

**Position Title: Police Officer - City of Hartshorne****About the City of Hartshorne:**

The City of Hartshorne is a small but vibrant community located in the heart of Oklahoma. With a rich history and a strong sense of community, Hartshorne is a great place to live, work, and play. The city is committed to providing a safe and secure environment for its residents and visitors, and is now seeking passionate and dedicated individuals to join our team as Police Officers.

**Job Description:**

As a Police Officer for the City of Hartshorne, you will be tasked with protecting and serving the community by enforcing local, state, and federal laws. You will work closely with your fellow officers and other city departments to maintain a safe and peaceful environment for all.

**Key Responsibilities:**

- Patrol assigned areas to deter and detect criminal activity
- Respond to calls for service and emergencies
- Conduct investigations and gather evidence
- Make arrests and prepare cases for court
- Enforce traffic laws and issue citations
- Provide assistance and support to victims of crime
- Maintain records and prepare written reports
- Engage with the community through community events and outreach programs
- Attend trainings and stay up-to-date on laws and law enforcement techniques

**Qualifications:**

To be considered for this position, you must meet the following requirements:

- Valid Full-Time Peace Officer Certification.
- U.S. Citizenship.
- Age between 21 and 45 at the time of hire.
- Eligible for enrollment in the Oklahoma Police Pension Retirement System.
- High School Diploma or GED.
- Ability to pass an MMPI Evaluation.
- Physically fit and in good health.
- Valid Driver's License.
- Clear background investigation.

- Must pass a pre-employment drug screening.
- Emotional stability to handle job pressures.

**Salary and Benefits:**

The City of Hartshorne offers a competitive salary and benefits package, including medical, dental, and vision insurance, retirement plan, paid time off, and opportunities for career growth and development.

**Salary range**

Recruit Cadet (Non-certified C.L.E.E.T.) – Starting \$16.83 Hour

Level 1 (Certified C.L.E.E.T.) - \$18.03 Hour

Level 2 (Certified C.L.E.E.T.) - \$19.23 Hour

Level 3 (Certified C.L.E.E.T.) - \$20.43 Hour

\*Plus overtime as required

**Benefits**

Health Insurance: Primary insurance Blue Cross Blue Shield – Secondary Insurance APL (100% Paid for Employee)

Dental and Vision: Beam Medical (100% Paid for Employee)

401K: 7% City and 3% Employee (Oklahoma Police Pension Retirement System-coming soon)

Air Evac Membership – (Paid for employee and members of household)

Life Insurance with Short Term Disability - \$15,000 (Paid for Employee)

Paid Vacation – (1-3 years service 40 Hours Annual) (3+ years service 80 hours)

Paid Sick – Accrued

Paid Holiday – (14 days)

Take Home Unit – (Must live within 20 Miles as approved by Chief)

**Join our Team:**

If you are passionate about serving your community and making a difference, we want you to join our team of dedicated and professional Police Officers. Apply now and be a part of a supportive and rewarding work environment where you can grow both personally and professionally.

The City of Hartshorne is an equal opportunity employer and values diversity at all levels of its workforce. We are committed to creating an inclusive environment for all employees.

Applications may be picked up and dropped off during normal business hours at:

Hartshorne Police Department

1000 Pennsylvania Ave

Hartshorne, OK 74547

**Deadline: April 1, 2024 at 5pm**

Phone calls and emails are not accepted for this opening but any other questions can be directed to:

Jerry Ford

Chief of Police

[policechief@cityofhartshorne.com](mailto:policechief@cityofhartshorne.com)



HARTSHORNE POLICE  
DEPARTMENT  
PRELIMINARY APPLICANT QUESTIONNAIRE

The purpose of this questionnaire is to assist you in determining if you meet the minimum qualifications and requirements set forth by the State of Oklahoma Council on Law Enforcement Education and Training and the Hartshorne Police Department.

This is not a test, but rather a questionnaire covering the requirements necessary to become a certified peace officer in the State of Oklahoma and the City of Hartshorne.

After completing the questionnaire, return this questionnaire to the Human Resources Office, and they will inform you if you meet the necessary requirements to continue the process.

If you do not meet the requirements, your participation in the process will be terminated. You may reapply when you are able to meet all requirements and applications are being accepted.

