

# FIND THE BLUE IN YOU



## THE ATOKA POLICE DEPARTMENT POST CERTIFIED/ LATERAL APPLICATION

[www.townofatoka.com](http://www.townofatoka.com)

An Equal Opportunity Employer



W. Daryl Walker  
Mayor of Atoka



Anthony W. Rudolph  
Chief of Police

## APPLICATION PROCESS STEPS

- 1) Turn in application at the Atoka Police Department/ Town of Atoka
- 2) Preliminary Interview
  - The application will be reviewed,
  - Any questions concerning criminal history and driving record,
  - All questions will be answered regarding the application process.
- 3) Background Investigation
  - Investigation into criminal history, military service, traffic history and employment
- 4) Oral Interview
- 5) Psychological Test and Clinical Interview
- 6) Medical Exam

**Note: A returned application generally requires time to process to determine an applicant's suitability for employment.**

**APPLICANT MUST SUCCESSFULLY PASS EACH PHASE OF THE PROCESS TO PROGRESS TO THE NEXT PHASE**

## AUTOMATIC DISQUALIFIERS

Below is a list of criteria that will disqualify an applicant from applying with the Atoka Police Department.

- Have not graduated from High School or obtained a GED
- Any felony conviction
- Any guilty narcotics/ drug conviction
- Any domestic violence conviction
- Any guilty assault conviction
- Dishonorable, bad conduct, misconduct, or other than honorable discharge from the military
- Active warrants
- Current probation
- Current or pending criminal court case
- 2 or more driver license suspensions or revocations in a 5-year time frame
- 4 or more moving violations in a 12 month period within a 3 year time frame
- A guilty DUI within 10 years of application date
- A guilty misdemeanor theft charge within 10 years of application date

# Atoka Police Department Police Officer Application Packet

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## MIMIMUM REQUIREMENTS

For Lateral Applicants: Three years of continuous employment as a POST certified law enforcement officer at a police department with a minimum of 20 full-time commissioned officers.

This packet contains the following information

- High School transcript request form
- College transcript request form
- Personal History Statement
- Application for Employment Form
- Authorization for Release of Personal Information Form

Read all information carefully and fill out all forms completely.

## Consequences of Falsification

**ANY misrepresentation, falsification or omissions given on ANY FORM herein is just cause for rejecting the application, and may disqualify the applicant from applying in the future for positions with the Atoka Police Department.** Furthermore, any misrepresentation, or omissions discovered after gaining employment may subject the individual to termination.

**ATOKA POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

Answer each question on this form. Information must be HANDWRITTEN AND PRINTED IN BLACK INK. If additional information must be submitted in relationship to a specific question, please submit this information on additional sheets of 8 ½" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section. DO NOT MISSTATE OR OMIT ANY FACTS, as all information is verified. ACCURACY IS ESSENTIAL. **ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION**. There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be UNSATISFACTORILY FILLED OUT, the application will be rejected from further consideration. Applicant is responsible for furnishing any changes and/or updating of application as needed, such as address, phone number, employment, arrest, or traffic violations.

When the Personal History Statement is turned in, the following support documents **MUST ALSO BE PRESENTED** and a copy will be retained for departmental records.

1. Original Birth Certificate.
2. High School Diploma or GED certificate.
3. Original valid Driver's License.
4. Your original Military DD214 (including character of discharge section), and any other discharge document(s), if applicable.
5. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. The applicant must submit all original DD214 discharge documents as soon as they become available to the applicant. Applicants who have previously served in the Active Reserves MUST submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.
6. High School transcript and College transcript(s) can be mailed by the schools to the Atoka Police Department.
7. (For Lateral) – Police Academy Certificate & POST Certificates

**FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN REJECTION OF APPLICATION BY THE  
ATOKA POLICE DEPARTMENT**

**Note:** For applicants who reside more than 100 miles outside of Atoka, TN. Please mail the completed application to: Atoka Police Department, 68 Atoka-McLaughlin, Atoka, TN 38004, along with copies of the original documents requested above. **DO NOT** mail original documents; please present all documents requested, as instructed. Please have page 18, "Authorization For Release of Personal Information Form", notarized prior to mailing application.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature: _____	DATE: _____
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### 3. CITIZENSHIP

A. Are you a citizen of the United States? \_\_\_YES\_\_\_NO

For Naturalized citizens, naturalization documents are required.

