

Authorization to release information

I, _____, am an applicant for employment with the Gravette Police Department. In order to process my application, certain information must be made available to the Chief of the Gravette Police Department. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institution, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Chief of the Gravette Police Department or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Chief or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. I fully understand that I will be fingerprinted and that my fingerprints will be submitted to the FBI (Federal Bureau Of Investigations) and the ASP (Arkansas State Police) for the purpose of running a criminal history check.

SIGNATURE _____

DATE _____

Affidavit Of

I, _____, Being first duly sworn, deposes and says as follows: I am the person who executed the above authorization. I understand it's meaning, intention, and effect, and that the statements therein made are true and correct.

SIGNATURE _____

Subscribed And Sworn To Before Me This _____ Day Of _____, 20__

MY COMMISSION EXPIRES _____

NOTARY PUBLIC _____

STATE OF ARKANSAS
COMMISSION
ON
LAW ENFORCEMENT STANDARDS
AND TRAINING
PERSONAL HISTORY STATEMENT

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 ink all responses.

PERSONAL

1. NAME _____
 First Middle Last Social Security Number

Nicknames or Aliases _____

2. Height: _____ inches Weight: _____ lbs.

3. Present Mailing Address: _____
 Street & Number City State Zip Code

Permanent Mailing Address: _____
 Street & Number City State Zip Code

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

5. Citizenship: U.S. Born U.S. Naturalized Other-Specify _____

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

9. Names of Spouse or Fiance(e) _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If yes, give date and location of court or jurisdiction. _____

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

	NAME	ADDRESS
Father		
Mother		

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 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:

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL:

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

20. Have you a savings account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you 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 a mortgage on the property? _____ Yes _____ No

Bank or Company _____ City and State _____

24. Do you own or are you buying 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 at 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 _____
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? _____ Yes _____ No If yes, give details: _____

RESIDENCES:

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

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & 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 no explain: _____

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 your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting salary _____ Last salary _____
Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address _____
Duties _____
Reason for leaving _____

Date employed		
Date separated		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If part-time, # of hours worked per week:		

B. Title of next to last position: _____ Starting salary _____ Last salary _____
Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address _____
Duties _____
Reason for leaving: _____

Date employed		
Date separated		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If part-time, # of hours worked per week:		

C. Title of next position: _____ Starting salary _____ Last salary _____
Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address: _____
Duties _____
Reason for leaving: _____

Date employed		
Date separated		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If part-time, # of hours worked per week		

D. Title of next position: _____ Starting salary _____ Last salary _____
Name and title of supervisor _____ No. employees supervised by you _____
Employer _____ Address _____
Duties _____
Reason for leaving: _____

Date employed		
Date separated		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If part-time, 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	Location (City and State)	From Mo. & Yr.	To Mo. & Yr.	Year Completed
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 A _____
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 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

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 became necessary in the performance of official duties?

CAREER OBJECTIVES

68. 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 disqualification or dismissal.

Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ day

of _____, 19 _____

My Commission expires _____

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

City of Gravette, Arkansas
Police Department

POSITION APPLIED FOR: _____ (PATROLMAN, CLERK, ECT.) _____ TODAY'S DATE _____

NAME: _____
 LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
 STREET#/PO BOX

 CITY STATE PHONE

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____
 MONTH/DAY/YEAR

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

MARITAL STATUS: _____

Have you ever been employed under a different name? _____

Name of Spouse: _____ Occupation of Spouse: _____

Dependents:

NAME AGE RELATIONSHIP NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP NAME AGE RELATIONSHIP

Have you ever been arrested or charged with any violation or crime, including traffic tickets?
Yes / No, If yes, explain _____

Have you ever been convicted of a felony, or plead guilty or nolo contendere to a felony charge,
whether expunged or pardoned? Yes / No, If yes explain _____

Was your driver's license ever revoked or suspended? Yes / No, If yes explain _____

List addresses for the past ten years, starting with present address at top (Use additional sheets if necessary).

MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD
MO / YR	MO / YR	ADDRESS OF RESIDENCE	CITY / STATE	LANDLORD

Employer's Name and Address _____

Position Held _____ Starting Salary _____ Last Salary _____
Name and title of supervisor _____

Date Employed _____ Date Separated _____ # employee's supervised by you _____
Full-Time Yes / No Duties _____

Part-Time Yes / No _____
If Part-Time, Number Hours _____

Per week _____
Reason for Leaving _____

Employer's Name and Address _____

Position Held _____ Starting Salary _____ Last Salary _____
Name and title of supervisor _____

Date Employed _____ Date Separated _____ # employee's supervised by you _____
Full-Time Yes / No Duties _____

Part-Time Yes / No _____
If Part-Time, Number Hours _____

Per week _____
Reason for Leaving _____

Employer's Name and Address _____

Position Held _____ Starting Salary _____ Last Salary _____
Name and title of supervisor _____

Date Employed _____ Date Separated _____ # employee's supervised by you _____
Full-Time Yes / No Duties _____

Part-Time Yes / No _____
If Part-Time, Number Hours _____

Per week _____
Reason for Leaving _____

Employer's Name and Address _____

Position Held _____ Starting Salary _____ Last Salary _____
Name and title of supervisor _____

Date Employed _____ Date Separated _____ # employee's supervised by you _____
Full-Time Yes / No Duties _____

Part-Time Yes / No _____
If Part-Time, Number Hours _____

Per week _____
Reason for Leaving _____

Application Attachments

1. Birth Certificate
2. High School Diploma or GED
3. DD-214
4. College Transcript, if applicable
5. Authority to release information (Notarized)
6. Copy of Driver's License
7. Copy of Social Security Card
8. Photograph