



**CITY OF ENID
ADVISORY COMMISSION APPLICATION FORM
POLICE CIVIL SERVICE COMMISSION**

NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ **BUSINESS PHONE** _____

EMAIL ADDRESS _____

DRIVER'S LICENSE # _____ **COMMISSION WARD** _____

**HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN TRAFFIC OFFENSES)?
IF SO, WHAT, WHEN, AND WHERE?** _____

**ARE YOU CURRENTLY UNDER A SUSPENSION OR DEFERRED SENTENCE (OTHER
THAN TRAFFIC OFFENSES)? IF SO, WHAT, WHEN, AND WHERE?** _____

CIVIL, PROFESSIONAL & COMMUNITY ACTIVITIES _____

OTHER COMMENTS _____

REFERENCES

AUTHORIZATION FOR BACKGROUND INFORMATION

I authorize the City of Enid and its agents to investigate me and to request and receive any information concerning me, including, but not limited to, a criminal history. I further release, discharge and hold harmless the City of Enid, its agents, its employees, officers and representatives of any kind, from any and all claims, liability, damages and responsibility of whatever kind or nature arising out of, or in connection with, any act or omission and any such investigation, or compliance with this authorization and request to release information or any attempt to comply with it. This paragraph applies to any negligence, comparative negligence, sole negligence, concurrent negligence, error, or omission. I have voluntarily signed this release to assist in the evaluation of my qualifications for appointment to the Police Civil Service Commission.

I agree that if any investigation at any time reveals that I have provided false information to, or amended information from the City of Enid, then the City may take action to remove me from the Police Civil Service Commission, without liability.

SIGNATURE

DATE

Return application to:

City Clerk
401 W. Owen K. Garriott Road or: PO Box 1768
Enid, OK 73701 Enid, OK 73702
alack@enid.org
FAX: 580-242-7760