B. Do you speak a language other than English? \_\_\_Yes\_\_\_NO

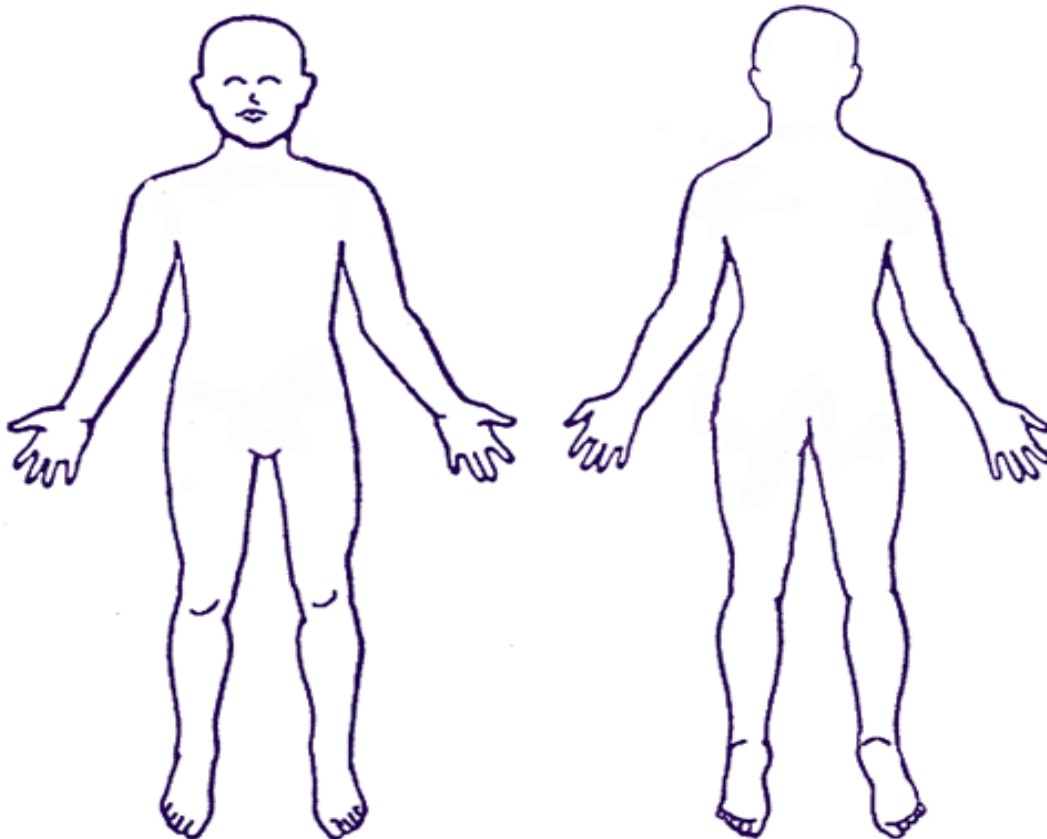
If YES, identify your aptitude by specifying each language and your skill level as Limited, Conversational, or Fluent.

Language	Read	Speak	Understand	Write

C. Tattoos and Branding

Do you have any visible tattoos or branding? \_\_\_Yes\_\_\_NO

If "YES", draw a line beside the area on the body, then give a description and meaning.



**4. RESIDENCE**

Chronologically list all residences since your 18<sup>th</sup> birthday, regardless of the time you resided there, beginning with your present address. If served or serving in the military service, list all dates, branches, and duty stations to include any off base residences. List all addresses while attending any schools if away from home. When living with parent(s)/guardian(s) indicate with an asterisk (\*) below.

