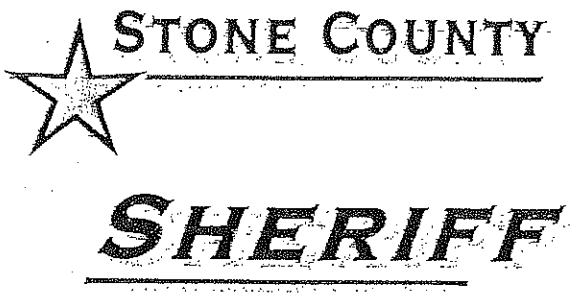
EMPLOYMENT

APPLICATION



P.O. DRAWER 1317 ~ MOUNTAIN VIEW, ARKANSAS 72560
(870) 269-3825 Fax (870) 269-2299

An Affirmative Action/Equal Opportunity Institution

Name: _____ (Last) _____ (First) _____ (MI) Social Security #: _____ Date: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Home Phone: (_____) _____ Day Phone: (_____) _____

Date of Birth: _____

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 _____ _____/_____/_____
First Middle Last 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:

DATE **LOCATION** **CHARGE** **DISPOSITION**

_____

_____

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 _____

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 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 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.

PLEASE READ CAREFULLY AND SIGN – I certify that the above statements are correct, and if employed, understand that any false information in the application or its supporting documents will be sufficient grounds for termination without notice. I further agree that all rules, orders and regulations of the County of Stone affecting my employment shall constitute a part of my appointment or employment. My signature authorizes the County of Stone to review my previous employment, driving and criminal records, and other background data as it may relate to the position(s) for which I am applying. I understand and agree that if I am employed in a position which requires me to operate a County owned vehicle, my driving record shall be reviewed on an annual basis. I understand that at such time as my employment with Stone County is terminated by retirement or otherwise, I must return all of my employer's property in my custody before I am entitled to final payments of any amounts due me on separation.

Signature of Applicant:_____ Date:_____