

# City of Tuttle Police Department

PO BOX 10 , 4 SE SECOND STREET  
TUTTLE, OK 73089  
(405) 381-4467

## Employment Application

**INSTRUCTIONS:** Print clearly in your own handwriting. Start with the most recent entry and work backwards. Attach additional pages if necessary.

Do not add any additional paperwork, i.e. resume', cover letter or certifications as they will not be needed at this time.

Desired position: \_\_\_\_\_

Name: (First Middle Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

## Employment History

Include all employment for the past 10 years. Include any gaps in employment (Add pages if necessary)

Dates	Employer name	Location (City, State)	Phone	Supervisor	Title/Duties	Reason for Leaving

**Education:** Include high school, college, business, military & technical schools. (Add pages if necessary)

Dates	School name	Location (City, State)	Field of Study	Hours	Graduated

**Authorization to Release Information**

TO WHOM IT MAY CONCERN:

As an applicant with The City of Tuttle Police Department,, I hereby authorize any representative of the Tuttle Police Department bearing this release to obtain and photocopy any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. It is my specific intent to provide access to all personnel information, however personal, private, or confidential it may be.

I direct you, upon request by any representative of the Tuttle Police Department bearing this release, to authorize and provide full and complete access and disclosure to any and all information in your files pertaining to my employment records, or any part thereof whether said records are of public, private, or confidential nature, regardless of any agreement I may have made with you previously to the contrary.

This access and disclosure shall include, but it is not limited to: any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any file with are deemed to be confidential, and/or sealed.

A photocopy or facsimile transmission copy of this waiver will be valid as an original thereof, even though the said photocopy or facsimile transmission copy does not contain an original writing of my signature.

This waiver is valid for a period of six (6) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

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

Applicant (printed): \_\_\_\_\_ SSN: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_