SECURITY OFFICER APPLICANT PERSONAL HISTORY INFORMATION

UNIVERSITY OF OKLAHOMA



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

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II. RESIDENCE HISTORY (CONTINUED)

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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.)

NAME LAST, FIRST, MI	DOB	ADDRESS & E-MAIL	PHONE #	RELATIONSHIP
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IV. CHARACTER REFERENCES

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

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V. EMPLOYMENT HISTORY (CONTINUED)

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	BEGIN	PAY	El	ND PAY		RE	CASON FOR LEAVING	
FROM	I MO/YR	TO MO/YR		EMPLOYER		A	DDRESS	PHONE NUMBER
T IXO	1110/111	10 1/10/11		EMILOTER				THORETYCHIDER
CHEC	K ONE							
		Full	ll Time	Part Time	e 「	Voluntary	Temporary	
			O /OR POSITIO				SUPERVISOR'S NAME	
				DESCRII	PTION O	F DUTIES		
	DECIN	DAX/	T-21	ND DAY		DE	LA CON EOD I E AVING	
	BEGIN	PAY	E	ND PAY		KF	CASON FOR LEAVING	
Have y	ou ever bee	n placed on proba	ation or suspend	ed by an employer?				
				YES		U NO		
Have y	ou ever bee	n subject to an in	vestigation by ai	YES		□ NO		
If "VE	S" to either	questions above.	nlease provide d	LES letails below (include v	vhen. who			
II IL	o to citiici	questions above,	preuse provide d	icums below (meruuc)	nen, who	are und why).		
		- ~						
VI.		JCATION 1						
							all Public Safety Office	
						gh the last High Scl	test. List ALL Institutio	ons you nave
	NAI	ME OF SCHOOL		C	ITY ANI	D STATE	FROM MO/YR	TO MO/YR
II							1	İ

NAME OF SCHOOL		EDOM MOZD	TO MOAD
	CITY AND STATE	FROM MO/YR	TO MO/YR
Have you ever been suspended or expelled	from any high school or nost seconds	my sahaal? (Dost saaandamy s	shoola include
wo and four year colleges and universities			
wo and four year coneges and universities			iai education.)
	YES	NO	
f "YES", please explain (include school, d	lates and circumstances).		
1	,		
Have you ever received any disciplinary a		condary school?	
	YES	NO	
If "YES", please explain (include school, d	lates and circumstances)		
ii 125 , pieuse expluiii (include sellosi, u	autes una en cumstances).		
VII. SOCIAL NETWORKIN	NG		
Please list any internet Social Networking	sites you subscribe to or are a member	г.	
Please list any internet Social Networking DO NOT include any password information	sites you subscribe to or are a member on.		SITE PER ERIEND
Please list any internet Social Networking	sites you subscribe to or are a member	MAY WE ACCESS THIS	
Please list any internet Social Networking DO NOT include any password information	sites you subscribe to or are a member on.		
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Please list any internet Social Networking DO NOT include any password information SOCIAL NETWORK SITE	sites you subscribe to or are a member on. USERNAME	MAY WE ACCESS THIS REQUES	

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? YES NO HAVE YOU EVER SERVED IN THE NATIONAL GUARD OR MILITARY RESERVES? NO YES IF YOU ANSWERED "YES" TO EITHER OUESTION, 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

