



Gravette Police Department

Chief Charles W. Skaggs

202 Main St. NE | Gravette, AR 72736 | Ph: 479-787-6948

Prospective Candidates,

Thank you for your interest in the Gravette Police Department. In order to process your application, we need copies of the following documents:

- Birth certificate
- High school diploma or equivalent
- DD-214 (prior service members one)
- Information release (included in this packet – see note below)
- Valid driver's license
- Social security card
- Recent passport style photograph (driver's license photograph will suffice)
- Social media release (included in this packet – see note below)

The personal history statement, information release, and social media release must be notarized. The GPD has notaries available, but *you must wait to sign these documents in front of the notary.*

Once your application is turned in, it will be held for six months, after which it will be securely destroyed. When a position becomes available, your application will be reviewed. If you are selected for an interview, you will be contacted by phone to schedule an interview with the Interview Board. The Interview Board will conduct a scored oral interview. The top two candidates will receive a background check and proceed with the interview process.

City of Gravette Police Department

Position applied for: _____

Today's date: _____

Name: _____
Last First Middle Maiden

Address: _____
Street/P.O. Box Phone number

_____ *City State Zip code*

Date of birth: _____ Age: _____ Height: _____ Weight: _____

Driver's license #: _____ Social security number: _____

Marital status: _____ Have you ever been employed under a different name? _____

Name of spouse: _____ Occupation of spouse: _____

Dependents:

Name	Age	Relationship	Name	Age	Relationship

Have you ever been arrested or charged with any violation or crime, including traffic tickets? 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? If yes, explain. _____

Was your driver's license ever revoked or suspended? If yes, explain. _____

List information about active military duty, if any:

Branch of service: _____ Serial number: _____ Enlistment date: _____

Type discharge: _____ Rank upon discharge: _____ Discharge date: _____

Are you a member of a reserve unit? _____ Unit name and length of time remaining: _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you have applied? If yes, please explain. _____

Are you willing to take a drug test? _____ Yes _____ No

Do you object to working nights? If yes, please explain. _____

Do you object to working shifts? If yes, please explain. _____

May we contact your current employer? If no, please explain. _____

List below the names of three persons who have knowledge of your character, experience, and ability. Do not list relatives or employers.

Name: _____ Address: _____ Phone: _____ Occupation: _____

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

Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord
Mo./Yr. to	Mo./Yr.	Address of residence	City/State	Landlord

List all jobs you have held in the last ten years. List your present or most recent jobs first. If more space is needed, attach additional sheets.

Employers' Name: _____ Address: _____
Position held: _____
Name and title of supervisor: _____ Starting salary: _____ Ending salary: _____
Start date: _____ Leave date: _____ Full or part time? _____ Hours per week? _____
Number of employees supervised by you: _____ Reason for leaving: _____

Employers' Name: _____ Address: _____
Position held: _____
Name and title of supervisor: _____ Starting salary: _____ Ending salary: _____
Start date: _____ Leave date: _____ Full or part time? _____ Hours per week? _____
Number of employees supervised by you: _____ Reason for leaving: _____

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Start date: _____ Leave date: _____ Full or part time? _____ Hours per week? _____
Number of employees supervised by you: _____ Reason for leaving: _____

Employers' Name: _____ Address: _____
Position held: _____
Name and title of supervisor: _____ Starting salary: _____ Ending salary: _____
Start date: _____ Leave date: _____ Full or part time? _____ Hours per week? _____
Number of employees supervised by you: _____ Reason for leaving: _____

List all schools attended. List any additional schooling or training you feel qualifies you for the position for which you are applying. Use additional sheets if necessary.

High school

Name of school

Location

Start date

End date

Degree type

College/trade school

Name of school

Location

Start date

End date

Degree type

Other schools, seminars, and special training: _____

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: _____

I hereby certify that all statements made by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application and I agree and understand any misstatements of material facts contained herein may cause forfeiture upon my part of all rights to any employment.

Signature of applicant

Date

AFFIDAVIT

STATE OF ARKANSAS

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with _____. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence, or an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with _____. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

Signature

Subscribed and sworn to before
Me this _____ day of

Notary Public, State of
My commission _____

AFFIDAVIT

STATE OF ARKANSAS

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with _____. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with _____. I understand that this information in itself will not disqualify me from employment but will provide the department with additional information that will assist in a reasonable employment background investigation.

2. (Alternative for current employee) My name is _____. I understand that my employment status with _____ can be adversely affected if I engage in any conduct that has the potential to adversely effect my job performance or conduct that has the potential to adversely affect the department's morale, operations, or effectiveness. I hereby subscribe that I (do) or (do not) have any social network accounts. I understand that should I be subject to an administrative investigation by my department that will be enhanced by access to by social network accounts, I will be required to provide access to the assigned investigator. I understand that any such investigation will be strictly limited to my conduct, directly and narrowly

related to my position with this department that might have the potential to adversely affect my performance or the operations of my department.

Signature

Subscribed and sworn to before
Me this _____ day of

Notary Public, State of
My commission _____

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 is deemed 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 communications 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 its meaning, intention, and effect, and that the statements herein made are true and correct.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____ Notary Public