

# Garland County Sheriff's Department



## Employment Application

Sheriff Larry Sanders

Chief Deputy Ray Shoptaw

Please check position(s) applied for:

Detention centers \_\_\_\_\_

911/Communications \_\_\_\_\_

Office/Administrations \_\_\_\_\_

Reserve Deputy \_\_\_\_\_

- Copies of and/or documents that need to be attached to application
  1. Copy of Driver's License
  2. Copy of Birth Certificate
  3. Copy of Diploma(s)
  4. 3 x 5 color photo of yourself

**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 heading. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly, in ink, on all responses. *Applications are kept on record for one (1) year. Incomplete applications and applications without a photograph will not be processed.*

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**PERSONAL**

NAME:				
First: _____	Middle: _____	Last: _____		
Nicknames or Aliases: _____				
Social Security #: _____	Date of Birth: _____	Place of Birth: _____		
Height: _____	Weight: _____			
Present Address				
	Street & Number	City	State	Zip Code
Permanent Address				
	Street & Number	City	State	Zip Code
Telephone Number: _____				
Citizenship:	U.S. Born:	U.S. Naturalized:	Other:	
List organizations, clubs and associations of which you are or have been a member, or which you are or have been associated:				
List hobbies and/or special skills:				

**MARITAL**

Marital Status (check one): Single  Married  Divorced  Engaged  Separated  Widowed

Name of spouse or fiancé': \_\_\_\_\_

If married, are you living with your spouse? Yes  No

If not, state reason: \_\_\_\_\_

Have you ever been separated or divorced? Yes  No

If yes, give date and location of jurisdiction: \_\_\_\_\_

Give the following information concerning your spouse's parents.

Father: \_\_\_\_\_

Name

Address

Mother: \_\_\_\_\_

Name

Address

List below every child born to you:

Name

Birth Date

Place of Birth

With whom do they reside?

Are you supporting all children born to you, adopted by you and stepchildren? Yes  No

If no, give details: \_\_\_\_\_

Have you ever been involved as a defendant in a paternity proceeding? Yes  No

If yes, give date and court jurisdiction: \_\_\_\_\_

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 #

List your parents, brothers and sisters:

Name

Address

Telephone #

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Bro/Sis: \_\_\_\_\_

Bro/Sis: \_\_\_\_\_

Has any member of your immediate family ever been arrested or convicted of a felony? Yes  No

Date

Location

Charge

Disposition

## FINANCIAL

Do you have life insurance and / or hospitalization insurance?    Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a savings account?    Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span><u>Bank</u></span> <span><u>City &amp; State</u></span> </div>			
Do you have a checking account?    Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span><u>Bank</u></span> <span><u>City &amp; State</u></span> </div>			
Do you own or have an interest in any business dealing in alcohol?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name, location and type of business:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Name Location Type of Business		
Do you own or are you buying your own house?    Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a mortgage on the property?    Yes <input type="checkbox"/> No <input type="checkbox"/> Do you own or are you buying other real estate?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name of agency holding the property:			
<u>Bank or Company</u>		<u>City &amp; State</u>	
List motor vehicles that you own or are buying or leasing:			
<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Amount Owed</u>
What income, other than salary, do you have at present? Include spouse's salary. \$			
List Credit References:			
<u>Name of Firm</u>	<u>Amount Owed</u>	<u>Street Address</u>	
What is your total indebtedness at present? _____			
Have your creditors treated you fairly?    Yes <input type="checkbox"/> No <input type="checkbox"/> If not, explain: _____			
Have you ever been sued?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____			

## RESIDENCES

List your addresses for the past ten (10) years, with present address at top:

From

To

Address

City & State

Landlord


## WORK HISTORY

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: \_\_\_\_\_

Have you ever been discharged or forced to resign because of misconduct or for unsatisfactory service?

