

STATE OF ARKANSAS  
COMMISSION  
ON  
LAW ENFORCEMENT  
STANDARDS AND TRAINING

APPLICATION FOR EMPLOYMENT  
LONOKE COUNTY SHERIFF'S OFFICE

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- PATROL
- JAILER
- DISPATCH
- AUXILIARY
- ADMINISTRATION

# PERSONAL HISTORY STATEMENT

## LONOKE COUNTY SHERIFF'S OFFICE

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 and Number City State Zip Code

Permanent Mailing Address: \_\_\_\_\_  
Street and 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 Fiancée \_\_\_\_\_

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	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? \_\_\_\_\_ Yes \_\_\_\_\_ No

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	TELE-PHONE
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 \_\_\_\_\_



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 <input type="text"/>		Starting Salary <input type="text"/>	Last Salary <input type="text"/>
Date Employed: <input type="text"/>	Name and title of supervisor <input type="text"/>		
Date Separated: <input type="text"/>	No. employees supervised by you: <input type="text"/>		
Full-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	Employer Address <input type="text"/> Duties <input type="text"/>
Part-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	
If Part-time, # of hours worked per week: <input type="text"/>		Reason for leaving: <input type="text"/>	

B. Title of next to last position <input type="text"/>		Starting Salary <input type="text"/>	Last Salary <input type="text"/>
Date Employed: <input type="text"/>	Name and title of supervisor <input type="text"/>		
Date Separated: <input type="text"/>	No. employees supervised by you: <input type="text"/>		
Full-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	Employer Address <input type="text"/> Duties <input type="text"/>
Part-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	
If Part-time, # of hours worked Per week: <input type="text"/>		Reason for leaving: <input type="text"/>	

C. Title of next position <input type="text"/>		Starting Salary <input type="text"/>	Last Salary <input type="text"/>
Date Employed: <input type="text"/>	Name and title of supervisor <input type="text"/>		
Date Separated: <input type="text"/>	No. employees supervised by you: <input type="text"/>		
Full-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	Employer Address <input type="text"/> Duties <input type="text"/>
Part-time	Yrs. <input type="text"/>	Mos. <input type="text"/>	
If Part-time, # of hours worked Per week: <input type="text"/>		Reason for leaving: <input type="text"/>	

D. Title of next position \_\_\_\_\_

Starting Salary  Last Salary

Date Employed:	<input type="text"/>			
Date Separated:	<input type="text"/>			
Full-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>
Part-time	Yrs.	<input type="text"/>	Mos.	<input type="text"/>
If Part-time, # of hours worked Per week:		<input type="text"/>		

Name and title of supervisor

No. employees supervised by you:

Employer Address

Duties

Reason for leaving:

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				
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 FBI and other agencies.

Agency	<input type="text"/>	Date	<input type="text"/>	Purpose	<input type="text"/>
Agency	<input type="text"/>	Date	<input type="text"/>	Purpose	<input type="text"/>
Agency	<input type="text"/>	Date	<input type="text"/>	Purpose	<input type="text"/>

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

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 \_\_\_\_\_, 20 \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_

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

# Lonoke County Sheriff's Office

## Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an application for a position with the Lonoke County Sheriff's Office. The agency needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Lonoke County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. **I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lonoke County Sheriff's Office whether said records are of public, private, or confidential nature.** The intent of this authorization is to give my consent for full and complete disclosure, written or verbal. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lonoke County Sheriff's Office to consider in determining my suitability for employment with their agency. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

**I hereby release you. Your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws,** I hereby release you as the custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Lonoke County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. **The Law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.**

For and in consideration of the Lonoke County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Lonoke County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment in any way connected with the decision whether or not to employ me with the Lonoke County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the property authorities. I understand my rights under Title 5 U.S. Code, Section 552a (Privacy Act of 1974) with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lonoke County Sheriff's Office in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

The waiver is valid while my application is considered active by the Lonoke County Sheriff's Office, but in no event longer than six months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to release 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 any reason of complying with this request.

SWORN & SUBSCRIBED BEFORE ME

Applicant Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Notary Public,

Date of Birth: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Address: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Phone: \_\_\_\_\_