Lawton Police Department Sentinel Application

Submit completed application at the front desk of the Lawton Police Department

SENTINEL APPLICATION

You must be at least 21 years of age to be eligible to apply.

Print answers to each question clearly and completely. Neat and readable documents are important within the police department. Answer all questions completely and if the question does not relate to you enter N/A or Not applicable. This is an application for volunteer service and no employment contract of any kind is being offered.

Date of the application_____

_____

Last Name First Name Middle Name

_____

Driver License number State

_____ _____

Date of Birth SOCIAL SECURITY NUMBER

_____

Street address City Zip

_____

Phone number home Business number Alternate number

_____

EMAIL ADDRESS

_____

List any other name(s) you have been known by:

Do you go by a different name, such as a middle name? | Yes | | No | |

And what name is that? _____

When you are available to start training?_____

When are you available or would like to work? _____

The City of Lawton which includes the Police department and the Sentinel program does not discriminate on the basis of race, color, religion, sex, national origin, age, marital, veteran status, political affiliation, handicapped status, or and other legally protected statuses.

Important: *All information in this application will remain confidential and only released to those with a need to know; however, you will be subject to an extensive background examination and polygraph.* ***Any intentional false, misleading, or incomplete statements will be considered grounds for rejection****. Answer all questions if a question does not apply to you, mark N/A or Not Applicable.*

Sentinel job description

The Sentinel program is a volunteer force. Its members are used to augment functions of the police department and fall under the policies and procedures of the police department and those of the Sentinel program. Work of this nature requires responsibility to react in a thorough and professional manner and an ability to deal with the public in a positive way.

Essential Job Functions:

1. Patrols assigned area of the city, checking parks, buildings, and residential areas for suspicious activity and then reporting such activity by written reports, or directly to police dispatch.
2. Handles administrative duties in all divisions, (typing, computers, filing, etc.)
3. Takes offense reports of minor crimes and talks to or interviews witnesses or victims, searches for and preserves evidence.
4. Assists with traffic functions at accidents, funeral escorts and parades, etc.
5. Speaks before citizens groups, attends and participates in various in-service training.

Knowledge, Skills and Abilities:

1. Operate two-way radios and performs routine preventive maintenance on vehicles.
2. Drive vehicles both safely and efficiently while under stress and communicate information on the radio and drive safely at the same time.
3. Deal effectively with the public using tact and diplomacy and remain calm in emergency situations.
4. Read, understand and interpret ordinances, laws and other operating procedures of the department and the Sentinel program.
5. Locate places on a map, receive radio instructions and provide directions to others.
6. Ability to lead or take charge of a situation and make proper decisions.
7. Perform first aid or CPR as necessary in emergencies and assist other emergency personnel administering aid.
8. Willingness to work with others, follow orders, or allow a superior officer(s) or other trained experts to take charge as required.
9. Maintain strict confidentiality. Must be honest in dealings with the public and obey all laws.
10. Sensitive and responsive to the needs and feelings of others; sensitive to community values and norms; knowledge or appreciation of special lingo or slang to communicate with the public; sensitive to alternative life styles and socioeconomic groups and races.
11. Operate computers and perform office and clerical duties.

Physical/Mental Requirements:

1. Hearing sufficient to understand conversation in quiet and noisy environments and hearing enough to distinguish environmental sounds and to determine the location of sounds (understanding radio transmissions, determining location of persons during distress, etc.)

2. Speech sufficient to speak clearly and distinctly in English so that one is clearly understood (transmitting information over a two-way radio, talking to victims, suspects, etc.) If, you are fluent in a foreign language please note it in this application.

3. Sight, correctable near, far and peripheral vision enough to see objects in both close and distant surroundings (read drivers licenses, car tags, police reports and traffic signs, etc.)

4. Must be of stable mental health.

Environmental Conditions and Safety Concerns:

1. May be required to work outdoors in all kinds of weather.
2. May be required to have contact with persons who may ill with HIV, Hepatitis B or other communicable diseases or have been severely injured.
3. You will receive training on how to protect yourself from these diseases.

