



Little Flock Police Department Employment Application

Personal History Statement

Law Enforcement Agency:

Month

Day

Year

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or Print Legibly in all responses.

PERSONAL:

First Name

Middle Name

Last Name

SSN

Nickname or Aliases:

Height:

Weight:

Present Mailing Address:

Street & Number

City

State

Zip Code

Permanent Mailing Address:

Street & Number

City

State

Zip Code

Telephone Number:

Home

Mobile

Work

Date of Birth:

Place of Birth

Citizenship

U.S Born

U.S Naturalized

Other

Cont.

CONT.

List below every child born to you:

NAME:

- 1)
- 2)
- 3)
- 4)
- 5)

BIRTHDATE

- 1)
- 2)
- 3)
- 4)
- 5)

PLACE OF BIRTH

- 1)
- 2)
- 3)
- 4)
- 5)

RESIDES WITH
WHOM

- 1)
- 2)
- 3)
- 4)
- 5)

Are you now
supporting all
children born to
you?

Yes

No

If no, give details

Have you ever
been involved as
defendant in a
paternity
proceeding?

Yes

No

If yes, give date
and court or
jurisdiction:

REFERENCES

Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME ADDRESS TELEPHONE

List your parents, brothers, and sisters

NAME ADDRESS TELEPHONE

Has any member of your immediate family ever been arrested for or convicted of a felony offense?

YES NO

If yes, complete the following:

DATE LOCATION CHARGE DISPOSITION

FINANCIAL

Do you have life insurance and/or hospitalization insurance? YES NO

Do you have a savings account? YES NO

Bank City and State

Bank City and State

Do you have a checking account? YES NO

Bank City and State

Bank City and State

Do you own or have an interest in any type of business dealing in alcohol

YES NO

If yes, give name, location and type of business:

Do you own or are you buying your own home?

YES NO

Is there a mortgage on the property?

YES NO

Bank or Company City and State

Do you own or are you buying other real estate?

YES NO

Bank or Company City and State

List motor vehicles that you own or are buying or leasing?

Make	Model	Year	Amount Owed
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Make	Model	Year	Amount Owed
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What income other than salary do you have at present? Include your spouse's salary?

List Credit References:

Name of Firm:	Amount Owed
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Street Address	City and State
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Name of Firm:	Amount Owed
---------------	-------------

Street Address	City and State
----------------	----------------

Name of Firm:	Amount Owed
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Street Address	City and State
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Name of Firm	Amount Owed
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Street Address	City and State
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Name of Firm	Amount Owed
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Street Address	City and State
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CONT.

REFERENCES

List addresses for past 10 years starting with present address at top:

FROM MO./YR.	TO MO./YR.	ADDRESS/ RESIDENCE	CITY & STATE	LANDLORD
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WORK HISTORY

Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?

YES NO

If yes,give details below:

If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

Have your employers always treated you fairly?

YES NO

If no, explain:

Do you object to wearing a uniform?	YES	Do you object to working nights?	YES	NO
	NO			

Do you object to working nights?	YES	NO
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Cont.

List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper item sequence and temporary part- time jobs.

Title of present or last position	Starting Salary	Last Salary
Date Employed	Name & Title of Supervisor	No. of Employees Supervised by you
Date Separated	Employer	Address
Full Time yrs/mos	Duties	
Part Time yrs/mos		
If part time # of hours worked per week		
Reason for leaving?		

Title of present or last position	Starting Salary	Last Salary
Date Employed	Name & Title of Supervisor	No. of Employees Supervised by you
Date Separated	Employer	Address
Full Time yrs/mos	Duties	
Part Time yrs/mos		
If part time # of hours worked per week		
Reason for leaving?		

Title of present or last position	Starting Salary	Last Salary
Date Employed	Name & Title of Supervisor	No. of Employees Supervised by you
Title of present or last position	Starting Salary	Last Salary
Date Employed	Name & Title of supervisor	No. of Employees Supervised by you
Date Separated	Employer	Address

Cont.

Full Time yrs/mos

Duties

Part Time yrs/mos

If part time # of hours worked per week

Reason for Leaving?

Have you previously submitted an application for employment with this agency?

Approximate Date

YES NO

MILITARY SERVICE

Were you ever in the U.S Military Service or any other military organizations?

Branch of Service?

YES NO

Unit	Date of Enlistment	Date of Discharge?	Service Number	Highest Rank
	<input type="text"/>	<input type="text"/>		

List Medals and Decorations:

Type of Discharge?

If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

List all schools attended:

_____ NAME OF SCHOOL LOCATION (CITY & STATE) FROM MO./YR. TO MO./YR. YEAR COMPLETED

GRADE SCHOOL

HIGH SCHOOL

COLLEGE OR UNIVERSITY

Did you either graduate from high school or pass the high school equivalency test?

YES NO

List college degrees received and major field of each. Include incomplete courses:

Were you ever expelled from any school or were you ever disciplined by any school official?

YES NO

If yes, explain:

ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (Exclude minor traffic violations.)

Have you ever been arrested or detained by police? If yes, give details below:

YES NO

Crime Charged	Police Agency	Date
		<input type="text"/>

Disposition of Case

.....

Crime Charged	Police Agency	Date
		<input type="text"/>

Disposition of Case:

.....

Crime Charged	Police Agency	Date

Disposition of Case

Have you ever been place on probation? If yes, give details?

YES NO

Have you ever been required to pay a fine in excess of \$25.00? If yes, give details?

YES NO

Have you ever been reported as a missing person or a runaway?

If yes, give complete details, including jurisdiction, dates and outcome:

YES NO

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

YES NO

If yes, explain below:

List any disciplinary action taken against you in the national guard or other reserve unit?

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I and other agencies.

Agency Date Purpose

Agency Date Purpose

Agency Date Purpose

Can you operate a motor vehicle?

YES NO

Do you possess a valid operator's license from the State of Arkansas?

Operator's License Number

Date Issued

YES NO

Do you possess an operator's license issued by any state other than Arkansas?

If yes, give state and number:

YES NO

Was your license ever suspended or revoked?

If yes, state which and give reasons:

YES NO

Was your license ever restored?

When?

Have you ever been refused an operator's license by any state?

YES NO

YES NO

Have your driving privileges ever been restricted?

YES NO

If yes, give details:

Has a motor vehicle being driven by you ever been involved in an accident?

YES NO

If yes, give complete details for each accident whether collision or non-collision:

Date	Police Investigation	Location
<input type="text"/>	YES NO	

Cause of accident?

Date	Police Investigation	Location
<input type="text"/>	YES NO	

Cause of accident?

Date	Police Investigation	Location
<input type="text"/>	YES NO	

Cause of accident?

List any convictions for minor traffic violations:

	LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OF DISPOSITION
1.				
2.				
3.				
4.				
5.				

ATTITUDES

What do you consider to be the current social problem of greatest concern?

What are your experiences and beliefs concerning the use of alcoholic beverages?

What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?

What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

CAREER OBJECTIVES

Explain briefly your reasons for applying for this position:

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualifications or dismissal.

SIGNATURE IN FULL

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY

OF _____, 20 _____

MY COMMISSION EXPIRES _____

NOTICE: False swearing is a Class A misdemeanor, Punishable under Arkansas Code 5-53-103