

# Little Flock Police Department Employment Application

## Little Flock Police Department

## 1500 Little Flock Drive Little Flock, AR 72756

<b>Last Name:</b>	First Name:	Middle:	Sex	Race
Date of Birth:	SS	N:		
Place of Birth:	County/City	State:	Country	:
Iconcerning myself, by and to a private, or confidential nature.	do hereby author ny duty authorized agent of the Little Flo	ize a review of and full discock Police Department, who		
credit institutions, including re commercial and retail credit ag records, including background personal property tax statement and/or convictions for alleged of	a is to give y consent for full and complete cords of deposits, withdrawls and balance gencies (including credit reports and/or reports, efficiency ratings, complaints or ats and records and other financial staten or actual violations of law including crimications of attorneys at law or of other countinterest.	ces of checking and savings ratings); public utility comp r grievances filed by or againents and records whereve winal, civil nature made by c	account and loans, and panies; employment and inst me, and salary recor r filed; records of compl or against me; wheresoe	also the records of pre-employment rds; real and aint, arrest, trial ver located and to
or in part upon this release aut	ion obtained by a personal history backg horization will be considered in determir all materials pertaining to this backgrou urned to me.	ning my suitability for emp	loyment by the Little Flo	ock Police
claims, damages, losses and ex	narmless the person to whom this reques penses, including reasonable attorneys fo event my application is disapproved the s	ee; arising out of or by reas	on of complying with thi	is request. I
A photocopy of this release formy signature.	n will be valid as an original hereof even	though the said photocopy	v does not contain an ori	ginal writing of
MUST BE SIGNED IN TH	IE PRESENCE OF A NOTARY:	Signature:		
Subscribed and sworn bef		Street Address:		
day of	20			
My commission expires _	20	City:	State:	Zip Code
Notary:sc-003-pol				

## **Personal History Statement**

Law Enforcement Agen	cy:	Month	Day	Year
verification. Incorrect state	his questionnaire completely and ments may bar or remove you fro tion by item number. If a question y in all responses.	m employment. If space	e provided is inac	lequate, add additional
PERSONAL:				
First Name	Middle Name	Last Name		SSN
Nickname or Aliases:				
Height:	Weight:			
Present Mailing Addr	ess:			
Street & Number		City	State	Zip Code
Permanent Mailing A	ddress:			
Street & Number		City	State	Zip Code
<u>Telephone Number:</u>				
Home	Mobile			Work
Date of Birth:	Place of Birth		Citizenship U.S Borr U.S Natu Other	

Cont.

List organiza been associa	ations, club and associat ated.	ions of which you a	are or have been a m	ember, or with whic	h you are or have
List hobbies	s and/or special skills				
Marital Sta	atus:				
Single Widowe	Engaged d	Married	Separated	Divorced	
Name of sp	pouse or fiance'				
If married,	are you living with you	r spouse?			
Yes	No				
If no, state	reasons:				
Have you e	ver been separated or d	livorced?			
Yes	No				
If yes, give	date and location of,				
Give the fol	llowing information co	ncerning your spo	ouse's parents:		
FATHER	NAME		ADDRESS		
MOTHER	NAME		ADDRESS		

#### 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**

provide iiii	ormation about your ch	aracter, ability, experience, pers	sonality and other qualities.
NAME		ADDRESS	TELEPHONE
List your pa	arents, brothers, and si	sters	
NAME		ADDRESS	TELEPHONE
Has any mem	ber of your immediate family	ever been arrested for or convicted of a fe	lony offense?
YES	NO		
If ves. complet	te the following:		
DATE	LOCATION	CHARGE	DISPOSITION

Give the names of five responsible persons, other than relatives or past employers, who could

#### **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 ha	ve an interest in a	ny type of bu	siness dealing in alcohol
YES	NO		
If yes, give name,	location and type	of business:	
Do you own or ar	e you buying your	own home?	
YES	NO		
Is there a mortgag	ge on the property	<i>i</i> ?	
YES	NO		
Bank or Company	y		City and State
Do you own or ar	e you buying othe	r real estate?	
YES	NO		
Bank or Company	y		City and State

Make	Model	Year	Amount Owed
Make	Model	Year	Amount Owed
What income other than sala	ry do you have at present? Include	your spouse's salary?	
List Credit References:			
Name of Firm:		Amount Owed	
Street Address		City and State	
Name of Firm:		Amount Owed	
Street Address		City and State	
Name of Firm:		Amount Owed	
Street Address		City and State	
Name of Firm		Amount Owed	
Street Address		City and State	
Name of Firm		Amount Owed	
Street Address		City and State	

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

Do you object

to working nights?

