

OAKLAND POLICE DEPARTMENT

170 DOSS CIRCLE

Oakland, TN 38060

Phone: (901) 465-0070 Fax: (901) 465-1396

APPLICATION PACKET



Read ALL information carefully and fill out all forms COMPLETELY.

All applications must be notarized before they will be accepted. Review the application to ensure that you have completed all sections and provided all information requested. If applicable, copies of the following documents must be turned in for your application to be processed:

- 1.Driver's License
- 2.Birth Certificate
- 3.Social Security Card
- 4.High School Diploma/GED and Official Transcript
- 5.Military DD 214
- 6.College Diploma and Official Transcript
- 7.Professional Certificates



Town of Oakland Police Department

Police Officer Application Packet

This packet contains the following:

- ☐ Statement to Applicant
- ☐ Applicant's Statement
- ☐ Application for Employment
- ☐ Authorization for Release of Personal Information

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 your application. It will also disqualify you from making application in the future for positions with the Town of Oakland Police Department. I also understand that these statements may subject me to termination.

PLEASE READ:

Answer each question on this form. Information must be HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE). If additional information must be submitted in relationship to a specific question, please submit this information on additional sheets of 8 1/2" 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, you will be rejected from further consideration.

TOWN OF OAKLAND POLICE DEPARTMENT

Statement to Applicant

This application for employment will be considered active for a period of time not to exceed one year. Any applicant who desires to be considered for employment beyond this time should resubmit another application.

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the Oakland Police Department.

Any misrepresentation, falsification, or omission given on any form herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions with Oakland Police Department, or your employment with the department may be terminated.

Upon employment by the Oakland Police Department, the prospective employee may be required to submit and pass a drug screen, psychological exam and a physical examination at a facility designated by Oakland Police Department as part of a conditional offer of employment. Should the prospective employee fail to meet any component of this conditional offer of employment, then said conditional offer of employment is null and void. Should the prospective employee meet all the components of this conditional offer and begin employment with the department, then such prospective employee shall be deemed an employee of the department, with all rights and benefits of a department employee and subject to the policies of the department from and after the first date of employment.

Applicant's Statement

I certify that the answers given herein are true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand false or misleading information or information sought which I have omitted on this application or in any interview(s) may result in my discharge. I understand also that I am required to abide by all rules and regulations of the employer.

A notary MUST notarize this form before your application will be accepted. You must sign this form in front of the notary.

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

Signature: _____ Date: _____

Witness my signature this the _____ day of _____, _____.

Signature of Notary

This packet must be in HANDWRITTEN IN BLACK INK (DO NOT TYPE).

****Please Print**** If this application packet is NOT LEGIBLE, it WILL NOT be accepted.

1. PERSONAL HISTORY

Date: _____ Position Applied For: _____

Full Name (Last) (First) (Middle)	Sex/Race	Date of Birth
-----------------------------------	----------	---------------

Current Street Address Apt#.	City	State	Zip Code
------------------------------	------	-------	----------

Home Phone	Cell Phone	Work Hours	Days Off
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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. Are you a United States Citizen? ____ YES ____ NO List your email address: _____

Social Security Number	Birthplace	City	State
------------------------	------------	------	-------

F. _____
List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.

Have you ever had your name changed? ____ YES ____ NO (If yes, provide documentation)

G. Marital Status Single Married Divorced Separated Widowed

License Number	State	Type/Class (Operator D, etc.)
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Expiration Date	Conditions (Corrective Lens, etc.)
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2. FAMILY HISTORY

Full Name of Present Spouse	Maiden Name	Age	Date of Birth
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Present Employment of Spouse	Address	City	State	Phone #
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Full Name of former Spouse(s)	Maiden Name	Age	Date of Birth
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3. RESIDENCE

A. Chronologically list all residences since your 18th birthday, regardless of the time you resided there beginning with your present address. If in military service, list dates, branch and duty stations, to include off base residences. List addresses while attending school if away from home. Note when living with parents by indicating with an asterisk(*).

FROM MO./YR.	TO MO./YR.	COMPLETE ADDRESS	CITY/ STATE	ZIP

4. EDUCATION

SCHOOL NAME	LOCATION	DATES: FROM-TO	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
HIGH SCHOOL				
G.E.D.				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS OTHER SCHOOLS				

5. EMPLOYMENT TERMINATION

A. Have you ever been dismissed, fired or asked to resign from any employment or position you have 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.)

6. EMPLOYMENT

A. MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

B. On the following four pages you will find employment sheets. Please list your entire employment history, including part-time, temporary, and seasonal regardless of time employed. Begin with your current employment or most recent job and work backwards. If unemployed, list dates of unemployment. It is very important that employment information is accurate and must cover from HIGH SCHOOL GRADUATION TO PRESENT.

If additional employment sheets are needed, please make photocopies 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 CORRECT.

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO ____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO ____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO ____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO ____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO ____	
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	
DATE: _____	

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO ____	
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	
DATE: _____	

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 REHIRE: YES NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

7. 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	AUTO TAG #	STATE	OWN/ BUYING

8. MILITARY RECORD

A. Have you ever been on active duty in the Armed Forces of the United States? ____ YES ____ NO

If yes:

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. Are you a member of a Reserve Unit? ____ YES ____ NO or National Guard Unit ____ YES ____ NO

If yes, Branch _____ Ready _____ Standby/RR _____

F. Are you currently active in the military? ____ YES ____ NO

If yes, what is your anticipated release date? _____

G. If you were in the military, were you ever court-martialed? ____ YES ____ NO

If yes, explain: _____

Did you ever have any type of disciplinary action taken against you while in the military? (This includes an Article 15 and Captain's Mast, etc.) YES 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, a juvenile summons, an 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 dismissed, did not result in a conviction or the charge (s) was expunged. An independent investigation of your criminal history will be conducted and, if either an arrest or charge (s) are found which you did not list; your application will be rejected due to lack of untruthfulness.

