YES ☐ NO

HAVE YOU EVER FORGOTTEN TO FILE YOUR INCOME TAXES?

☐ YES ☐ NO

XII. GENERAL INFORMATION (CONTINUED)

[illegible]

XIII. PRIOR APPLICATIONS

[illegible]

XIII. PRIOR APPLICATIONS (CONTINUED)

[illegible]

XIV. AFFIDAVIT

I hereby swear or affirm the all statements made in this personal history statement are true, complete and correct and I understand that any misstatements of material facts will subject me to disqualification from the hiring process or dismissal from the University of Oklahoma Police Department. I also understand that these statements may be verified by polygraph examination. This must be signed before a notary public.

PRINT Last, First Middle Date of Birth

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC _____



UNIVERSITY OF OKLAHOMA POLICE DEPARTMENT
2775 Monitor Avenue
Norman, Oklahoma 73072
Phone: 405-325-1717 Fax: 405-325-5122

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 Chief, University of Oklahoma Police Department. 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 Chief, University of Oklahoma Police Department 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 Chief, University of Oklahoma Police Department or his / 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 Chief of the University of Oklahoma Police Department or his / her representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he or she 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.

PRINT Last, First Middle Date of Birth

Signature: _____

Subscribed and sworn to before me this ____ day of _____ 20____.

NOTARY PUBLIC _____