After reviewing the essential job functions, the minimum qualifications and the special requirements from the attached job description, are you able to do them with or without reasonable accommodations?

As you complete the next portions, provide prior education, work experience and any relevant training or certificates and licenses that would indicate your knowledge, skills and abilities to work as a Sentinel. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

It is extremely important that you provide correct responses to the questions and that you indicate your qualifications to be able to do the essential functions as a Sentinel. Failure to answer these questions may indicate that you have not provided the information to qualify for the position.

1. Are you a U.S. Citizen? Yes No

2. Have you worked for the city of Lawton? Yes No

   If yes give department and dates: _____

3. Do you know any Lawton Police officers? Yes No

   If yes which officer: _____

4. How did you learn about the Sentinel program? _____

   _____

   _____

5. Can you operate an automobile? Yes No

6. Do you have any restrictions or trouble driving? Yes No

7. Does night or driving in the dark bother you? Yes No

   If yes explain: _____

   _____

8. Have you ever had your license suspended or revoked Yes No

   If yes explain: _____

   _____

9. Within the last seven years:
   a. How many traffic tickets have you received? _____
   b. Number of DUI's or DWI's, alcohol or drugs? _____
   c. Number of reckless driving citations? _____
   d. Accidents which you were the driver and charged or received a citation?

   _____

   _____

10. It is imperative that Sentinel personnel have a clean conviction record and not be addicted to any controlled substance. (This information will not necessarily disqualify you.)

a. Have you ever been arrested?	Yes		No	
b. Been jailed?	Yes		No	
c. Received a conviction?	Yes		No	
1. Received a suspended sentence?	Yes		No	
2. Deferred sentence not expunged or sealed?	Yes		No	
3. Placed on probation?	Yes		No	

Please explain any yes answers: List the following information in this area; Date of conviction, Charges, Your age at the time, Court of Jurisdiction, Disposition of the case, Police agency involved.

_____

_____

_____

11. Have you ever been finger printed? Yes No

If yes explain the circumstances: _____

12. List each residence in the past 10 years, if renting, list the landlord's name and phone number.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

13. List Schools attended High School and higher, include Correspondence, business or technical or other schools.

Name of School Address Type of School Dates Hours Degree(s)

14. List all special training and occupational schools attended in your employment history.

15. Employment for the past ten years: Start with the most recent job first.

Date (From to) Employer name and address Employer/Supervisor and phone number

Title or position Reason for leaving

Type of Duties

Date (From to) Employer name and address Employer/Supervisor and phone number

Title or position Reason for leaving

Type of Duties:

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Title or position Reason for leaving

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Title or position Reason for leaving

Type of Duties

16. Have you ever been fired, suspended, or placed in an inactive status by any previous employer? (Exclude workers compensation injuries.) Yes No
If yes please explain:

17. Indicate any additional information or comments concerning any volunteer experiences and any special licenses or training:

18. Are you engaged in any business as an owner, partner (active or silent) or other connection? Yes ☐ No ☐

If yes give details: _____

19. Has any corporation, partnership, or business of which you are/were an officer, partner ever been denied a license or permit by any City, State, or the Federal Government? Yes ☐ No ☐

If yes give details _____

20. Have you served in the military? Yes ☐ No ☐
    a. Which branch? _____
    b. What is your current status _____
    c. Were you honorably discharged? Yes ☐ No ☐

Are you affiliated with any group(s) that does not support local, state, and federal laws? Yes ☐ No ☐

21. Have you ever been a member of any subversive organization? Yes ☐ No ☐
If yes in the previous two questions explain

_____

_____

22. Background information pertaining to character:
This information is used to question family members and associates to determine your fitness to perform the essential functions of the job.

_____
Name Phone number and address of relative, friend, co-worker

_____
Name Phone number and address of relative, friend, co-worker

_____
Name Phone number and address of relative, friend, co-worker

_____
Name Phone number and address of relative, friend, co-worker

_____
Name Phone number and address of relative, friend, co-worker

23. List any social, labor, civic, or fraternal organizations that you have or now belong to which demonstrates your fitness for this position:

24. Thinking of your previous jobs, which did you like best?

    a. Why?

    b. Which did you like least?

