

**CRITTENDEN COUNTY SHERIFF'S DEPARTMENT
AND DETENTION CENTER**

Michael W. Allen
Sheriff
(870) 702-2020

350 AFGO ROAD
WEST MEMPHIS, ARKANSAS 72301

George D. Blair
Chief of Enforcement
(870) 702-2022

Tommy Trammel
Chief Deputy
(870) 702-2021

Phone (870) 702-2010
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Michael Callender
Chief Investigator
(870) 702-2023

Dear Applicant:

To supply false information or to leave out information requested in this packet will result in you being disqualified as a possible candidate for the Crittenden County Sheriff's Department.

- 1. False information, you WILL NOT be allowed to re-apply.**
- 2. Incomplete application, you can re-apply after 90 days.**

All information will be thoroughly checked by the Background Investigator to determine your eligibility for the position you have applied for.

Sincerely



Chief George D. Blair

Crittenden County Sheriff's Department

350 Afco Rd.
West Memphis, AR 72301

AUTHORITY FOR RELEASE OF INFORMATION

| | | | | | |
|-----------------------|-------------------|--------------------|---------------|----------------|---|
| | | | Sex | Race | Date of Birth Month/Day/Year |
| Last Name | First Name | Middle Name | | | |
| | | | SSN: | | |
| Place of Birth | City | State | County | Country | |
| | | | | | |

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 Crittenden County Sheriff's Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

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 which may provide pertinent data for the Crittenden County Sheriff's Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Crittenden County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of Crittenden County Sheriff's Department and will not be returned to me.

I agree to indemnify 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 reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this
 _____ day of _____ 20____.
 My commission expires _____ 20____
 Notary: _____

| | | |
|-----------------------|--------------|-----------------|
| Signature | | |
| Street Address | | |
| City | State | Zip Code |
| | | |

CRITTENDEN COUNTY SHERIFF'S DEPARTMENT

350 Afco Road, West Memphis, Arkansas 72301

1. COUNTY POLICY

It is the County's policy to provide equal opportunity for all qualified persons; to prohibit unlawful discrimination in employment practices, compensation practices, personnel procedures, and the administration of benefit plans; and to otherwise provide the same or similar treatment and opportunities to all persons similarly situated.

2. CONSTITUTIONALLY PROTECTED CONDUCT

- A. It is the policy of this county not to violate the Constitution or the laws of Arkansas or the United States. Should any applicant contend that he or she has been unlawfully discriminated against because of the race, color, religion, gender, national origin, or disability or that he or she has been unlawfully punished for the exercise of constitutionally protected liberty rights e.g. free speech, free association, political patronage, access to courts, privacy, etc. or treated in any other unlawful or unconstitutional manner, the applicant shall request, in the time and manner set forth in the county employment policy, a "liberty rights" hearing before the county grievance committee to provide the county's final policy maker with authority an opportunity to voluntarily conform the conduct of county officials and county employees to the requirements of county policy.

3. GRIEVANCE HEARING PROCEDURE

CAVEAT. *The purpose of this Grievance Hearing Procedure is to establish a required procedure to resolve applicant grievances, and to thereby enable the county to voluntarily conform the conduct of county officials and county employees to the requirements of county policy. If the applicant does not follow this affirmatively required county grievance procedure, the county will raise waiver and estoppels as affirmative defenses to any claims against the county filed by the applicant via any administrative or judicial procedures otherwise available to redress grievances.*

A. Timely Requests for Grievance Hearing

1. The applicant's grievance hearing request shall be delivered to the County grievance Committee in care of the County Judge no later than four-thirty o'clock (4:30) p.m. on the third full business day (weekends and holidays excluded) after any claimed deprivation for which a grievance hearing is requested.
2. The Grievance Committee shall respond in writing to all timely submitted Grievance Hearing Requests stating:
 - a. the time and place of the hearing, if the hearing request is granted, and
 - b. the reason for denial, if the hearing request is denied.

B. Hearing Issues and Burdens of Proof:

1. Claims of discrimination due to race, color, religion, gender, or national origin.
 - a. The grieving applicant has the burden of proving by a preponderance of the evidence that he or she is being treated affected differently than another person who, other than for race, color, religion, gender, or national origin, is similarly situated with the applicant or the employee.
 - b. Where the applicant meets his or her burden of proof, the supervisory official has the burden of providing a preponderance of evidence that the proven inequality of treatment is necessary to effectuate a compelling county objective.
2. Claims of Discrimination Due to a Disability
 - a. The grieving applicant has the burden of proving by a preponderance of the evidence that he or she is a qualified individual with a disability who, because of the disability, is being treated or affected differently than another person in regard to job application, procedures, advancement, dismissal, compensation, training, or other terms, conditions, or privileges of employment.
 - b. Where the applicant meets his or her burden of proof, the supervisory official has the burden of proving by a preponderance of the evidence that the proven difference in treatment or effect is job-related and necessary to effectuate a legitimate county objective, that performance of the job cannot be accomplished by reasonable accommodation, or that the needed accommodation would result in undue hardship on the county.

