POLICE DEPARTMENT EMPLOYMENT APPLICATION

WEATHERFORD POLICE DEPARTMENT
201 SW MAIN ST
WEATHERFORD, OK 73096
Phone: (580) 772-7791
Fax: (580) 772-5112

Notice to Any Person Seeking Employment with the City of Weatherford

- **Those applicants requiring reasonable accommodations to the applications and/or interview process should notify the Human Resources Office at (580) 774-4563.**
- **Your application will be considered only for the position for which you apply, therefore:**

  __ **You must complete another application each time you wish to apply for another available position.**

  __ **You must complete the entire application even if you have attached/submitted a resume.**

  __ **You must sign and date application.**

- **After the time period for accepting applications closes, all applications will be reviewed. You will be contacted via letter or phone regarding the outcome of the evaluations.**

- **Unsolicited applications and resumes are kept on file for 60 days.**

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of the City of Weatherford to be an Equal Opportunity Employer. The City of Weatherford affords employment to those qualified persons without regard to race, color, religion, age, sex, national origin, sexual orientation, creed, disability, marital status or status with regard to public assistance.

NOTICE TO HANDICAPPED/DISABLED APPLICANTS

The City of Weatherford will not discriminate against any applicant for employment because of physical or mental disability in regard to any position for which an applicant is qualified. The City of Weatherford agrees to employ, advance in employment, and otherwise treat qualified individuals with disabilities without discrimination based upon their physical or mental disability in all employment practices.

PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

To ensure the continued health and safety of all employees, all applicants who have been given an offer for employment must complete a test for illegal drugs and alcohol. Employment is contingent upon a negative drug/alcohol test. Testing is conducted by a City of Weatherford designated drug/alcohol testing service at no cost to the applicant.

EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with the City of Weatherofrd, an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

Position applied for_____ Date of application _____/_____/_____

Name _____
LAST FIRST MIDDLE

Personal

Name _____
LAST FIRST MIDDLE

Address _____ Driver License # _____
STREET

_____ Date of Birth _____
CITY STATE ZIP CODE

Telephone # (_____)_____ Mobile/Other Phone # (_____)_____

If necessary, best time to call you at home is _____:_____ AM PM

May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call (_____)_____ _____:_____ AM PM

Are you over 18 years of age? ☐ Yes ☐ No

List positions previously applied for _____ ☐ None

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details _____

Work Preference

Date available for work _____/_____/_____

Type of employment desired ☐ Full-time ☐ Part-time ☐ Internship

Can you perform the essential requirements of this job with or without reasonable accommodation? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime (more than 40 hours in a week)? ☐ Yes ☐ No

Education

High School	City/State		Did you graduate?
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate and honors received

Other job-related educational institutions,
licenses, certifications, etc

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER **TELEPHONE #**	**DATES EMPLOYED** FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE	**HOURLY RATES/SALARY** STARTING		
IMMEDIATE SUPERVISOR AND TITLE	$	PER	
REASON FOR LEAVING	**HOURLY RATES/SALARY** FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER	$	PER	

EMPLOYER **TELEPHONE #**	**DATES EMPLOYED** FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE	**HOURLY RATES/SALARY** STARTING		
IMMEDIATE SUPERVISOR AND TITLE	$	PER	
REASON FOR LEAVING	**HOURLY RATES/SALARY** FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER	$	PER	

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REASON FOR LEAVING	**HOURLY RATES/SALARY** FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER	$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT_____

_____

_____

Skills and Qualifications

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.

_____

_____

_____

_____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with the City of Weatherford is true, complete, and correct.
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the City of Weatherford, when it is discovered.

I understand my employment is contingent upon the results of a drug/alcohol test for illegal drugs and alcohol. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to the City of Weatherford that may be required to make an employment decision.

I understand this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application. A new application must be completed for each job I wish to be considered for.

I understand my employment is not guaranteed for any term, and my employment may be terminated by the City of Weatherford or myself at any time and for any reason. No manager, supervisor or representative of the City of Weatherford is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____/_____/_____

For Administrative Use Only

Position(s) applied for ☐ Available ☐ Not Available

Hired ☐ Yes ☐ No

Position hired for _____ Date of hire ___/___/_____

From the City job classifications listed below, which one best describes the position filled?

☐ Officials and Managers	☐ Sales Workers	☐ Operatives (semi-skilled)
☐ Professionals	☐ Office and Clerical Workers	☐ Laborers (unskilled)
☐ Technicians	☐ Craft Workers (skilled)	☐ Service Workers

Notes _____

_____

Completed by _____ Date ___/___/_____

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JOSHUA S. VANDEBURGH
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josh.vandeburgh@weatherfordpd.org

Physical Fitness Test

Description of Requirements:

1.5 mile run in 16:00 minutes

Applicant must complete a one and a half mile run in 16 minutes or less. The run will be administered on a track. Applicant will be disqualified for not completing the run within the time limit, walking, or stopping during the run.

