

CRITTENDEN COUNTY DETENTION FACILITY



PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that an incomplete application may be cause for rejection of the application.

(Indicate N/A in areas that do not apply to you. Don't leave any blanks)

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

It is the policy of this department that the critical mission of all personnel staff justifies maintenance of a drug-free work environment through the use a reasonable employee drug-testing program. **A negative result of a drug test is a condition of employment.** Refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs will result in your being denied employment with the county. The Crittenden County Detention Facility desires to protect its employees and the public by insuring that its employees are fit to perform their duties. The Crittenden County Detention Facility is committed to developing and administering a fair and consistent policy to promote and maintain a drug-free work environment. All applicants will be required to undergo pre-employment drug testing upon an offer of employment.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in The Crittenden County Detention Facility.

Applicant Signature

Print

Date

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 all responses.

PERSONAL

1. NAME _____ 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 _____

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			

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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 item 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 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: _____		

C. 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: _____		

D. 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: _____		

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 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 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.