

City of Prairie Grove Police Department

Po Box 1033 / 955 E. Douglas, #1, Prairie Grove, AR 72753
Phone (479) 846-3270 Fax (479) 846-4447

EMPLOYMENT APPLICATION

OFFICE USE ONLY

APPROVED

DISAPPROVED

REASONS:

BY: _____

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For: _____ DOB: _____ Age: _____ Social Security Number: _____

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Message Phone: _____ E-Mail: _____

Please Check Appropriate Response

<p>1. Have you ever worked for the City of Prairie Grove? <input type="radio"/> Yes <input type="radio"/> No If yes, please give date(s) of employment. _____</p> <p>2. Are you a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Will you work night shift? <input type="radio"/> Yes <input type="radio"/> No Will you work weekends? <input type="radio"/> Yes <input type="radio"/> No Will you be available for call? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Have you ever been fired, forced to resign, or resigned in lieu of termination? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain below: Employer's Name: _____ Date: _____ Reason: _____</p> <p>5. Are you related to a City employee or is any member of your family employed by the City of Prairie Grove? <input type="radio"/> Yes <input type="radio"/> No If yes, please give the person's: Name: _____ Relationship: _____ Department: _____</p>	<p>6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? <input type="radio"/> Yes <input type="radio"/> No If yes, please give details below: Date: _____ Agency: _____ Offense/Charge: _____ <input type="radio"/> Felony <input type="radio"/> Misdemeanor Outcome: _____</p> <p>Note: A conviction does not automatically mean you cannot be employed by the City of Prairie Grove. The nature of the offense, how long ago it occurred, etc., are given consideration.</p> <p style="text-align: center;"><i>Attach additional sheets as needed.</i></p> <p>7. Were you in the U. S. Armed Forces? <input type="radio"/> Yes <input type="radio"/> No</p> <p>8. Did you receive an honorable discharge? <input type="radio"/> Yes <input type="radio"/> No</p>
---	--

9. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? _____ Driver's License Number: _____ State: _____ Expiration Date: _____ CDL Class: _____ Endorsements: _____	Has your license ever been suspended? <input type="radio"/> Yes <input type="radio"/> No Has your license ever been revoked? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide dates and explain: _____ _____
---	---

9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____ Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____	Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____ Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____
--	--

If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No GED? Yes No Date obtained: _____

If not, highest grade completed: _____

Name and location of last High School attended: _____

Name	City	State
------	------	-------

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____						May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 2) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 3) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 4) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

NOTE: We may contact previous employers to verify employment information.

References:

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

Name	Address	Phone Number

Did You:

- Include your social security number?
- Answer all questions completely?
- Cover a full 10-year employment history?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

Please read this statement carefully before signing below:

The City of Prairie Grove is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Prairie Grove is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically and psychologically examined and to provide a sample of urine or blood, which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE	DATE
---------------------	------

NOTICE TO APPLICANT OF INTENT
TO CONDUCT A BACKGROUND INVESTIGATION

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you. We will do this by contacting previous employers, references, and conducting criminal and traffic record checks.

Before we do, you must authorize such procurement in writing. You have the right to decline authorization for us to conduct this background investigation. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release, which will allow us to conduct the background investigation. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO CONDUCT A BACKGROUND INVESTIGATION

I have read the "Notice to Applicant of Intent to Conduct a Background Investigation."

I understand that I have the right to decline authorization for the City of Prairie Grove to conduct a background investigation concerning me.

Understanding these rights,

(initial appropriate response)

_____ I expressly authorize, without reservation, the City of Prairie Grove, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights that claims I may have regarding the employer, it agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

_____ I do not authorize the City of Prairie Grove to conduct a background investigation concerning me.

NAME (Print Please)

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

WITNESS



Prairie Grove Police Department

Chief of Police – Chris Workman

955 E. Douglas St. #1

P.O. Box 1033

Prairie Grove, AR 72753

Ph: 479-846-3270 * Fax: 479-846-4447

EMPLOYMENT QUESTIONNAIRE

It is important that you understand that any misrepresentation, to include forgetting or falsification made in conjunction with your obtaining employment with this department will be grounds for rejection of employment or dismissal with this department. A “yes” answer to any question may not, in or of itself, be grounds for disqualification or non-selection, whereas an untruthful response will be grounds for disqualification or non-selection.

HAVE YOU EVER COMMITTED ANY OF THE FOLLOWING ACTS?

- Arson(intentionally destroyed the property of another by fire) _____
- Burglary (entered a home or business to commit a theft or other crime) _____
- Robbery (committed a theft from another person by threat or force) _____
- Theft (including switching price tags) _____
- Shoplifting _____
- Forgery _____
- Non-sufficient Funds checks _____
- Extortion (Blackmail) _____
- Embezzlement (theft of money entrusted to you) _____
- Have you ever assaulted another person, including your spouse _____
- Have you ever beat or hit another person, including your spouse _____
- Have you ever displayed prejudice on the basis of race, gender, sexual orientation, religion, AIDS/HIV infection, or handicap _____
- When was the last time you lost control of your temper?
Explain _____