From MO/YR	TO MO/YR	COMPLETE ADDRESS	CITY/STATE	ZIP CODE

**5.**

**EDUCATION**

SCHOOL NAME	LOCATION	DATES FROM/TO	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
HIGH SCHOOL				
GED				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS OTHER SCHOOLS				

**6. EMPLOYMENT TERMINATION**

A. Have you ever been dismissed, fired, or asked to resign from any employment or position you held, knowing that you would be fired or terminated if you did not resign?    YES    NO  
If "YES", explain below:

TERMINATIONS:

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION \_\_\_\_\_

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(If needed, additional information may be submitted on the next page)

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION \_\_\_\_\_

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(If needed, additional information may be submitted on the next page)



TERMINATION 1: \_\_\_\_\_  
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TERMINATION 2: \_\_\_\_\_  
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## 7. EMPLOYMENT

- A. MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_ YES \_\_\_ NO
- B. On the following pages you will find employment sheets. Please list your entire employment history for the past ten (10) years or since your 18<sup>th</sup> birthday to include: part-time, temporary, and seasonal, regardless of time employed. Begin with your current employment or most recent job and work backwards. If unemployed, to include while in school or college, list dates of unemployment. It is very important that employment information is accurate, and must cover from HIGH SCHOOL GRADUATION TO PRESENT, if applicable.

If additional employment sheets are necessary, please make photo copies prior to filling out any forms.

When completing the attached Employment Sheets, please LIST ALL AREA CODES AND ZIP CODES. MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.

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### EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for leaving (explain in detail): \_\_\_\_\_

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#### For Investigative Use Only

POSITIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ Title: \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR RE-HIRE: \_\_\_ YES \_\_\_ NO

ADDITIONAL COMMENTS: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
Work Duties: \_\_\_\_\_  
Reason for leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Investigative Use Only	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: __ YES __ NO
ADDITIONAL COMMENTS: _____ _____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
Work Duties: \_\_\_\_\_  
Reason for leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Investigative Use Only	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: __ YES __ NO
ADDITIONAL COMMENTS: _____ _____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
Work Duties: \_\_\_\_\_  
Reason for leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Investigative Use Only

POSITIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ Title: \_\_\_\_\_  
EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR RE-HIRE: \_\_ YES \_\_ NO  
ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
Work Duties: \_\_\_\_\_  
Reason for leaving (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Investigative Use Only

POSITIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ Title: \_\_\_\_\_  
EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR RE-HIRE: \_\_ YES \_\_ NO  
ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for leaving (explain in detail): \_\_\_\_\_

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

For Investigative Use Only	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: __YES__ NO
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for leaving (explain in detail): \_\_\_\_\_

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

For Investigative Use Only	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: __YES__ NO
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for leaving (explain in detail): \_\_\_\_\_

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

For Investigative Use Only	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: ___ YES ___ NO
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone#:(\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for leaving (explain in detail): \_\_\_\_\_

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

For Investigative Use Only	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: ___ YES ___ NO
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

**8. MILITARY RECORD**

A. Have you ever been on active duty in the Armed Forces of the United States?  YES  NO  
If "YES", continue:

B. Branch of Military Service: \_\_\_\_\_

C. Type of Discharge: \_\_\_\_\_ If other than Honorable, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Dates of Active Duty (Month, Day, and Year) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

E. If you are currently Active Duty, what is your expected release date? \_\_\_\_\_

F. Are you currently or have ever been in a Reserve Unit?  YES  NO  
Are you currently or have ever been in a National Guard Unit?  YES  NO  
If "YES", Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR \_\_\_\_\_  
Date of Reserve or National Guard Duty: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

G. Did you ever have any type of disciplinary action taken against you while you were serving in the military? (Article 15, Captain Mast, Office Hours, Court-Martials, etc.)  YES  NO  
If "YES", explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Have you ever been charged, detained or arrested on a military installation for any reason?  
 YES or  NO  
If "YES", explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. COURT RECORD

A. Have you ever been arrested as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (**charged with a crime means issued a misdemeanor citation, juvenile summons, adult summons, arrested on a warrant, or indicted by a grand jury**)?  YES  NO

B. List ALL times you have been either arrested or charged with a criminal offense. Please include a detailed explanation of the circumstances for each event listed (use attached sheets). You must list ALL arrests or charges even if the charge(s) was/were dismissed, did not result in a conviction, or the charge(s) was/were expunged. An independent investigation of your criminal history will be conducted. If any arrest(s) or charge(s) is/are revealed that is not listed, your application will be rejected due to the lack of truthfulness.