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION OF CASE

C. Has your driver's license ever been suspended, cancelled, or revoked? YES NO

If yes, please explain: _____

If yes, which state(s), list license number if known: _____

DATE	CITY/STATE	CHARGES	DISPOSITION OF CASE

A. Based on your religion, are there any special considerations you might request such as handling of a firearm, or days off? YES NO If yes, explain: _____

YES _____ NO _____ If yes, list what department, dates of employment and 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 Town of Oakland Police Department or any other law enforcement agency? YES_____ NO _____ If yes list what agency, dates of employment and position held, and designate whether or not you were a permanent or temporary employee: _____

E. Are you currently a certified law enforcement officer in the state of Tennessee? ____ YES ____ NO

Are you currently or have you ever been a certified law enforcement officer in another state? ____ If yes, list where you attended the academy, the date, the state, and your P.O.S.T. certificate number and include a copy of your certificate.

ACADEMY	DATE	STATE	P.O.S.T. No.

F. 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: _____

G: Social Networking

1. Have you ever been a member of a social networking site of any kind? This includes hosting, posting, or visiting any network under your real name, assumed name or moniker used in connection with the site. Yes ____ No ____

2. List any sites you have been affiliated with and usernames you now have or ever used.

3. List all email addresses you have ever used.

4. Have you ever posted any comments or pictures on a social networking site, whether yours or another person's, that may contain material considered inappropriate based on race, color, sex, religion, national origin, age or disability? Yes ____ No ____

If yes, explain: _____

5. Have you ever posted any comments, sexually explicit pictures, or pictures of conduct that may be considered publicly embarrassing on a social networking site, whether yours or another person's? Yes ____ No ____ If yes, explain: _____

6. Have you ever posted or viewed pictures or images of juveniles engaged in any activity that is unlawful? Yes____ No____ If yes, explain:_____

7. When was the last time you erased, cleaned, or amended your site? _____

8. Did you clean your site in preparation for this interview or job search, and if so, what material was removed and why? Yes____ No____ If yes, explain: _____

11. REFERENCES

A. Give three (3) references who are responsible adults of reputable standing in their community that you HAVE KNOWN WELL FOR AT LEAST THREE YEARS AND THAT KNOW YOU. References CANNOT be relatives, former employers or present employers. You MUST include their full names, COMPLETE home address and business address (include city, state, zip code), and correct home or business 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

Business Address

City

State

Zip Code

()

()

Contact Time and Location

Home Phone

Work Phone

2.

Full Name (Last) (First) (Middle)

Years Known

Current Street Address Apt#.

City

State

Zip Code

Business Address

City

State

Zip Code

()

()

Contact Time and Location

Home Phone

Work Phone

3.

Full Name (Last) (First) (Middle)

Years Known

Current Street Address Apt#.

City

State

Zip Code

Business Address

City

State

Zip Code

()

()

Contact Time and Location

Home Phone

Work Phone

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 (both pre and post employment) at anytime reveal or disclose any such misrepresentations, falsifications, or omission, my application will be rejected and my name may be removed from the employment list. I cannot reapply with the Town of Oakland Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination.

SIGNATURE:_____ DATE:_____

RECEIVED BY:_____ DATE:_____

TOWN OF OAKLAND
POLICE DEPARTMENT
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 Oakland 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 Oakland 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.

****This form MUST BE NOTARIZED by a notary before your application will be accepted. THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Signature (include maiden name)

Address

City

State

Zip

Phone

Date of Birth

Social Security Number

Sworn to and Subscribed before me this _____ day of _____, 20_____

State of _____ County of _____

My Commission Expires: _____

NOTARY

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 transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Please have the High School/Board of Education mail your transcript or G.E.D. scores directly to the Town of Oakland Police Department at the address listed below.
4. When Town of Oakland Police Department receives your transcript, it becomes the property of Oakland Police Department and cannot be released to any other person or agency. It is your responsibility to contact us to make sure we have received your transcript(s) by the stated deadline.

NOTE: ALL TRANSCRIPTS/G.E.D. SCORES MUST BE RECEIVED AT TOWN OF OAKLAND POLICE DEPARTMENT 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 Town of Oakland 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 Oakland Police Department at the following address:

**TOWN OF OAKLAND POLICE DEPARTMENT
170 DOSS CIRCLE
OAKLAND, TN 38060**

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): _____

My home phone number: _____ My work phone number: _____

My date of birth: _____ My 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 REQUEST 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 transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Have each College/University mail your transcript directly to the Town of Oakland Police Department at the address listed below. It is your responsibility to contact us to make sure we have received your transcript(s) by the stated deadline.
4. When the Town of Oakland Police Department receives your transcript, it becomes the property of the Town of Oakland Police Department and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE TOWN OF OAKLAND POLICE DEPARTMENT 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 or University that maintains your permanent transcript.

NAME OF COLLEGE OR UNIVERSITY:

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

**Town of Oakland Police Department
170 Doss Circle
Oakland, TN 38058**

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): _____

My home phone number: _____ My work phone number: _____

My date of birth: _____ My Social Security number: _____

I attended from: _____ To: _____ Degree obtained: _____ Date: _____

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED BY MAKING THIS REQUEST.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH TRANSCRIPT