4. The following definitions apply to claims of discrimination due to a disability.

A. "Disabled" or disability": A physical or mental impairment that substantially limits one or more of the major life activities of an individual; hearing a record of such impairment, or being regarded as having such an impairment.

B. "Regarded as having such an impairment": Includes those with conditions such as obesity or cosmetic disfigurement, and individuals perceived to be at high risk of incurring a work-related injury.

C. "Discrimination" includes:

1. Limiting segregation or classifying a job applicant or employee in a manner that adversely affects his or her opportunities or status.
2. Participating in contractual or other arrangements that have the affect of subjecting individuals with disabilities to discrimination.
3. Using standards, criteria, or methods of administration in such a manner.
4. Imposing or applying tests and other selection criteria that screen out or tend to screen out an individual with a disability or a class of individuals with disabilities unless the test or selection criteria are job-related and consistent with business necessity.
5. Failing to make reasonable accommodations to the known limitations of a qualified individual with a disability unless the covered entity can demonstrate that an accommodation would impose an undue hardship on the operation of the business.
6. Denying employment opportunities because a qualified individual with a disability needs reasonable accommodations.

D. "Reasonable accommodation" examples include:

1. Making existing facilities used by employees readily accessible to the disabled;
2. Job restructuring;
3. Flexible or modified work schedules;
4. Reassignments to other positions; and
5. The acquisition or modifications of equipment of devices.

E. "Undue hardship" an action requiring "significant difficulty or expense, "considering:

1. The overall size of the county with respect to the number of employees, number and type of facilities, and size of the budget;
2. The type of operation maintained by the county including the composition and structure of the work force of the entity; and
3. The nature and cost of the accommodations needed.

F. "Qualified individuals with a disability": an individual with a disability who, with or without reasonable accommodation, can perform the "essential functions" of the employment position held or desired.

G. "Essential Functions": Job tasks that are fundamental but not marginal (not every job task is to be included in determining the essential functions).

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR COUNTY EMPLOYMENT

Date _____ 20 _____ POSITION YOU ARE APPLYING FOR _____

Place a response in every blank, if something does not apply, place "NA" in the blank. This will indicate that it does not apply, and was not overlooked. Where addresses and phone numbers are concerned, these must not be left blank, nor answered with an "N/A".

IF ANY INFORMATION IS INCOMPLETE, YOUR APPLICATION WILL NOT BE PROCESSED

PERSONAL INFORMATION

Name _____ SS# _____
First Middle Last

Present (physical) Address _____
Number Street

City County State Zip

Home Telephone _____ Business Telephone _____
Area Code Number Area Code Number

Were you previously employed by the county? Yes No If yes, when and where _____

Are you at least 21 years of age? Yes No Date available for work _____

Do you hold a valid driver's license? Yes No

If yes, license number, state and type _____

Have you ever been arrested, detained, or charged with a crime? Yes No If yes, list all charges _____

Are you a U.S. Citizen? Yes No Marital Status: Married Widowed Divorced Separated Single

Spouse's Name _____
First Middle Last

Have you ever been denied employment by a law enforcement agency? Yes No

If yes to above, explain _____

Previous

Employer _____ Dates From: _____ To: _____

Job Title _____

Address _____

Telephone _____ Immediate Supervisor _____

Salary \$ _____ \$ _____
Starting Ending

Reason for leaving _____

May we contact? Yes No

Previous

Employer _____ Dates From: _____ To: _____

Job Title _____

Address _____

Telephone _____ Immediate Supervisor _____

Salary \$ _____ \$ _____
Starting Ending

Reason for leaving _____

May we contact? Yes No

Previous

Employer _____ Dates From: _____ To: _____

Job Title _____

Address _____

Telephone _____ Immediate Supervisor _____

Salary \$ _____ \$ _____
Starting Ending

Reason for leaving _____

May we contact? Yes No

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

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 vehicle 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:

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

_____ Amount Owed _____
Name of Firm

_____ City and State
Street Address

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? Yes No 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 night? 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 _____

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

Name and title of supervisor _____ No. employees supervised by you: _____

Employer: _____ Address: _____

Duties: _____

Reason for Leaving: _____

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

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

Name and title of supervisor _____ No. employees supervised by you: _____

Employer: _____ Address: _____

Duties: _____

Reason for Leaving: _____

C. Title of present or last position _____ Starting Salary _____ Last Salary _____

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

Name and title of supervisor _____ No. employees supervised by you: _____

Employer: _____ Address: _____

Duties: _____

Reason for Leaving: _____

D. Title of present or last position _____ Starting Salary _____ Last Salary _____

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

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 & 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 details below: _____

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 actions while a member or 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 _____, 20_____

MY COMMISSION EXPIRES _____

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