If you meet the requirements, you will be provided with the necessary information and forms to continue the process. All information obtained in the forms, test scores, background investigation information, and other information obtained as a result of your application will become the property of the City of HARTSHORNE, and will be kept in the strictest confidence. No part of this information will be returned or released to you, or to other parties.

Read each question carefully. These questions may be asked again during the background investigation and polygraph examination. Any false answer knowingly given at any time during the application process is just cause for denying or eliminating your application.

PLEASE PRINT WHERE APPLICABLE

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Part 1. Be specific and accurate regarding your mailing address. All correspondence will be mailed to the address you have listed on form, so it should be an address where you check your mail daily.

It is your responsibility to inform the City of Hartshorne Human Resources Office, and the Police Department of any changes in your address or telephone number. Failure to do so may result in being eliminated from the application process.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address Apartment Number

\_\_\_\_\_ City State Zip Code

E-mail Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Other No. (work, pager, cell) \_\_\_\_\_

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Part 2. You must be able to answer "YES" to the following eight questions to continue with the application process.

1. Are you now at least twenty-one (21) years of age? \_\_\_YES \_\_\_NO
2. Are you a citizen of the Unites States? \_\_\_YES \_\_\_NO

3. Do you have a valid Driver's License? \_\_\_YES \_\_\_NO
4. Are you willing to take a polygraph examination? \_\_\_YES \_\_\_NO
5. Are you willing to take a physical agility test? \_\_\_YES \_\_\_NO
6. Are you willing to submit to psychological testing?  
(MMPI, CPI, psychological interview) \_\_\_YES \_\_\_NO
7. Will you sign consent and release forms for financial records, employment history verifications, and interviews with former employers, co-workers, relatives, neighbors and acquaintances? \_\_\_YES \_\_\_NO
8. Do you have a high school diploma or G.E.D.? \_\_\_YES \_\_\_NO
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Part 3. You must be able to answer "YES" to the following question, if you have served on active duty, guard, or reserves with any branch of the United States Armed Forces. If you have never been in the military, mark "N/A."

9. Have you, or will you receive a discharge from Military duty under honorable conditions?  
(Honorable, General, Etc.) \_\_\_YES \_\_\_NO \_\_\_N/A
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Part 4. You must be able to answer "NO" to the following questions to continue with the application process.

10. Do you have any felony convictions? \_\_\_YES \_\_\_NO
11. Are you currently on probation for driving while intoxicated or any other traffic offense? \_\_\_YES \_\_\_NO
12. Have you been convicted of driving while your license was suspended within the last five (5) years? \_\_\_YES \_\_\_NO
13. Have you been convicted for driving under the Influence of alcohol or drugs within the last ten (10) years? \_\_\_YES \_\_\_NO
14. Have you used marijuana within the last five (5) Years? \_\_\_YES \_\_\_NO
15. Have you used any other illegal drug(s) within the last five (5) years?  
If so what drug(s) \_\_\_\_\_ \_\_\_YES \_\_\_NO

The answers I have given are true and correct to the best of my knowledge. I understand that I can be eliminated from consideration if any of the information I have given is found to be false or incorrect.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# HARTSHORNE POLICE DEPARTMENT

## APPLICATION FOR EMPLOYMENT AS POLICE OFFICER

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
DATE AVAILABLE FOR WORK

Are you available to work: \_\_\_\_\_ Shift Work \_\_\_\_\_ Weekends \_\_\_\_\_ Nights

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Phone

List any name(s) you have been known by and provide any other Social Security Number you have used:

\_\_\_\_\_  
\_\_\_\_\_

As you complete the next portions, provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include, regardless of what you might otherwise be able to perform

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the Police Officer position. Failure to answer these questions may indicate that you have not provided the information to qualify you for the present position. Use additional pages if you need more space.

1. Have you ever worked for the City of Hartshorne? \_\_\_ Yes \_\_\_ No  
If yes, give the name of the departments, dates, and reasons for leaving.

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2. Are you related to any City of Hartshorne employee, or any member of the Hartshorne City Council? \_\_\_ Yes \_\_\_ No  
If Yes, give name, department, and relationship.

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3. Have you applied with the Hartshorne Police Dept. before? \_\_\_ Yes \_\_\_ No  
If yes, give the dates you applied.

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4. Have you applied with any other law enforcement agencies within the last five (5) years? \_\_\_ Yes \_\_\_ No  
If yes, to which agency, and when have you applied?