	NAME	(CONTACT ADDRESS	CONTAC	T TELEPHONE	YEARS KNOW
$\mathbf{IX.}$ \mathbf{T}	RAFFIC RECO	ORD/CRIMINA	AL RECORD			
			e position of Public Safety Offi			
			I. An investigation of your pas			driving history
will be mad	de through a record o	check. To expedite this	s procedure, please provide th	e following in	formation.	
NA	ME ON OKLAHOMA DR	RIVER'S LICENSE	DRIVER'S LICENSE N	UMBER	EXPI	RATION
Please list AL	L other states where you h	nave been licensed to opera	te a motor vehicle.			
	STATE	•	NAME ON DRIV	ER'S LICENSE		
	STATE		NAME ON DRIV	ER'S LICENSE		
	STATE		NAME ON DRIV	ER'S LICENSE		
	STATE		NAME ON DRIV	ER'S LICENSE		
	STATE		NAME ON DRIV	ER'S LICENSE		
HAVE YOU I WHY).	EVER BEEN REFUSED A	A DRIVER'S LICENSE BY	Y ANY STATE? IF "YES", PLEASE	EXPLAIN (INC	LUDE WHEN, W	HERE AND
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES	\square N	<u> </u>		
			1	<u> </u>		
Oklahoma lav YEAR	w requires every operator MAK)		bility insurance on each vehicle. Plea		formation below. E PLATE NUMBI	ED AND STATE

REGISTERED OWNER/S

INSURANCE COMPANY

POLICY NUMBER

PRIMARY USER/S

INSURANCE EXPIRATION

X. TI	RAFFIC RECORD	(CON	TINUE	D)					
YEAR	MAKE				MODEL LICENSE PLATE NUMBER AND STATE				
	REGISTERED OWNER/S					PRIMARY U	JSER/S		
			1						
INSURANCE COMPANY					POLICY NUM	BER	INSUR	RANCE EXPIRATION	
YEAR	MAKE			MO	DDEL	LICENSE I	PLATE N	UMBER AND STATE	
	TI TI			MODEL LICENSE FLATE NUMBER AND STA					
	REGISTERED OWN	IER/S				PRIMARY U	JSER/S		
	INSURANCE COMPANY	•			POLICY NUM	BER	INSUF	RANCE EXPIRATION	
			<u>'</u>						
YEAR	MAKE			MO	DEL	LICENSE I	PLATE N	UMBER AND STATE	
	DECIGREDED OWN	IED/C				DDIMADS/Y	ICED/C		
	REGISTERED OWN	EK/S				PRIMARY U	SER/S		
	INSURANCE COMPANY	•			POLICY NUM	RER	INSUE	INSURANCE EXPIRATION	
	INSCRINCE COMPANY				TOLICI IVENI	BEK	niscr	MINEL EM IMMITON	
			<u> </u>						
Please list A	LL traffic violations you	have had i	ncluding t	he viola	tion you were c	cited for.			
DATE	CITY/STATE	COU	JNTY		AGENCY	VIOLATION	N	DISPOSITION	
Dlogge Bet A	LL motor vehicle collision	ne von her	o boon in-	olvod :-				•	
DATE	CITY/STATE	us you nav	AGENCY	orveu ill		NJURY/FATALITY	DISPOSITION		
						- · 			

X. TRAFFIC RECORD (CONTINUED)									
DATE		Y/STATE		GENCY	NON-INJU	RY/INJURY/FATALITY	DISPOSITION		
Has your di	river's license	e ever been suspe			<u>l? </u>				
			L YE			NO			
If "YES", p	lease give det	tails (include wha	t, when,	where and why	7).				
If there is a	nything you y	wish to explain al	bout vour	driving record	l. please use	e the space below.			
	ing timing your	<u> </u>	3041 7 041	<u> </u>	a, product and				
XI. Cl	RIMINAI	L RECORD	(CON	TINUED)					
If you have	ever been ar	rested or convict	ed for any	crime (exclud	ling traffic (citations), please provide	the following		
information	. Provide ex	planation and cir	cumstan	ces on separate	sheet.				
DA	TE	CITY/STAT	ΓE	AGEN	CY	CRIME	DISPOSITION		
Have you ex	Have you ever been placed on court probation as an adult?								
Trave you c	ver been place	cu on court prop				NO			
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).									
H "YES" to	eitner questi	ons above, please	e proviae	uetails below (inciuae wh	en, wnere and why).			