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION OF CASE

C. Has your driver's license ever been suspended, cancelled, or revoked?  YES  NO  
 If "YES", explain: \_\_\_\_\_

\_\_\_\_\_

D. Have you ever held a driver's license (s) in any other state?  YES  NO  
 If "YES", list state(s) and license number if known: \_\_\_\_\_

\_\_\_\_\_

TRAFFIC TICKETS: List all moving traffic citations received in the past three (3) years.

DATE	CITY/STATE	CHARGES	DISPOSITION OF CASE



**10. VEHICLE INFORMATION**

A. List all vehicles that you own and/or drive for personal use (include parents, or others with whom you reside).

YEAR	MAKE	MODEL	COLOR	TAG #	STATE	OWN/BUYING

B. List all relatives employed by the Town of Atoka, including the Atoka Police Department.

FULL NAME	RELATIONSHIP	WHERE ASSIGNED
_____		
_____		
_____		

C. Are you currently or have you ever been an employee of the Town of Atoka or Tipton County Government?  YES  NO If "YES", list what agency, dates of employment position, and designate whether or not you were a permanent or temporary employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Have you previously submitted an application for employment or tested for the Atoka Police Department or any law enforcement agency?  YES  NO If "YES", list the date(s), agency/agencies, and the position(s) applied for:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

E. Do you currently possess a Special Officer's (Security Guard) commission? \_\_\_\_YES\_\_NO  
 If "YES", list agency issuing commission:

Company Name	Address	Phone#	Commission Date
AGENCY	DATE	POSITION	RESULT

F. Have you ever submitted to a polygraph test? \_\_\_\_YES\_\_NO If "YES", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Are you presently involved or do you have knowledge that you might become involved in any criminal or civil lawsuits? \_\_\_\_YES\_\_NO If "YES", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### APPLICANT TRACKING

Please indicate below which source prompted you to apply for the Police Recruit Position with the Atoka Police Department

- Television/Radio/PSAs
- Recruiter
- Website: \_\_\_\_\_
- Military: \_\_\_\_\_
- College: \_\_\_\_\_
- Employee: \_\_\_\_\_
- Job Fair: \_\_\_\_\_
- Other: \_\_\_\_\_
-

## 11. PERSONAL REFERENCES

- A. Below, give five (5) adult references of whom you have known for greater than three (3) years and they are well acquainted with you. References **CANNOT** be relatives, former employers or present employers. You **MUST** include their full names, **COMPLETE** home address (include city, state, zip code), and correct mobile and home telephone numbers (including area code), where they may be contacted during normal business hours.

1) \_\_\_\_\_  
Full Name (Last, First, Middle) Years Known

\_\_\_\_\_

Current Street Address Apt# City State Zip Code

( ) ( )

Home Phone Work Phone Contact Time and Location

2) \_\_\_\_\_  
Full Name (Last, First, Middle) Years Known

\_\_\_\_\_

Current Street Address Apt# City State Zip Code

( ) ( )

Home Phone Work Phone Contact Time and Location

3) \_\_\_\_\_  
Full Name (Last, First, Middle) Years Known

\_\_\_\_\_

Current Street Address Apt# City State Zip Code

( ) ( )

Home Phone Work Phone Contact Time and Location

4) \_\_\_\_\_  
Full Name (Last, First, Middle) Years Known

\_\_\_\_\_

Current Street Address Apt# City State Zip Code

( ) ( )

Home Phone Work Phone Contact Time and Location

5) \_\_\_\_\_  
Full Name (Last, First, Middle) Years Known

\_\_\_\_\_

Current Street Address Apt# City State Zip Code

( ) ( )

Home Phone Work Phone Contact Time and Location

12.

I hereby certify that ALL statements made on this application are TRUE and CORRECT to the best of my knowledge. I hereby further certify this application contains no misrepresentations, falsifications, or omissions. I further acknowledge that should any investigation (pre and post-employment) at any time reveal or disclose any such misrepresentations, falsifications, or omissions, my application will be rejected and my name may be removed from the employment list. I may not be eligible to reapply with the Atoka Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination should I become gainfully employed with the Atoka Police Department.