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5. Do you know any HARTSHORNE Police Officers? \_\_\_ Yes  
\_\_\_ No If yes, who?

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6. How did you learn about this opening? \_\_\_\_\_

7. Can you operate: Automobile \_\_\_\_\_ Motorcycle \_\_\_\_\_ Airplane \_\_\_\_\_ Helicopter \_\_\_\_\_

License Number	State	Date of Expiration	Type
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8. Does your Driver's License have any restrictions? \_\_\_ Yes \_\_\_ No  
If yes, explain: \_\_\_\_\_

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9. Have you ever had a Driver's License suspended or revoked?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have liability insurance on the vehicles you operate?  Yes  No  
Have you ever had your insurance policy cancelled?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. In the last seven years:  
a) How many traffic tickets have you received? \_\_\_\_\_  
b) Number of times arrested for driving while drinking or driving under the influence? \_\_\_\_\_  
c) Number of arrests for reckless driving of any type? \_\_\_\_\_  
d) Number of accidents you were involved in as a driver for which you were charged or cited?  
\_\_\_\_\_

e) Have you ever been involved in a serious accident or accidents where you were the driver?  Yes  No

If you answered yes or anything other than "None" (0) to any of the questions above, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Arrest information will not necessarily disqualify you; however, it is imperative that law enforcement personnel have a clean conviction record and not be addicted to controlled substances. Answer the following:

- a) Have you ever been arrested?  Yes  No
- b) Placed in jail?  Yes  No
- c) Detained?  Yes  No
- d) Received a conviction?  Yes  No
- e) Received a suspended sentence?  Yes  No
- f) Received a deferred sentence which has not been sealed?  Yes  No
- g) Placed on probation by any court of law or enforcement body anywhere?  Yes  No

If you answered yes to any of the previous questions, please explain:

Date	Charge	Age	Jurisdiction	Disposition	Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other explanation: \_\_\_\_\_

13. Have you ever been fingerprinted?

\_\_\_ Yes \_\_\_ No

If yes, complete the following:

When	Where	For Whom	Purpose
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14. Residence. List each and every place you have resided in the last ten (10) years.

Provide the phone number of your current landlord:

Name of Current Landlord: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

From Month/Year	To Month/Year	Number and Street	City	State	Landlord Name If Known
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15. Education. List high school(s), college(s), correspondence, business, or technical schools attended. Do not include Military schools.

Name of School	City and State	Type of School

Dates of attendance	Hours Completed	Graduate/Degree

16. List all special educational honors, scholarships, etc. that you received:

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17. List all memberships in school societies, fraternities, or clubs. You may exclude memberships in organizations indicating national origin, if you wish.

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18. Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? \_\_\_Yes \_\_\_No  
If yes, explain the circumstances:

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19. Employment experience for the past ten (10) years. In chronological order, list all employment, including part time and military service, starting with the most current:

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Employed By: Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Salary \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor name \_\_\_\_\_

20. If you had no prior experience, please explain what you have done since high school to prepare you for this job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever been fired, suspended, or put on an inactive status (other than for prior Worker's Compensation cases) by any of your previous employers?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Account for all periods of time since age eighteen (18) that you were not in school, working, or recuperating from an illness or injury, if over ninety (90) days in duration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. In chronological order, list all special training received and occupational schools attended in your employment history. Exclude military schools and training, high schools, colleges, etc.

Name of School	Location	Dates	Hours	Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24. List any additional information or make comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Are you now engaged in any business as an owner, partner (active or silent) or other connection, such as an employee?  Yes  No

If yes, give full details: (i.e. Name, address, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Has any corporation, partnership, or business of which you were/are an officer, partner, employee, etc. ever been issued or denied a license or permit by any city, state, or federal government?  Yes  No

If yes, give full details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Have you registered for Selective Service?  Yes  No  
If yes, when? \_\_\_\_\_

Have you served in any branch of the military?  Yes  No

If yes, indicate branch, current status, and any military training or experience that would assist you in being a police officer.

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Base/School	Location	School Type	Dates	Certifications

Base/School	Location	School Type	Dates	Certifications

\_\_\_\_\_

\_\_\_\_\_

List any medals, decorations, campaign and theater ribbons awarded to you while in the armed forces:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you honorably discharged?  Yes  No  
If yes, please provide a copy of any discharge papers, such as Forms DD214 and DD214 Member 4.