YES

NO

List addresses	for past 10	years starting wit	n present address at to	o:

FROM TO CITY & MO./ YR. MO./ YR. ADDRESS/ RESIDENCE **STATE LANDLORD 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 YES Do you object to YES NO working nights? to wearing a NO uniform?

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 Starting Last or last position Salary Salary Date Employed Name & Title No. of Employees of Supervisor 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 Starting Last Salary Salary last position Date Employed Name & Title No. of Employees of Supervisor 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 Starting Last Salary Salary last position Name & Title No. of Employees Date Employed Supervised by you of Supervisor Title of present Starting Last Salary Salary last position Date Employed Name &Title of No. of Employees supervisor 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?					
Have you previou	usly submitted an ap	oplication for employment with	this agency?	Approximate Date	
YES	NO				
MILITARY SER	RVICE				
Were you ever in	n the U.S Military Se	rvice or any other military orga	anizations? E	Branch of Service?	
YES	NO				
Unit		Date of Enlistment	Date of Discharge	Service ? Number	Highest Rank
List Medals and I	Decorations:				
Type of Discharg	ge?				
If you are presen	ntly a member of the	National Guard or any militar	y reserve, give the unit, I	location, and describe you	r obligation:
List all schools a	ttended:				
GRADE SCHOOL	NAME	OF SCHOOL LOCATION (CI	TY & STATE) FROM MO	D./YR. TO MO./YR. YEA	R COMPLETED
HIGH SCHOOL					
COLLEGE OR UNIV	<u>'ERSITY</u>				
Did you either gra	aduate from high sc	hool or pass the high school e	equivalency test?		
YES	NO				

List college de	grees received and major field	of each. Include incomplete courses:	
Were you ever	expelled from any school or w	ere you ever disciplined by any school official?	
If yes, explain:			
	D MILITARY DISCIPLINARY		
	ne following questions complete minor traffic violations.)	ely and accurately. Any falsifications or misstatements	s of fact may be sufficient to disquality
Have you ever	been arrested or detained by p	police? If yes, give details below:	
YES	NO		
Crime Charged	d	Police Agency	Date
Disposition of 0	Case		
Crime Charged	i	Police Agency	Date
Disposition of (	Case:		
Crime Charged	i	Police Agency	Date
Disposition of (	Case		
Have you ever	been place on probation?	If yes, give details?	
YES	NO		
Have you ever fine in excess of	been required to pay a of \$25.00?	If yes, give details?	
YES	NO		

Have you ever be person or a runaw		nissing	If yes, give complete details, including jurisdiction	n, dates and outcome:
			re you the subject of a summary court, deck court mber of the armed forces?	, captain's mast or company
YES	NO			
If yes, explain belo	ow:			
List any disciplina	ry action taken aga	ainst you in the nation	onal guard or other reserve unit?	
If you have ever b F.B.I and other ag		oy a police agency o	other than for an arrest, give details below. Your a	inswers will be checked with the
Agency		Date	Purpose	
Agency		Date	Purpose	
Agency		Date	Purpose	
Can you operate a	a motor vehicle?			
YES	NO			
Do you possess a State of Arkansas	valid operator's lid?	cense from the	Operator's License Number	Date Issued
YES	NO			
Do you possess a state other than A		e issued by any	If yes, give state and number:	
3				

Cont.

When?

If yes, state which and give reasons:

YES

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

NO

Was your license ever suspended or revoked?

NO

NO

Was your license ever restored?

YES

YES

Have your driving privileges ever been restricted?			?	If yes, give details:	
YES	NO				
Has a motor vehicle being driven by you ever been involved in an accident?				If yes, give complete details for each accollision:	ccident whether collision or non-
YES	NO				
Date		Police Investigation		Location	
		YES	NO		
Cause of accident	?				
Date		Police Investiga	ation	Location	
		YES	NO		
Cause of accident	?				
Date		Police Investigation		Location	
		YES	NO		
Cause of accident	?				
List any conviction	ons for mino	or traffic violation	<u>15:</u>		
LOCATION 1.		APPROX. DATE	Ξ	NATURE OF VIOLATION	PENALTY OF DISPOSITION
2. 3					
4. 5.					
ATTITUDES					
What do you cons	ider to be the	current social pro	oblem of gr	eatest concern?	
What are your exp	periences and	l beliefs concernir	ng the use o	of alcoholic beverages?	

What are your experiences and beliefs concern	ning 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 thi	s position:
I hereby certify that all statements made in this facts will subject me to disqualifications or disn	e questionnaire are true and complete and understand that any misstatements of material nissal.
SIGNATURE IN FULL	
SWORN AND SUBSCRIBED BEFORE ME	NOTIOE E L
NOTARY PUBLIC, THISDAY	NOTICE: False swearing is a Class A misdemeanor, Punishable under Arkansas Code 5-53-103
OF, 20	
MY COMMISSION EXPIRES	