**DO NOT WRITE BELOW THIS LINE**

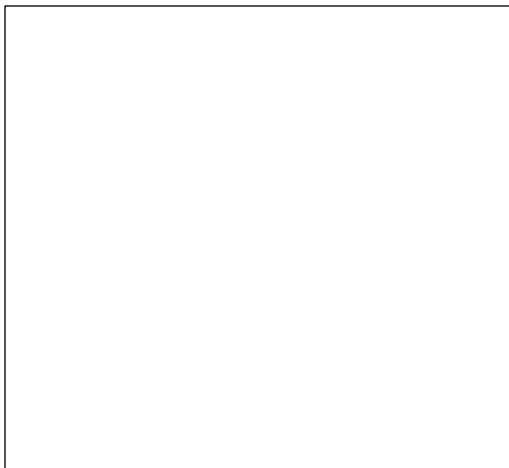
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received BY: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

**RIGHT THUMB PRINT**



ATOKA POLICE DEPARTMENT  
BACKGROUND INVESTIGATION UNIT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Atoka Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Town of Atoka / Atoka Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

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Signature (include maiden name)

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Address	City	State	Zip Code
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Phone	Date of Birth	Social Security Number
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\*\* This form MUST BE NOTARIZED by a notary before your application will be accepted.  
THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_. State  
of \_\_\_\_\_ County of \_\_\_\_\_  
\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

# HIGH SCHOOL TRANSCRIPT FORM

## INSTRUCTIONS TO APPLICANT

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to the High School that you graduated from. If you received your G.E.D. you may want to call first to see where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcripts to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Please have the High School /Board of Education mail your transcripts or G. E. D. scores directly to the Atoka Police Department at the address below OR you may deliver in the sealed original envelope.
4. When the Atoka Police Department receives your transcript, it becomes the property of the Town of Atoka and cannot be released to any other person or agency. It is your responsibility to contact the Atoka Police Department to make sure they have your transcript(s) by the stated deadline.

NOTE: ALL TRANSCRIPTS/G.E.D SCORES CAN BE RECEIVED AT THE ATOKA POLICE DEPARTMENT BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON (NOT IN ORIGINAL ENCLOSURE OR TAMPERED ENCLOSURE) OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the High School that maintains your permanent transcript.

NAME OF HIGH SCHOOL: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I have applied for a position with the Atoka Police Department. I am requesting that you mail along with this form, a copy of my official high school transcript (showing my graduation date) or my G.E.D. scores to the Atoka Police Department at the following address:

Atoka Police Department  
 68 Atoka-McLaughlin Dr.  
 Atoka, TN 38004

My name is (Last, First, Middle): \_\_\_\_\_

My name at the time I attended your school was (Last, First, Middle): \_\_\_\_\_

My complete mailing address is (include city, state, and zip code): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I graduated on: \_\_\_\_\_ Class of: \_\_\_\_\_ I received my G.E.D. on: \_\_\_\_\_

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF THIS REQUEST.

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

\*\*\* PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\*

# COLLEGE TRANSCRIPT FORM

## INSTRUCTIONS TO APPLICANT

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to ALL Colleges/Universities that you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcripts to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Have each College/University mail your transcripts directly to the Atoka Police Department at the address listed below. It is your responsibility to contact the Atoka Police Department to make sure it has received your transcripts(s) by the stated deadline.
4. When the Atoka Police Department receives your transcript, it becomes the property of the Town of Atoka and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS CAN BE RECEIVED AT THE ATOKA POLICE DEPARTMENT BY MAIL FROM THE COLLEGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON (NOT IN ORIGINAL ENCLOSURE OR TAMPERED ENCLOSURE) OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the College/University that maintains your permanent transcript.

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I have applied for a position with the Atoka Police Department. I am requesting that you mail along with this form, a copy of my official school transcript to the Atoka Police Department at the following address:

Atoka Police Department  
68 Atoka-McLaughlin Dr.  
Atoka, TN 38004

My name is (Last, First, Middle): \_\_\_\_\_

My name at the time I attended your school was (Last, First, Middle): \_\_\_\_\_

My complete mailing address is (include city, state, and zip code): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I attended on: \_\_\_\_\_ TO: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF THIS REQUEST.

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

\*\*\* PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\*