



BROKEN ARROW POLICE DEPARTMENT VOLUNTEERS IN LAW ENFORCEMENT APPLICATION

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Previous Addresses for Last 5 Years: _____

Home Phone: _____ Social Security Number: _____

Employer: _____

Business Address: _____

Business Phone: _____ Types of work performed: _____

Do you have computer skills? _____ Programming? _____

List employment for last 5 years, include Name, Address, Supervisor & Dates:

Have you ever worked for the City of Broken Arrow? Yes No If Yes, When? _____

What Department? _____

Do you have any relatives working for the City of Broken Arrow? Yes No

If yes, Who and Relationship? _____ What Department? _____

Number of school years completed: High School _____ College _____ Graduate _____

Military Service: Branch _____ Rank _____ Time Served _____ Discharged _____

Duties performed: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Have you ever applied for any position in law enforcement prior to this application? Yes No

If Yes, Where? _____

Have you ever been arrested or convicted of a crime? Yes No If Yes, Explain: _____

List all traffic citations & traffic accidents for the past 2 years: _____

Do you have your own transportation? _____

Do you have a valid Oklahoma Driver's License? Yes No License Number: _____

Liability Insurance? Yes No

Previous Volunteer Service: _____

What type of duty would interest you most? _____

What days and hours would you be interested in working? _____

What are your hobbies and interests: _____

Membership in community organizations: _____

List 3 references (not related to you) Include Name, Address and Phone Number:

1. _____

2. _____

3. _____

I understand and agree that:

Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligible list or be cause for immediate dismissal if an appointment as a volunteer with the City of Broken Arrow is/was made.

I hereby authorize the Broken Arrow Police Department to make a thorough investigation of my entire work, personal and financial history and may verify all data given in my application, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Broken Arrow Police Department and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my appointment or if appointed, may subject me to immediate dismissal.

I have read and understand the above

Signature: _____ Date: _____

Witness: _____