25. Describe any prior experience with firearms? Please note Sentinels do not and are not authorized to carry any defensive or offensive weapons, however, they will handle all sorts of weapons.

26. Do you have any other information that may come out in the background investigation concerning your fitness to handle the essential functions as a Sentinel?
    If yes give detail (Please note in this question we are not interested in your physical or mental ability to do the job.)

PERSONAL QUESTIONNAIRE

As an applicant for the Sentinel position with the City of Lawton Police department, you will be subject to intense background investigation. The following questionnaire is a preview of items that will be necessary to conduct a proper investigation. Answer all questions honestly and to the best of your ability.

1. Have you in the past used any controlled substance (drugs) that was not prescribed for you by a medical doctor for a medical or mental condition? Yes No

    a. If yes indicated the type of drug, date and extent of usage.

_____

_____

2. Have you in the past had you sniffed or inhaled glue, paint, lacquer, gasoline or any substance with the intent of getting high or intoxicated?

    Yes No

    a. If yes explain _____

_____

3. Have you ever stolen anything of value? Yes No

    a. If yes give the details include when it happened and how often.

_____

_____

4. Are you willing to wear a Sentinel uniform? Yes No

5. Are you willing to work a minimum of 4 hours a week? Yes No

6. What hours are you willing to work? _____

7. What duties are you intending or willing to work?

Community programs	Yes	Nope	Possibly
Crime Stoppers			
Drug Awareness			
Crime Prevention			
Neighborhood Watch Programs			
Department Banquets and Receptions			
Cops and Kids Picnic			
Public Speaking			
Patrol			
Parades, Traffic control			
Duties involving lifting and carrying			
Walking duties			
Door to door canvases			
Crime scene assists			
Traffic control assist			
Administration			
Inside duties only			
Sitting duties only			
Telephone work			
Filing and records			
Computer work			

If you are willing to work using computers, tell us about you computer experience:

_____

_____

Comments _____

_____

_____

_____

_____

_____

Signature Date

READ CAREFULLY BEFORE SIGNING!!

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant to the City of Lawton permission to investigate any information included in the application and I agree to submit to any drug screening, if required. I understand that this application is not a contract for employment. I hereby release the City of Lawton, its employees, representatives and agents from all liability in making any investigation and inquiry relative to information provided in this application or any other information provided in the course of the application and testing process. I understand that false or misleading statements given in this application or interview(s) may result in removal from the program. I understand I am required to abide by all rules and regulations of the City of Lawton.

Applicants Signature Date

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the Sentinel position. To a great extent, your ability to be qualified will depend on information obtained in confidential interviews with persons with whom you have been associated, including the personal references you listed.

If the reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be accepted at this time does not indicate that you cannot apply at a later date but that other candidates provided experiences, education and background data that was more suitable for the position.

I READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

Signature Full Name

Witness Date

STATEMENT OF TRUTHFULLNESS AND PERMISSION TO INVESTIGATE
(This must be signed and notarized)

Read Carefully Before Signing

I certify that I am the person named above and the facts given in this application are true and complete to the best of my knowledge. In signing this statement I do so with understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for acceptance as a Sentinel.

I hereby grant permission to the City of Lawton to investigate any information included in the application. I understand that this application is not a contract for employment. I hereby release the city and its agents from all liability in making any investigations and inquiries relative to information contained in the application form. I understand that if selected, false or misleading statements given in this application or interviews may result in removal from the Sentinel program. I understand that I am required to abide by all rules and regulations of the City, the Lawton Police Department and the Sentinel program.

I hereby authorize any city, county, state, or federal agency or former employer or individual listed in this application form to furnish to any member of the Lawton Police department any information concerning me necessary to process this application. A Photostatic, scanned and/or facsimile copy of this authorization shall be considered as valid as the original.

_____

Signature Name

_____

Date

The applicant must sign in the presence of a notary public.

Subscribed and sworn before me, a Notary Public, this the____ day of_____ 20__.

Notary Public/Commission # _____

My Commission Expires: _____