28. SUBVERSIVE ORGANIZATIONS: As used in this application, a subversive organization shall mean any group or organization which does not support local, state, or federal laws, or which advances its beliefs through violence or use/threat of force.

- a) Have you advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or any political subdivision thereof should be overthrown by force, violence, or any unlawful means?  Yes  No
- b) Are you now or have you ever been a member of any subversive organization?  Yes  No
- c) Have you ever been connected, or affiliated in any manner with, or have you ever attended meetings on any subversive organization?  Yes  no
- d) Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any subversive organization?  Yes  No

If you answered yes to any of the questions in Section 28, indicate the circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Background references pertaining to past character. This information is used to question family members and associates to determine your fitness to do the essential functions of the job. If applicable, provide:

Name of current spouse: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_



Name of former spouse: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of College Roommate: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Military Associate: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Mother: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_

Other Personal References:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address, City & State: \_\_\_\_\_

30. List any social, labor, civic, and fraternal organizations, that you have or now belong to, which demonstrates your fitness for the position of police officer. You may exclude any organization that indicates national origin, if you wish.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Are you the co-maker or signer on any outstanding loan?  Yes  No  
If yes, explain the details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Have you ever been bonded?  Yes  No With respect to each time you have been bonded, give the details below:

Date	Reason	By Whom	Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

33. Which of your previous jobs did you like the best? Explain the duties, the type of supervision, and other details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Which of your previous jobs did you like the least? Explain the duties and reasons why.

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35. What prior experience have you had with firearms? Please explain:

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36. Have you ever been served with a summons or subpoena?  Yes  No  
If yes, how many times \_\_\_\_\_, list the reasons: \_\_\_\_\_

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37. Do you know of any other information that we have not asked for, which may come out in the background investigation, concerning your present fitness to handle the essential functions of a police officer?  Yes  No

If yes, you have the opportunity to disclose such information at the present time. This question does not necessarily refer to your mental or physical ability to do the job. Explain below:

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# READ CAREFULLY BEFORE SIGNING

I certify that I am the person named on this document, and that facts given in this application are true and correct and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Police Officer for the City of Hartshorne. I understand that all information and test scores obtained during this process become the property of the City of Hartshorne and will not be returned to me, or released to other parties.

I hereby grant permission to the City of Hartshorne, the Hartshorne Police Department, and its/their Officers/Representatives to investigate any information included in the application. I agree to submit to a pre-employment drug screen, and a post-offer medical examination. I understand that this application is not a contract of employment. I hereby release the City of Hartshorne, the Hartshorne Police Department and its Officers/Representatives from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) and discovered at a later time, may result in my discharge from employment. I understand that I am required to abide by all Rules and Regulations of the City of Hartshorne.

I hereby authorize any City, County, State, or Federal Agency, or former employer, or any individual listed in this application form to furnish, to any member of the Hartshorne Police Department, or representative of the City of Hartshorne, any information concerning me necessary to process this questionnaire. A copy of this authorization shall be considered as valid as the original.

Print Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Signature \_\_\_\_\_

Date: \_\_\_\_\_

# HARTSHORNE Police Department

## BACKGROUND CHECK AUTHORIZATION AND RELEASE

I understand that in connection with my application for Employment, the HARTSHORNE Police Department, their agents or employees may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. If my position involves handling money and/or having access to monies and/or other transferable monetary instruments, my credit history may also be checked

I understand that the Hartshorne Police Department may rely on any part of all of this Information in determining whether to extend an offer of Employment to me. I further understand that if any adverse action is taken by the HARTSHORNE Police Department, or if the Hartshorne Police Department chooses not to extend an offer of Employment duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I hereby release any and all Investigators, including the Hartshorne Police Department, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application for Employment. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing of my Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Former Last Name(s) if applicable: \_\_\_\_\_

Current Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

HARTSHORNE POLICE  
DEPARTMENT AUTHORITY TO RELEASE  
INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer, or authorized representative of the City of Hartshorne bearing this release, or a photostatic copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment, credit, or educational records including, but not limited to, academics, achievements, attendance, athletics, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Hartshorne Police Department. I understand that all information obtained during this process is the property of the City of Hartshorne, and will not be returned to me, or released to any other parties. Consent is granted for the Hartshorne Police Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records and, any school, college, university or other educational institution, credit bureau, lending institutions, consumer reporting agency, or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my family, my heirs, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me.

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

Name typed or printed: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_