

FIND THE BLUE IN YOU



THE ATOKA POLICE DEPARTMENT NEW HIRE APPLICATION



W. Daryl Walker
Mayor of Atoka

www.townofatoka.com
An Equal Opportunity Employer



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 by a background investigator
 - 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

MIMIMUM REQUIREMENTS

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

.

**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) should be mailed by the schools to the Atoka Police Training Academy.

**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 CERIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature: _____ DATE: _____

Please PRINT IF THIS application packet IS NOT LEGIBLE, IT WILL NOT BE accepted.

1. PERSONAL HISTORY

Date: _____ Position Applied For: _____

A. _____
 Full Name (Last), (First), (Middle) Sex/Race Date of Birth

B. _____
 Current Street Address, Apt# City State Zip Code

C. _____
 Cell Phone Home Phone Work Hours Days Off

D. _____
 Name and phone number of a neighbor or relative with whom you are in regular contact where a message can be left for you

E. _____
 Social Security Number Birthplace City State/Country

F. Have you ever had your name changed? _____ YES _____ NO (If yes. Provide documentation)
 This includes, but not limited to, Maiden Names, Former Married Names, Adopted Names: If YES, Fill in the information below.

Previous Name	Date of Change	Location of Change	Reason for Change

H. Marital Status: Single Married Divorced Separated Widowed

I. Driver's License _____
 Number State Type/Class (Operator D, etc.)

Expiration Date Conditions (Corrective Lens, etc.)

2. FAMILY HISTORY

A. _____
 Full Name of Present Spouse Maiden Name Age Date of Birth

B. _____
 Present Employment of Spouse Address City State Phone#

C. _____

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

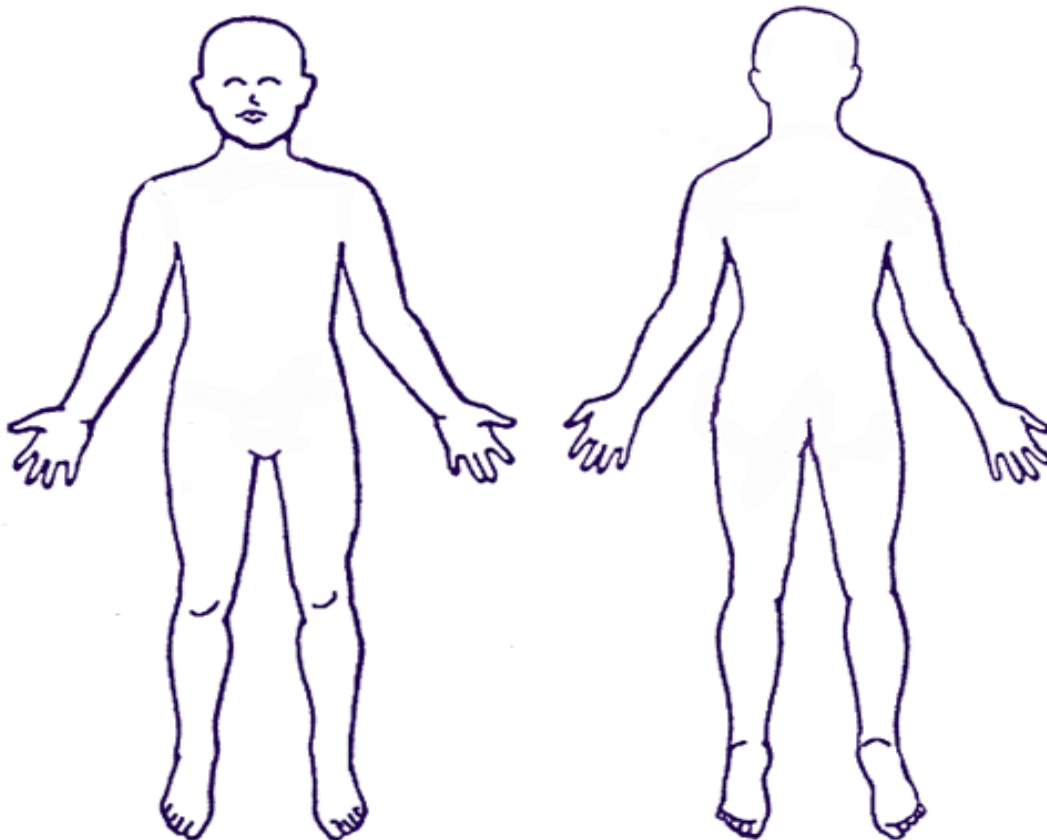
If YES, identify your aptitude by specifying each language and your skill level as Limited, Conversational, or Fluent.

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 18th 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				

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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 _____

(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 _____

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

TERMINATION 1: _____

TERMINATION 2: _____

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 18th 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.

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): _____

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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: _____

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Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Employment: From: ____/____/____ TO: ____/____/____

Phone#:(____) _____ Position: _____

Work Duties: _____

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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: _____

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PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: ___ YES ___ NO
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

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Street Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Employment: From: ____/____/____ TO: ____/____/____

Phone#:(____) _____ Position: _____

Work Duties: _____

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For Investigative Use Only	
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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

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Street Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Employment: From: ____/____/____ TO: ____/____/____

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Work Duties: _____

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PERSON INTERVIEWED: _____	Title: _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: ___ YES ___ NO
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

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Street Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Employment: From: ____/____/____ TO: ____/____/____

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EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR RE-HIRE: ___ YES ___ NO
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

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Street Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Employment: From: ____/____/____ TO: ____/____/____

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Work Duties: _____

Reason for leaving (explain in detail): _____

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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

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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: _____

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
()	()

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.

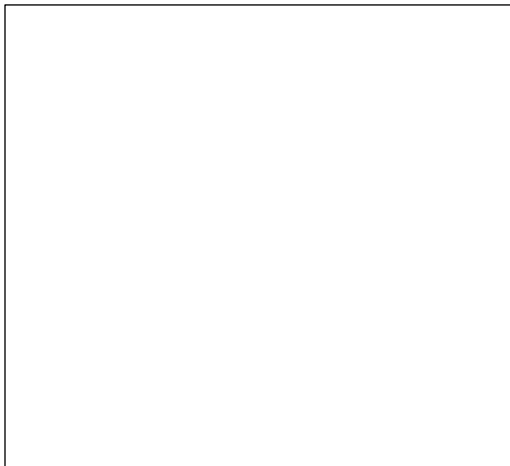
DO NOT WRITE BELOW THIS LINE

Signature: _____ Date: _____

Received BY: _____ Date: _____

FOR DEPARTMENT USE ONLY

RIGHT THUMB PRINT



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

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.

Signature (include maiden name)

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.
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 MUST BE RECEIVED AT THE ATOKA POLICE EMPLOYMENT TEAM BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON 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: _____

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 MUST BE RECEIVED AT THE ATOKA POLICE EMPLOYMENT TEAM BY MAIL FROM THE COLLEGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON 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***