Yes  No

If yes, give details: \_\_\_\_\_

Have your employers always treated you fairly? Yes  No

If no, please explain: \_\_\_\_\_

Do you object to wearing a uniform? Yes  No

Do you object to working nights? Yes  No

Do you object to working shifts? Yes  No

List all jobs you have held in the last ten (10) 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:

Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

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

Duties: \_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full time            Years \_\_\_\_\_ Months \_\_\_\_\_

Part time            Years \_\_\_\_\_ Months \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

--

Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

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

Duties: \_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full time      Years      \_\_\_\_\_ Months \_\_\_\_\_

Part time      Years      \_\_\_\_\_ Months \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

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

Duties: \_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full time      Years      \_\_\_\_\_ Months \_\_\_\_\_

Part time      Years      \_\_\_\_\_ Months \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you previously submitted an application for employment with this agency? Yes  No  Date: \_\_\_\_\_

Were you ever in the U.S. Military Service or any other military organization? Yes  No

<u>Branch of service</u>	<u>Unit</u>	<u>Date of enlistment</u>	<u>Date of discharge</u>	<u>Service number</u>	<u>Highest Rank</u>
--------------------------	-------------	---------------------------	--------------------------	-----------------------	---------------------

List medals and decorations obtained during your service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

If you are presently a member of the National Guard or any Military Reserve, give the unit, location and describe your obligation: \_\_\_\_\_

List all schools attended:

<u>Name</u>	<u>Location</u>	<u>From</u>	<u>To</u>	<u>Years Completed</u>

Did you either graduate from high school or pass the high school equivalency test? Graduate  GED

List college degrees received and major field of each. Include incomplete courses: \_\_\_\_\_

Were you ever expelled from any school, or were you ever disciplined by any school official?  
Expelled  Disciplined  If either checked, please 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)

Have you ever been arrested or detained by police? Yes  No   
If yes, give details:

<u>Date</u>	<u>Crime</u>	<u>Agency</u>	<u>Disposition</u>

Have you ever been placed on probation? Yes  No   
If yes, give details: \_\_\_\_\_

Have you ever been required to pay a fine in excess of \$250.00? Yes  No   
If yes, give details: \_\_\_\_\_

Have you ever been reported as a missing person or runaway? Yes  No   
If yes, give complete details, including jurisdiction, dates and outcome: \_\_\_\_\_

Were you ever court-martialed, tried or charged, 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, please explain: \_\_\_\_\_

List any disciplinary action taken against you in the National Guard or other Reserve Unit:

If you have ever been fingerprinted by a police agency other than for an arrest, give details:

<u>Agency</u>	<u>Date</u>	<u>Purpose</u>

Can you operate a motor vehicle? Yes  No   
Do you possess a valid operator's license from the State of Arkansas? Yes  No   
Do you possess an operator's license issued by a state other than Arkansas? Yes  No   
If yes, give state and number:

Was your license ever suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, state which and give reason: _____			
Was your license ever restored? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____			
Have you ever been refused an operator's license by any state?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have your driving privileges ever been restricted?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a motor vehicle being driven by you ever been involved in an accident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give complete details for each accident whether collision or non collision:			
<u>Date</u>	<u>Location</u>	<u>Police Investigation</u>	<u>Cause of accident</u>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
List any convictions for minor traffic violations:			
<u>Location</u>	<u>Date</u>	<u>Nature of Violation</u>	<u>Penalty or Disposition</u>

**ATTITUDE**

What do you consider to be the current social problems of greatest concern? _____
What are your experiences and beliefs concerning alcoholic beverages? _____
What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?
What are your feelings about the use of deadly force, if it becomes necessary in the performance of official duties?

**CAREER OBJECTIVES**

Explain briefly your reasons for applying for this position:



**AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

To the Garland County Sheriff's Department, to whom I am an applicant for employment, I understand that I must provide true and correct information regarding the following:

NAME

DATE OF BIRTH

ADDRESS

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

In so furnishing, I willingly release the Garland County Sheriff's Department to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is the public's interest that all relevant information concerning my personal employment history be disclosed to the above referenced department. I hereby authorize any representative of the Garland County Sheriff's Department 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 Garland County Sheriff's Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for a full and complete disclosure. 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 Garland County Sheriff's Department to consider in determining my suitability for employment in that department. 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, 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 investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, 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 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 request, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_(your name), including it's 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 information, or of the Garland County Sheriff's Department 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 to the Garland County Sheriff's Department acceptance and processing of my application for employment, I agree to hold \_\_\_\_\_ (business or employer) it's agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Garland County Sheriff's Department.

