

CITY OF COOS BAY

POLICE DEPARTMENT - SUPPLEMENTAL APPLICATION

GENERAL INSTRUCTIONS This application must be completed in legible handwritten or printed form by applicant. Answer all questions. If a question is not applicable to you, indicate by placing "n/a" in the appropriate space. Where space for an answer is inadequate, attach additional sheets and number your answers to correspond with the question. DO NOT MISSTATE OR OMIT material facts since these statements will be verified to determine your qualifications for employment.

1. List all other names you have used, including nicknames and maiden name if applicable. If you have ever used a surname other than your true name indicate what periods and circumstances the name was used. If you have ever legally changed your name, give date, place and court.

2. Date of Birth (M/D/Y) _____ Place _____

3. Citizenship: U.S. Citizen _____ By Birth _____ Naturalized _____

4. Residence: List all residences for the past ten (10) years, beginning with the most recent address. Include addresses while attending school and/or military service.

Month and Year	Street Address	City	State
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5. Foreign Language: Enter foreign language(s) and indicate your knowledge of each by listing as slight, good, or fluent.

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE

6. U. S. Military Service: Complete if you have been in the military service. (attach DD214)

Branch & Type of Discharge: _____

Date Entered: _____ Date Discharged: _____ Service#: _____

7. Are you now a member of any military reserve unit? Yes No

Name of Reserve organization: _____ Active _____ Inactive _____

8. While in the military service were you ever convicted for an offense which resulted in a trial by deck court, or by summary, special, or general court martial? If yes, explain.

9. When was your last eye examination? _____

Do you wear corrective lenses? Yes No

NOTE: Oregon Administrative Rules state for police applicants "the applicant must possess normal color discrimination, normal binocular coordination, and normal peripheral vision. The applicant must possess uncorrected or corrected visual acuity of 20/20 in both eyes combined. Applicants with 20/200 or worse uncorrected visual acuity in both eyes must be rejected."

10. Do you use or have you ever used illegal drugs or narcotics? Yes No

Do you have any reason to be concerned about the investigation into your use of narcotics or dangerous drugs? Yes No If yes to either question, explain.

11. Have you ever been convicted of an offense other than a parking violation?

Yes No If yes, list the date, place, charge, disposition and details of each incident. Include all convictions and citations.

NOTE: Convictions for misdemeanors are not an automatic disqualification to employment.

12. List the name, address, and telephone numbers of three social acquaintances.

1. _____

2. _____

3. _____

13 Are you, or have you ever been associated with any group or organization advocating the overthrow of the United States Government by force? Yes No If yes, please explain.

14. Are there any incidents in your life not previously listed in this application which may reflect upon your suitability to perform the duties of a Police Officer or which may require further explanation? Yes No If yes, give details.

15. Are you willing to abide by the rules and regulations and policies of the Coos Bay Police Department? Yes No

16. RELATIVES: (provide full name for each person)

FATHER	Occupation
Address	Employer
City/St/Zip	Address
MOTHER	Occupation
Address	Employer
City/St/Zip	Address
SPOUSE	Occupation
Address	Employer
City/St/Zip	Address

CHILDREN	Occupation
Address	Employer
City/St/Zip	Address
CHILDREN	Occupation
Address	Employer
City/St/Zip	Address
CHILDREN	Occupation
Address	Employer
City/St/Zip	Address

CERTIFICATE OF APPLICANT
(read carefully before signing)

I certify that all statements made in this application are true and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all eligibility to any employment in the service of the City of Coos Bay.

Print Name

Signature

Date

Have you included copies of:

1. Resume
2. Military DD214
3. Transcript from last high school attended, or certificate of equivalency if applicable. (If not attached, date sent for)
4. Transcript from all colleges attended. (If not attached, date sent for)