

Date _____

Crawford County Sheriff's Office

Application Cover Sheet

Name:

First: _____

MI: _____

Last: _____

Date Of Birth: _____

SSN: _____

Physical Address: _____

Position Applied For: _____

Date Available: _____

Drivers License and State of Issue: _____

Application must be filled out completely or you will not be considered for the position for which you are applying.

Personal History Statement

Law Enforcement Agency

Month

Day

Year

12. Give the following information concerning your spouse's parents:

Father: _____
Name Address

Mother: _____
Name Address

13. List below every child born to you:

NAME	BIRTH DATE	PLACE OF BIRTH	WITH WHOM RESIDES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No
If no, give details. _____

15. Have you ever been involved as a defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or jurisdiction: _____

REFERENCES:

16. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY HISTORY:

17. List your parents, brothers and sisters:

NAME

ADDRESS

TELEPHONE

Father _____

Mother _____

Bro/Sis _____

Bro/Sis _____

Bro/Sis _____

18. 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:

19. Do you have life insurance and/or hospitalization insurance? ___ Yes ___ No

20. Do you have a savings account? ___ Yes ___ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Do you have a checking account? ___ Yes ___ No

Bank _____ City and State _____

Bank _____ City and State _____

22. 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:

23. Do you own or are you buying your own home? ___ Yes ___ No

Is there mortgage on the property? ___ Yes ___ No

Bank or Company _____ City and State _____

24. Do you own or are you buying in other real estate? ___ Yes ___ No

If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

25. List motor vehicles that you own or are buying or leasing:

Make	Model	Year	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. What income other than salary do you have a present? Include spouse's salary?

27. 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 _____

Name of Firm: _____ Amount Owed: _____

Street Address _____ City and State _____

Name of Firm: _____ Amount Owed: _____

Street Address _____ City and State _____

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? _____ If not, explain: _____

30. Have you ever been sued? _____ If not, explain: _____

RESIDENCES

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

From MO/YR	To MO/YR	Address/Residence/City and State
		Landlord

_____ PRESENT _____

WORK HISTORY

32. 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: _____

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

34. Have your employers always treated you fairly?

Yes No If yes, give details below: _____

35. Do you object to wearing a uniform? Yes No

36. Do you object to working nights? Yes No

37. Do you object to working shifts? Yes No

38. List all jobs you have held in the last ten years. Put you 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.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Employer _____ Address _____

Name and title of supervisor _____ No. of employees supervised by you: _____

Duties _____

Reason for leaving _____

Date employed _____ Date separated _____

Full-time, Years and months _____

Part-time, Years and months _____
(If part-time, list number of hours worked per week)

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

Employer _____ Address _____

Name and title of supervisor _____ No. of employees supervised by you: _____

Duties _____

Reason for leaving _____

Date employed _____ Date separated _____

Full-time, Years and months _____

Part-time, Years and months _____
(If part-time, list number of hours worked per week)

C. Title of present or last position _____ Starting Salary _____ Last Salary _____

Employer _____ **Address** _____

Name and title of supervisor _____ **No. of employees supervised by you:** _____

Duties _____

Reason for leaving _____

Date employed _____ **Date separated** _____

Full-time, Years and months _____

Part-time, Years and months _____

(If part-time, list number of hours worked per week)

D. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Employer _____ **Address** _____

Name and title of supervisor _____ **No. of employees supervised by you:** _____

Duties _____

Reason for leaving _____

Date employed _____ **Date separated** _____

Full-time, Years and months _____

Part-time, Years and months _____
(If part-time, list number of hours worked per week)

39. Have you previously submitted an application for employment with this agency? ___ Yes ___ No

Approximate date : _____

MILITARY SERVICE

40. Were you ever in the U.S. Military service or any other military organization? ___ Yes ___ No

Branch of Service _____ Unit _____ Date of Enlistment _____

Date of Discharge _____ Service Number _____ Highest Rank _____

41. List medals and decorations: _____

42. Type of Discharge: _____

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

obligation. _____

44. List all schools attended :

Name of School Completed	City and State	From	To	Year
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Grade School _____

High School _____

College or University _____

45. Did you either graduate from high school or pass the high school equivalency test? ___ Yes ___ No

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

47. 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)

48. Have you ever been arrested or detained by police? Yes No If yes, give details below:

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

49. Have you ever been placed on probation? Yes No If yes, give details below :

50. Have you ever been required to pay a fine in excess of \$25.00? Yes No If yes, give details below :

51. Have you ever been reported as a missing person or as a runaway? Yes No If yes, give complete details,

including jurisdiction, dates and outcome: _____

52. 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:

53. List any disciplinary action taken against you in the National Guard or other reserve unit:

54. 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 _____

55. Can you operate a motor vehicle? _____ Yes _____ No

56. Do you possess a valid operator's license from the state of Arkansas? _____ Yes _____ No
Operator's license number _____ Date issued _____

57. Do you possess an operator's license issued by any others state other than Arkansas? _____ Yes _____ No
If yes, give state and number: _____

58. Was your license ever suspended or revoked? _____ Yes _____ No If yes, state which and give reasons:

59. Was your license ever restored? _____ Yes _____ No When? _____

60. Have you ever been refused an operator's license by any state? _____ Yes No _____

61. Have your driving privileges ever been restricted? ____ Yes ____ No If yes, give details:

62. 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? ____ Yes ____ No
Location _____ Cause of Accident _____

Date _____ Police Investigation? ____ Yes ____ No
Location _____ Cause of Accident _____

Date _____ Police Investigation? ____ Yes ____ No
Location _____ Cause of Accident _____

63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION
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ATTITUDES

64. What do you consider to be the current social problems of greatest concern?

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

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

67. What are your feelings about the use of deadly force if it becomes necessary in the performance of official duties? _____

CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position: _____

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

Signature in Full

SWORN AND SUSCRIBED BEFORE ME

Arkansas

**NOTICE- False swearing is a Class A
misdemeanor. Punishable under**

Code 5-53-103.

**NOTARY PUBLIC, THIS _____ day
of _____, 20_____**

My Commission expires_____

CRAWFORD COUNTY SHERIFF'S OFFICE
RELEASE OF INFORMATION AUTHORIZATION

Name: _____ DLN# _____

DOB: _____ SSN: _____

I, _____ do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to the Sheriff elect of Crawford County or their duly authorized agent, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings) public utility companies, employment and pre-employment records, including background reports, efficiency ratings , complaints or grievances filed by or against me, and salary records real and personal property tax statements and records and other financial statements and records wherever filed records of complaint, arrest, trial and or convictions for alleged or actual violation of law, including criminal, civil and or traffic records, the results of any polygraph examinations, records of complaint of a civil nature made by or against me, where so ever located and to include records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case in which I presently have or have had any interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background history of my personal life, for the specific purpose pursuing a background investigation which may provide pertinent data for the Crawford County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and sources of information specifically identified herein.

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 Crawford County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of my confidential information cannot be revealed to me.

A photocopy of this release will be valid as an original hereof, even though they said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF

Signature: _____

A NOTARY

Address:

Subscribed and sworn before me this _____ **day**
of _____ **20** _____

City:

My Commission Expires _____

State:

Zip Code: