

# NORMAN POLICE DEPARTMENT

Application Receipt Date: \_\_\_\_\_

## Application for Internship or Volunteer

Read these instructions carefully before completing the application.

Responses must be hand written, legible and using ink. (No pencil). Answer all questions completely and accurately. **If the question is not applicable or no entries apply, write NA in the answer space.** If space provided is inadequate, complete the answer on a separate sheet of 8 ½ x 11” paper. Precede each answer with the section number of the question being answered. If any question is unclear, contact your Norman Police Department representative for clarification.

<i>This section for intern applicants only</i>	Application for: _____ Semester _____ (Spring, Summer, Fall) (Year)
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### I. PERSONAL

Name \_\_\_\_\_  
Last, First, Middle (full legal name)

Other names you have ever used or are known by \_\_\_\_\_

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

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

Home phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Best method to contact: Mobile/Work phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female

A. Are you now or have you ever been an employee of the City of Norman? Answer \_\_\_\_\_

If you answered yes, explain the circumstances. \_\_\_\_\_  
\_\_\_\_\_

B. Are you acquainted with any employee(s) in the Norman Police Department? Answer \_\_\_\_\_

If your answer is yes, list name(s): \_\_\_\_\_

C. List each parent, stepparent and/or guardian you have or have had

Full name (last name first)                      Date of Birth                      Current Address

Full name (last name first)	Date of Birth	Current Address

**D.** List three personal references. Exclude immediate family members or others who are listed in this application.

Full name (last name first)	Telephone	Address

**E.** List each person, age 21 or older, who has shared your residence in the past four years.

Full name (last name first)	Date of Birth

**F.** List spouses or ex-spouses (do not list persons listed above)

Full name (last name first)	Date of Birth	Marital Status

**G.** Are you aware of any criminal activity in which persons with which you reside or have resided, are or have been involved? Answer \_\_\_\_\_. If your answer is yes, explain the circumstances.

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**II. EDUCATION**

Expected date of graduation \_\_\_\_\_

College or University, City, State (begin with most recent) Credit Hours Field of Study


College advisor's name \_\_\_\_\_ Phone or email \_\_\_\_\_

**III. RESIDENCE HISTORY**

Address, City, State, Zip (begin with most recent: include permanent and temporary) From Mo/Yr To Mo/Yr


**IV. LEGAL HISTORY**

**A. Driver License:** List all driver licenses ever issued to you beginning with current or most recent

State Name on License License Number


**B. Firearms License:** List all firearms licenses or permits including Oklahoma Self Defense Act or any other open or concealed carry licenses you have or have had from any state or other entity.

State Name on License License or Permit Number Type of License or Permit


**C. Summons Record:** Include all traffic and non-traffic, regardless of disposition. Exclude parking tickets or warnings. If you don't know the exact date, list an approximate month or year. If there are none, write NA.

Date City and State Charge Disposition (pled guilty, probation, etc.)


**D.** List all occasions in which you have been questioned by anyone, or arrested, charged or convicted regarding any criminal offense or any offense involving moral turpitude, sexual behavior, or domestic violence. Include both misdemeanor and felony offenses. If there are none, write NA.

Date City, State, Agency Incident Disposition


**E.** Have you ever committed a serious crime –or- have you ever been involved in a traffic collision and departed the scene without reporting the incident?

Answer \_\_\_\_\_ If your answer is yes, explain the circumstances.

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**F.** Have you ever been fingerprinted? Answer \_\_\_\_\_ If your answer is yes, explain the circumstances:

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**V. GENERAL INFORMATION**

**A.** Have you ever, by word or mouth or in writing, advocated or taught the doctrine that the government of the United States of America, or any state, or any political subdivision thereof, should be overturned by force, violence, or any unlawful means?

Answer \_\_\_\_\_ If your answer is yes, explain the circumstances.

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**B.** Are you now or have you ever been a member of any organization that practices discrimination on the basis of race, creed, color, sex, or national origin?

Answer \_\_\_\_\_ If your answer is yes, explain the circumstances.

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**C.** Have you ever possessed or used any illegal drugs, or have you ever sold or given any person illegal drugs, or have you, or have you ever abused prescribed drugs?

Answer \_\_\_\_\_ If your answer is yes, explain the circumstances.

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**VI. WORK HISTORY** (begin with most recent)

Employer & Address	Phone	Employment Dates	Supervisors Name

**VII. SOCIAL NETWORKING** (Facebook, MySpace, Twitter, etc)

List all social networking websites of which you are a member.

Social Network Website


**VIII. STATEMENT OF INTEREST**

Please articulate your desire to participate in the intern or volunteer program with the Norman Police Department. Please include your career goals if applicable.

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**IX. CERTIFICATION**

**READ CAREFULLY BEFORE SIGNING**

Read and initial numbers 1 – 5.

1. I attest that information given in this application is accurate and complete to the best of my knowledge. (Initial) \_\_\_\_\_
2. I understand that false, misleading or incomplete information, given or implied, in this application or related interview may result in disqualification from the process or termination of my intern or volunteer status. (Initial) \_\_\_\_\_
3. I understand that a background investigation will be conducted and the information gained may be used to determine my suitability as a police intern. (Initial) \_\_\_\_\_
4. I understand that if selected, I will not be entitled to any compensation of money, benefits, or any other item of value from the City of Norman for services performed during my internship. (Initial) \_\_\_\_\_
5. I will immediately notify my Norman Police supervisor if I am arrested for any criminal offense, become the subject of a criminal or civil investigation, am questioned by a law enforcement authority regarding a criminal matter, or am issued a traffic or criminal summons after this application is submitted. (initial)\_\_\_\_\_

\_\_\_\_\_  
Print full legal name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**X. AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of, all records concerning myself to any duly appointed officer of the City of Norman Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of educational institutions, Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed against me and the records and 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.

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 an internship or volunteer by the City of Norman Police Department. I also certify that any person(s) who may furnish such information shall not be held accountable for giving this information; and I do hereby release said person(s) from any complete candidness from those interviewed, that I have no right of access to any information collected during the course of the background investigation.

A photocopy 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.

\_\_\_\_\_  
Print full legal name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**( S E A L )**

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