25 push-ups in no time limit

Applicant must complete 25 standard push-ups in no time limit. Applicant must have hands shoulder width apart and under their shoulders. Applicant's chest must touch a block to count. Applicant may only rest in the push-up position. Applicant will be disqualified for breaking the push-up position such as the head or knee touching the ground.

25 sit-ups in 60 seconds

Applicant must complete 25 full sit-ups in 60 seconds or less. Applicant must have hands on the back of their head and touching; however, applicant cannot clasp hands together. Applicant's elbows must touch knees or thighs to count, and shoulders cannot touch the ground. Applicant will be disqualified for not completing the sit-ups within the time limit.

300 meter sprint in 75 seconds

Applicant must complete a 300 meter sprint in 75 seconds or less. The sprint will be administered on a track. Applicant will be disqualified for not completing the sprint within the time limit, walking, or stopping during the run.

Physical fitness test administrators will explain all requirements and will demonstrate the push-ups and sit-ups before starting each portion of the physical fitness test. If there are any questions concerning the physical fitness test, please contact Lt. Travis Ratcliffe.

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Physician Release

Oklahoma law requires all law enforcement officers to attend and successfully complete a basic training program approved by the Council on Law Enforcement Education and Training (CLEET). The purpose of this physical fitness test is to ensure the applicant is in sufficient physical condition to avoid unnecessary injury and ensure safe participation during the CLEET basic academy. Also, the physical fitness test is to ensure the applicant can perform the necessary functions of the police officer position. The stress, physical contact, and exertion an applicant experiences during these activities will equal or exceed those experiences by a contact sport athlete during a hard practice. Applicants will be required to complete the following activities to meet these challenges:

- Running (1.5 mile run in 16:00 minutes)
- Sprinting (300 meter sprint in 75 seconds)
- Push-ups (25 push-ups)
- Sit-ups (25 sit-ups in 60 seconds)

Applicant/Patient Full Name:_____

The applicant named above is my patient, and I am familiar with his or her medical conditions and physical capabilities.

I certify that I have read the above stated description of the activities for which my patient will be involved. I understand my patient will engage in highly stressful and rigorous activities of law enforcement training.

Based on my knowledge and evaluation of _____(patient), I certify:

_____ **There are no contraindications** to the individual being capable of performing essential physical tasks. The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

_____ **There are contraindications** to the individual, and it is not recommended that the individual participate. The applicant named above **is not** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

_____ Printed Name of Treating Physician

_____ Signature of Treating Physician

_____ Date

_____ Physician Phone Number

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Official Waiver of Liability and Release of All Claims

Please read this form carefully and completely. Please sign and date this form if you understand and agree with the terms, conditions, and declarations.

I declare and represent that I received a written description of the physical fitness test, and I am aware of what the physical fitness test entails. I further declare and represent that I am in good health, and I understand the nature of the physical fitness test. I also declare my personal attire is safe and fit for participation in the physical fitness test. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the physical fitness test including death, damage, or loss which I may sustain as a result of participating in any activities associated with the physical fitness test.

I hereby consent and agree to all of the following terms and conditions:

Acknowledgement of Risk:

As a participant in the physical fitness test, I recognize and acknowledge there are certain risks of physical injury. I agree to assume the full risk of any injury, including death, damage, or loss which I may sustain as a result of participating in any and all activities associated with the physical fitness test.

Waiver of Liability and Release of All Claims:

I do hereby, for myself, heirs, executors, administrators, and other parties claiming under or through me, fully waive, relinquish, release, and forever quit-claim and discharge the Weatherford Police Department and the City of Weatherford, and all its officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all liability, claims, demands, actions, and causes of action arising from or related in any way to any loss, damage, injury, or death resulting from the negligence of the Weatherford Police Department officials, trainers, officers, agents, employees, servants, monitors, and examiners caused.

Indemnity and Defense:

I do hereby agree, for myself, heirs, executors, administrators, and other parties claiming under or through me, to indemnify and hold harmless and defend the Weatherford Police Department and its officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all claims, suits, demands, actions, or causes of action arising from or related in any way to loss, damage, or injury including death that may be sustained by me while participating in the physical fitness test, or upon the premises where the physical fitness test is administered.

I understand the physical fitness test administration staff may remove me from the physical fitness test if they believe I might endanger myself or be an endangerment to others. I understand I may not participate in the physical fitness test if I do not understand, agree, and sign this form.

I hereby certify and declare that I have read all of the foregoing terms, conditions, and declarations, and I fully understand and agree to them.

_____	_____	_____
Signature	Printed Name	Date