

Family History

	Name	Address	Telephone
Father			
Mother			
Brother/Sister			
Brother/Sister			
Brother/Sister			

Has any member of your family ever been arrested for or convicted of a felony offense? Yes No If yes Complete the following:

Date:	Location:	Charge:	Disposition:

Financial

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

Do you have a savings account? Yes No

Bank:	City and State:
Bank:	City and State:

Do you have a checking account? Yes No

Bank:	City and State:
Bank:	City and State:

Do you have interest in any business dealing with alcohol? Yes No If yes give name and location

Do you own or are you buying your own home? Yes No

Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Co. or Bank:
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Do you own or are you buying other real estate? Yes No

Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Co. or Bank:
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List of Motor vehicles you own or are buying:

Make	Model:	Year:	Amount Owed:

What income other than salary do you have at present? Include Spouses:

List Credit References

Name of Firm:	Address:	Amount Owed:
Name of Firm:	Address:	Amount Owed:
Name of Firm:	Address:	Amount Owed:
Name of Firm:	Address:	Amount Owed:
Name of Firm:	Address:	Amount Owed:

What is your total debt at present?

Have your creditors treated you fairly? Yes No If Yes Explain:

Have you ever been sued? Yes No if Yes Explain:

Space intentionally left blank

Residences

List all residence for the past 10 years starting with the present address at top

From Month Year	To Month Year	Address	Landlord
	Present		

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 unsatisfactory service? Yes No

If yes give details:

Have your employers always treated you fairly? Yes No

If no give details:

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 that you have had in the last ten years. Put your present and most recent job first. If you need additional space you may attach additional sheets. Include military service and part time jobs.

Title of present or last position:			Starting Salary	Last Salary
Date Employed:		Name and Title of Supervisor:		No. of Employees supervised by you?
Date Separated:		Employer:	Address:	
Full Time:	Years:	Months:	Duties:	
Part Time	Years:	Months:		
If part time # hours worked each week?		Hours:		
Reason for Leaving:				

Title of next to last position:			Starting Salary	Last Salary
Date Employed:		Name and Title of Supervisor:		No. of Employees supervised by you?
Date Separated:		Employer:	Address:	
Full Time:	Years:	Months:	Duties:	
Part Time	Years:	Months:		
If part time # hours worked each week?		Hours:		
Reason for Leaving:				

Title of next to last position:			Starting Salary	Last Salary
Date Employed:		Name and Title of Supervisor:		No. of Employees supervised by you?
Date Separated:		Employer:	Address:	
Full Time:	Years:	Months:	Duties:	
Part Time	Years:	Months:		
If part time # hours worked each week?		Hours:		
Reason for Leaving:				

Title of next to last position:			Starting Salary	Last Salary
Date Employed:		Name and Title of Supervisor:		No. of Employees supervised by you?
Date Separated:		Employer:	Address:	
Full Time:	Years:	Months:	Duties:	
Part Time	Years:	Months:		
If part time # hours worked each week?		Hours:		
Reason for Leaving:				

Military Service

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

Branch of Service:	Unit:	Date of Enlistment:
Date of Discharge:	Service Number:	Highest Rank Obtained:
		Type of Discharge:

List Medals and Decorations:

If you are presently a member of the reserve or national guard give the unit , location and describe your obligation:

Education

Name of School	Location (City , State)	From Month & Year	To Month & Year	Year Completed
Grade School:				
High School:				
College or University:				
Addition Schools:				

Did you Graduate from high school or pass the high school equivalency test? Yes No

List college degrees and major field of each:

Were you ever expelled from any school or were you ever disciplined by any school official? Yes No

If Yes Explain:

Arrest and Military Discipline

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 by the police? Yes No If yes give details below:

Crime Charged:	Police Agency:
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Date:	Disposition of case:
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Crime Charged:	Police Agency:
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Date:	Disposition of case:
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Have you been placed on probation? Yes No If yes give details below:

Have you ever been required to pay a fine in excess of \$25.00? Yes No If yes give details below:

Have you ever been reported as a runaway or a missing person? Yes No If yes give details below:

Were you ever the subject of a courts-martial, tried on charges, summary court, deck court, captains mast, or company punishment, or any other disciplinary action while a member of the armed forces? Yes No If yes give details below:

List any disciplinary action taken against you in the National Guard or Reserves?

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

Agency:	Date:	Purpose:
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Agency:	Date:	Purpose:
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Agency:	Date:	Purpose:
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Can you operate a motor vehicle? Yes No

Do you possess a valid operator's license? Yes No if Yes fill out below:

State:	Operators Lic. Number:	Date Issued:
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Has your license ever been suspended, restricted, or revoked? Yes No If yes reason:

Have you ever been refused a license by any state? Yes No If yes reason:

Has a motor vehicle driven by you ever been involved in an accident? Yes No If yes details of accident:

Date:	Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
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Cause of accident:

Date:	Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
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Cause of accident:

List any convictions for minor traffic violations

Location	Approx Date:	Nature of Violation:	Penalty or Disposition:

Attitudes

What do you consider to be the current social problem of greatest concern?

What are your experiences and beliefs concerning the use of alcohol?

What are your experiences and beliefs concerning the use of marijuana and/or 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 your reason for applying for this position?

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