

CRAIGHEAD COUNTY SHERIFF OFFICE

Application Cover

Applicant Name:

First

Middle

Last

Applicant Address:

Phone Number:

Alternate:

Date Application Submitted:

I am applying for the following position(s) (check all that apply):

I am currently a Certified Police Officer:

(Yes)

(No)

I am currently a certified Jailer:

(Yes)

(No)

I currently serve in the Military Reserve:

(Yes)

(No)

I am a Military Veteran:

(Yes)

(No)

I have attended College:

(Number of credit hours)

Associates Degree

Bachelors Degree

Masters Degree

CCSO Use Only:

Preliminary Background: PASS / FAIL

Preliminary Interview: PASS / FAIL

Written Test: PASS / FAIL

Background Investigation: PASS / FAIL

Oral Board: PASS / FAIL

Employment Process

CRAIGHEAD COUNTY SHERIFF'S OFFICE

Hiring Process

Step 1:

Step 2:

Step 3:

Step 4:

Step 5:

Step 6:

Step 7:

Step 8:

This application will be kept on active file for the period of January 1 to December 31 regardless of application date.



Craighead County Sheriff

Application for Employment

Last Name:	First Name:	Middle Name:	Date:
Date of Birth:		Social Security Number:	
Home Address:		City:	State: Zip Code:
Home Phone:	Cell Phone:	Work Phone:	
Current Employer:			
Work Address:		City:	State: Zip Code:
Driver's License Information:	Number	State	Type Expiration

Have you ever been convicted of a felony?	(Check One)	Yes	No
Have you ever been arrested for Domestic Abuse?	(Check One)	Yes	No
Are you a United States Citizen?	(Check One)	Yes	No

Your Signature in Full:
X _____

This application will be kept on active file for the period of January 1 to December 31 regardless of application date.

PERSONAL HISTORY STATEMENT

Craighead County Sheriff 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 to 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	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>
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FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? Yes No

20. Have you a savings account? Yes No

Bank or Company: City and State:

Bank or Company: City and State:

21. Have you a checking account? Yes No

Bank or Company: City and State:

Bank or Company: 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
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? 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 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:			Starting Salary	Last Salary
Date Employed:			Name and title of supervisor No. employees supervised by you: Employer Address Duties	
Date Separated:				
Full-time	Yrs.	Mos.		
Part-time	Yrs.	Mos.		
If Part-time, # of hours worked per week:				
Reason for leaving:				

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

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

D. Title of next position			Starting Salary	Last Salary
Date Employed:			Name and title of supervisor No. employees supervised by you: Employer Address Duties	
Date Separated:				
Full-time	Yrs.	Mos.		
Part-time	Yrs.	Mos.		
If Part-time, # of hours worked Per week:				
			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: 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

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 _____

Reviewed 2.11.2021

Form 317.1

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

CRAIGHEAD COUNTY SHERIFF OFFICE
901 Willett Road
Jonesboro, AR 72401
870-933-4551

**WAIVER AND RELEASE OF ALL CLAIMS AND OF RIGHT TO INSPECT
EMPLOYMENT BACKGROUND INFORMATION**

NAME:	D.O.B.:	
SSN:	DL #	STATE

I, _____, am applying for the position of Deputy Sheriff with the Craighead County Sheriff's Office, I understand that in order to gauge my fitness for this position the Craighead County Sheriff's Office, will conduct a thorough and complete background investigation. I therefore, for and in consideration of my application for the position of Deputy Sheriff, hereby specifically authorize the Craighead County Sheriff's Office, to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for this position. I further do hereby waive, release and forever relinquish any and all claims and causes of action against the Craighead County Sheriff's Office, the County of Craighead, and any and all of its officials and employees that might otherwise accrue to me as a result of any conduct relating to my background investigation. I further understand that in the event I suffer any injury of any kind as a result of this background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the Craighead County Sheriff's Office, or any of its officials or employees, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me. Also for and in consideration of the Craighead County Sheriff's Office's consideration of my application for the position of Deputy Sheriff, I do hereby and specifically authorize, request, and direct any individual, including, but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, doctors, medical institutions (medical records will not be checked unless an offer of employment is tendered), or any other person, institution organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions, concerning me, posed by any official or employees of the Craighead County Sheriff's Office and to provide to the Craighead County Sheriff's Office or any of its officials or employees, any requested documents, information, records or files concerning me. I do hereby waive, release, and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the Craighead County Sheriff's Office or any of its officials or employees. I understand that in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the Craighead County Sheriff's Office, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me. Understanding that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to the Arkansas Freedom of Information Act, the Federal Freedom of Information Act, or any other present or future laws granting me a right to inspect the information and records collected as a part of this background investigation. If any portion of this release and waiver is held to be invalid, the balance shall, notwithstanding, continue in full force and effect. My spouse (if any), heirs, and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. Further, in consideration of my application for employment, I hereby waive any and all statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary actions. I further understand that the information gathered by the Craighead County Sheriff's Office will be kept confidential, will become the sole property of the Craighead County Sheriff's Office, and may not be released to anyone including myself, the applicant.

I, _____ an applicant for employment with the Craighead County Sheriffs Office, do hereby release said from any and all liability resulting from any type of injury whatsoever sustained by myself while taking any type of physical fitness or agility test required by the Craighead County Sheriffs Office or the County of Craighead Arkansas.

FULL NAME: (printed or typed): _____

SIGNATURE: _____

ADDRESS: _____

APPLY STAMP OR SEAL:

Subscribed to and before me this _____ day of _____ 20 _____

Notary Public Signature

Notary (Print Name)

My Commission Expires: _____

CRAIGHEAD COUNTY SHERIFF OFFICE

Dear Applicant:

The Craighead County Sheriff's Office is an Equal Opportunity/Affirmative Action Employer and subject to certain reporting and affirmative action requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration. This insert will be separated from your application and will be separately maintained.

Position applied for (Please Specify) _____

How were you referred to the City for employment? Advertisement Walk In

☐☐

☐ Agency (Specify) _____

☐ Employee (Who?) _____

☐ Other _____

Are You? ☐ Male

☐ Female

☐ White (Not of Hispanic Origin)

☐ Black (Not of Hispanic Origin)

☐ Hispanic

☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native

Applicant Name (Please Print)

Applicant Signature

Date

Thank you for your Assistance

CRAIGHEAD COUNTY SHERIFF OFFICE

General Photo Release

I hereby give my permission for the Craighead County Sheriff's Office and its representatives to use photographs, films, videotapes, audio tapes, drawings, illustrations and other likenesses of me in their internal and external publications, films, tapes, and other materials without limitation or reservation or any compensation from the Craighead County Sheriff's Office or the County of Craighead Arkansas, or its representatives.

Name (please print) _____

Signature _____

Witness Signature _____

Date _____