The attached Tulsa Fire Department Applicant Update Form must be completed in entirety and submitted whenever there is a change in status from your original BIQ.

All Fire Department applicants, regardless of whether you have received an Oral Board interview or not, are required to submit this form.

Your written test score remains valid for two (2) years from your initial test date. You must re-test and re-submit a new Background Investigation Questionnaire every two years to re-activate your application.

It is the applicant’s responsibility to submit a properly completed Applicant Update Form with every change of status different from the original BIQ. Whenever there is a change, an Update Form should be completed and submitted IMMEDIATELY.

When completed, email (preferred) the Applicant Update Form to:

evega@cityoftulsa.org

Or mail it to:

Testing Coordinator
City of Tulsa
175 East 2nd Street
Tulsa, OK 74103

If you have any questions regarding this process or need additional Applicant Update Forms, please contact the Testing Coordinator. It is strongly recommended that you save this document and the Applicant Update Form itself on your computer for later use.
TULSA FIRE DEPARTMENT
APPLICANT UPDATE

NOTE: ALL INFORMATION MUST BE FILLED OUT COMPLETELY, WHETHER OR NOT
YOU HAVE ANY CHANGES. PLEASE TYPE OR PRINT NEATLY.

Full Name: _______________________________________________________________

Social Security #___________________________________________________________

Today's Date: _______________ Written Test Date (MO/yr): ________________

Current Street Address_____________________________________________________

City___________________State_________Zip_________ E Mail__________________

Home Phone (___)_________________ Cell Phone (___)______________________ Work

Phone (___)_______________________ Pager (___)______________________ Current Place of

Employment____________________Start Date: ______________________Job Title/Description:

______________________________Work Address:

_____________________________ Supervisor Name:

______________________________ Supervisor Phone:

Is any of the above information different than your original Background Investigation Questionnaire?
(CIRCLE ONE) YES NO

Please describe any changes to your original BIQ. Also, please describe all attachments to this form:

____________________________________________________________________________

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