XI. CRIMINAL RECORD (CO	NTINUED)		
Have you ever been interviewed by a police offic collision?	er in reference to any incid	ent not involving a traffic of	fence or motor vehicle
	YES	□ NO	
If "YES", please provide details below (include when, where	and why).		
Have you ever been the subject of any police inve	estigation?		
	YES	□ NO	
If "YES", please provide details below (include v	when, where and why).		
WILL GENERAL INFORMATION			
XII. GENERAL INFORMATIO			
HOW WOULD YOU DESCRIBE YOUR CREDIT HISTOR	GOOD	FAIR	POOR
HAVE YOU EVER FILED FOR BANCRUPCY?			_ TOOK
	YES	NO	
HAVE YOU EVER BEEN SUBJECT TO A FORECLOSUR			
	YES	□ NO	
HAVE YOU EVER HAD YOUR WAGES GARNISHED?			
	YES	NO	
HAVE YOU EVER BEEN SUED OR BEEN PARTY TO A	YES	NO	
HAVE YOUR BILLS EVER BEEN GIVEN TO ANY COLI	LECTION AGENCY OR HAVE Y		AYMENT WITH ANY
COLLECTION AGENCY IN REGARDS TO YOUR DEBT			
HAVE YOU EVER HAD ANYTHING REPOSSESSED?	YES	NO	
	YES	NO	
HAVE YOU EVER FORGOTTEN TO FILE YOUR INCOME			
	YES	NO	

XII. GENERAL INFORMATION (CONTINUED)

DO YOU OWE ANY FEDERAL, STATE OR MUN	NICIPAL OFFICE TAX MONEY, COURT	COSTS OR OTHER MONETARY DEBT?
	YES	NO
HAVE YOU EVER HAD YOUR FEDERAL OR ST		
	YES	NO
HAVE YOU EVER HAD A VICTIM'S PROTECT		
MAYE TOO EYEN MED AT VICTOR STROTECT	YES	NO
IF VOU ANSWEDED "VES" TO ANV OF THE A		DETAILS) INCLUDE WHEN, WHERE AND WHY).
IF TOO ANSWERED TES TO ANT OF THE A	BOVE QUESTIONS I LEASE I ROVIDE	DETAILS) EXCEODE WHEN, WHERE AND WITT).
XIII. PRIOR APPLICATION		
Have you applied with any other law enfo	rcement agency?	
	YES	NO
If yes, list all previous agencies you have	applied for and what year you app	lied.

XIII. PRIOR APPLICATIONS (CONTINUED) Have you had a background investigation conducted by any of these agencies? YES NO If yes, list what agency conducted the background investigation. 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 sw	orn to before	me this	_day of	20		
NOTARY PUBLIC_						



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
University of Okla educational institutions and do (local, state, federa of Oklahoma Polic	homa Police Intions; my refectors; any other al, or foreign); the Department the processing the	Department. T erences; my e er person, instit wherever said or to any reprency of my applica	, am an applicant for employment with the University of Oklahoma application, certain information must be made available to the Chief, his information is for my benefit. I hereby authorize, request, and direct apployers (past and present); financial institutions of any kind; medical ation or organization; and all governmental agencies and instrumentalities adividuals or organizations are situated, to release to the Chief, University sentative thereof, any document, information, record, or file that he or she tion for employment. Said information can be furnished if the request is
otherwise, from the or his / her repres	e act of furnisl entative, and	hing said inform this serves as	nizations from all liability to me that could arise in any manner, contract or ation and records to the Chief, University of Oklahoma Police Department waiver of any contract that I have with any of the said organizations or I legal communication privileges that I could claim.
attorney-in-fact for	the sole purp ct all of said fil	oose of collecting es and information	Oklahoma Police Department or his / her representative as my agent and g information for processing my application and direct that he or she be on, and be permitted to make copies thereof at his or her discretion. This quest in person.
PRINT Last,	First	Middle	Date of Birth
Signature:			
Subscribed and sw	vorn to before	me thisc	ay of20