- When was the last time you were in a fight?
Explain _____
- When was the last time you had difficulties or a dispute with a neighbor?
Explain _____
- Have you ever used physical force against anyone? _____
- How many times, if ever, have you had to physically defend yourself? _____
Describe _____
- Were you ever required to appear before a juvenile court for a crime? _____
- Have you ever been placed on probation as a juvenile or adult? _____
- Have you ever been convicted of a crime, as an adult or juvenile, excluding traffic tickets? _____
- Are you currently involved, as a plaintiff or defendant, in any civil action? _____
- Have you ever been charged with driving while intoxicated or driving under the influence of drugs, to include marijuana? _____
- Approximately how much beer, wine and/or hard liquor do you consume in a thirty (30) day period? _____
- Have you ever driven a vehicle while under the influence of alcohol? _____
- Have you ever knowingly allowed anyone under the legal age to consume alcohol in your home or remained in a place where persons under the legal age were consuming alcohol _____
- Have you ever become involved in a dispute while consuming alcohol _____
- Have you ever knowingly purchased alcohol for a person known to be under the legal drinking age _____
- Have you ever consumed alcoholic beverages during working hours? _____
- Have you ever been disciplined, discharged, or denied employment due to your consumption of alcoholic beverages? _____
- Have you ever been under the influence while on the job _____
- Have you ever purchased narcotics, drugs, including marijuana, without a doctor's prescription _____
- Have you ever used or experimented with any of the following drugs? If so, month and year of first use, and month and year of last use. Marijuana, Hashish (Hash oil), cocaine, barbiturates

(Downers), Amphetamines (uppers or speed), Heroin, LSD (or other hallucinogens), PCP (angel dust), Steroids, magic mushrooms, peyote (buttons), or other.

- If your answer was yes to any of the above substances, please describe:
 1. The circumstances if starting use: _____
 2. How the drug was obtained: _____
 3. Your social behavior and attitude before and after discontinuance _____

- Have you ever sold? Furnished? Manufactured? Cultivated? Or possessed any drug, narcotic, or other illegal substance, including marijuana? _____

- Have you ever used any illegal drugs within the last three (3) years? _____

- Have you ever taken anything from an employer? _____

- Have you listed every job that you have held on your personnel history form _____

- Have you ever quit a job without giving notice _____

- Have you ever been terminated from a job _____

- Have you ever been asked to resign from a job _____

- Have you ever had any difficulty working with a co-worker on a job _____

- Have you ever had any difficulty with a supervisor on the job _____

- During the course of your employment have you ever had a complaint made against you? If so describe

- Have you ever been disciplined by an employer? Explain the facts leading to the discipline

- Has any supervisor, including military, ever given you a high performance rating, commendation, and compliment for good work? If yes, for the most recent times, name the business or organization and tell briefly what you did that was considered good work

- Has any supervisor, including military, ever given you a low performance rating _____

- Has a supervisor, including military, ever fired you _____
- Has a supervisor, including military, ever suspended you from work _____
- Have you ever previously applied to this organization for a sworn or civilian position?
When? _____
- Have you ever applied for employment with another law enforcement agency? _____
Describe _____
- Have you ever applied for employment with another governmental agency _____
Describe _____
- Have you ever filed a worker's compensation claim _____ Describe _____
- Have you ever been involved in a traffic accident _____
- Has your driver's license ever been suspended _____
- Have you ever been warned, suspended, disciplined, or fired by another employer for sexual harassment _____
- Have you ever displayed any conduct of an intimidating nature against a person because of their gender? _____
- Have you, at work, ever made any lewd, demeaning, offensive, or suggestive gestures, including jokes of a sexist nature in front of members of the opposite sex _____
- Have you ever been named or a party to a restraining order in the last 10 years _____
- For your own safety, or the safety of another person, could you take a human life if it was necessary in the performance of your official duties _____
- Is there anything that would interfere with your willingness or ability to work any hours during a 24 hour time period _____

PREVIOUS POLICE, AUXILIARY OR RESERVE OFFICER:

- Have you ever accepted a gratuity _____
- Have you ever made a false official report _____
- Have you ever used your official position for personal gain _____
- Have you ever withheld evidence seized in the course of your official duties _____
- Were you ever involved in a civil rights investigation _____

- Were you ever involved in an improper use of force investigation _____
- Have you ever exaggerated the evidence against an accused simply to achieve conviction _____
- Have you ever withheld evidence, which intended to support the guilt of the accused _____
- Have you ever displayed prejudice against any person on the basis of: Race? Sex? Religion? Color? National origin? Age? Handicap? Sexual preference? AIDS/HIV Infection _____
- Have you ever been the subject of an internal investigation _____
- Have you ever been terminated from employment as an officer _____
- Have you ever been asked to resign your position as a law enforcement officer _____

I am aware that any false statements or omissions on this questionnaire will cause my name to be removed from the eligibility list or be cause for a non-selection by the Prairie Grove Police Dept.

I understand that I am subject to termination if discrepancies are discovered after I have been appointed.

Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify of changes could be grounds for disqualifications or non-selection.

Name

Date

Officer Signature

Date



Prairie Grove Police Department

Chief of Police – Chris Workman

955 E. Douglas St. #1

P.O. Box 1033

Prairie Grove, AR 72753

Ph: 479-846-3270 * Fax: 479-846-4447

EMPLOYEE STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentation in this application nor have I withheld any information in my statements or answers and questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Prairie Grove or it's authorized representative any and all employment records or other information they may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the City of Prairie Grove. A photocopy of this authorization shall be valid as the original.

I understand that my employment is subject to approval by the Chief of Police and that this application is the property of the City of Prairie Grove and will become part of my file if I am accepted for employment.

Signature of applicant: _____

Date: _____