

FARMINGTON POLICE DEPARTMENT

P.O. BOX 150
354 WEST MAIN ST.
FARMINGTON, AR 72730



TELEPHONE (479) 267-3411
FAX (479) 267-5897

THE FARMINGTON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER AND A.D.A. COMPLIANT

THIS POSITION WILL CONSIST OF WORKING SHIFTS WHICH INCLUDED NIGHTS, WEEKENDS, AND HOLIDAYS

PLEASE FILL OUT THE APPLICATION, THE AUTHORIZATION TO RELEASE INFORMATION AND
PERSONAL HISTORY STATEMENT. A RESUME IS NOT REQUIRED BUT IS APPRECIATED.

BRIAN HUBBARD
CHIEF OF POLICE
FARMINGTON POLICE DEPARTMENT

ALL DOCUMENTATION MUST BE NOTARIZED BEFORE APPLICATION WILL BE CONSIDERED

DO NOT SIGN PRIOR TO BEING NOTARIZED

AUTHORIZATION TO RELEASE INFORMATION

I, _____, AM AN APPLICANT FOR EMPLOYMENT WITH THE FARMINGTON POLICE DEPARTMENT. IN ORDER TO PROCESS MY APPLICATION, CERTAIN INFORMATION IS FOR MY BENEFIT, THIS RELEASE IS VALID FOR A PERIOD OF SIX MONTHS (6) FROM THIS DATE.

I HEREBY AUTHORIZE, REQUEST AND DIRECT EDUCATIONAL INSTITUTIONS, MY EMPLOYERS (PAST/PRESENT), FINANCIAL INSTITUTIONS OF ANY KIND, CREDIT BUREAU OR CONSUMER REPORTING AGENCY, MEDICAL INSTITUTIONS AND DOCTORS, MILITARY RECORDS, AND ANY OTHER PERSON, INSTITUTION OR ORGANIZATION, AND ALL GOVERNMENTAL AGENCIES AND INSTRUMENTALITY'S (LOCAL, STATE, FEDERAL, OR FOREIGN) WHATEVER SAID INDIVIDUALS OR ORGANIZATIONS ARE SITUATED TO RELEASE TO THE CHIEF OF POLICE OF THE CITY OF FARMINGTON, ARKANSAS, OR TO ANY REPRESENTATIVE THEREOF, ANY DOCUMENT, INFORMATION, RECORD OR FILE THAT HE DEEMS MATERIAL TO THE PROCESSING OF MY APPLICATION FOR EMPLOYMENT. SAID INFORMATION CAN BE FURNISHED IF THE REQUEST THEREFORE IS MADE IN PERSON OR WRITING.

FURTHER, I HEREBY RELEASE YOU, AS THE CUSTODIAN OF SUCH RECORDS AND ALL OF SAID INDIVIDUALS AND ORGANIZATIONS, INCLUDING ITS OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY BE ANYTIME RESULT TO ME, MY HEIRS, FAMILY, OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

FURTHER, I APPOINT THE CHIEF OF POLICE OR HIS REPRESENTATIVE AS MY AGENT AND ATTORNEY IN FACT FOR THE SOLE PURPOSE OF COLLECTING INFORMATION FOR PROCESSING MY APPLICATION AND DIRECT THAT HE BE PERMITTED TO INSPECT ALL OF SAID FILES AND INFORMATION, AND BE PERMITTED TO MAKE COPIES THEREOF AT HIS DISCRETION. THIS REQUEST CAN BE TREATED AS IF I WAS MAKING THIS REQUEST IN PERSON.

APPLICANTS SIGNATURE

DATE

AFFIDAVIT

I, _____, BEING DULY SWORN, DEPOSES AND SAYS AS FOLLOWS:
I AM THE PERSON WHO EXECUTED THE ABOVE AUTHORIZATION; I UNDERSTAND ITS MEANING, INTENTION, AND EFFECT, AND THAT THE STATEMENTS THEREIN MADE ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC

THIS _____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME			
LAST	FIRST	M	PHONE
PRESENT ADDRESS			
STREET	CITY	STATE	ZIP

EMPLOYMENT

POSITION	START DATE	DESIRED SALARY
ARE YOU 21 YEARS OR OLDER?	YES	NO
ARE YOU EMPLOYED NOW?	YES	NO
IF SO MAY WE INQUIRE OF YOUR EMPLOYER?	YES	NO
EVER APPLIED TO FPD BEFORE?	YES	NO
EVER WORKED FOR FPD BEFORE?	YES	NO
IF SO NAME SUPERVISOR AT THE TIME?		
REASON FOR LEAVING		

EDUCATION

WHERE DID YOU ATTEND:

	NAME & LOCATION	YEARS ATTENDED
GRAMMER		
HIGH		
	LEVEL COMPLETED	TYPE OF DIPLOMA
COLLEGE		
	LEVEL COMPLETED	TYPE OF DIPLOMA
VOCATIONAL OR TECH		
	LEVEL COMPLETED	TYPE OF DIPLOMA

GENERAL

SUBJECT OF SPECIAL STUDY	
SPECIAL TRAINING	
SPECIAL SKILLS	

PLEASE PROVIDE A COPY OF ALL DIPLOMAS OR GED CERTIFICATE

SERVICE RECORD

DID YOU SERVE IN THE MILITARY?	YES		NO	
MILITARY BRANCH				
HIGHEST RANK				
DATE ENTERED		DATE SEPARATED OR DISCHARGE		

PLEASE ATTACH COPY OF MILITARY DISCHARGE OR DD-214

WERE YOU EVER COURT-MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES?

YES		NO		IF YES EXPLAIN:	

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER SERVICE UNIT:

REFERENCES

BELOW GIVE THE NAMES OF FIVE WORK REFERENCES YOU ARE NOT RELATED, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE RESULTING FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

SIGNATURE

EMPLOYMENT HISTORY

LIST ALL JOBS YOU HAVE HELD IN THE LAST (10) YEARS. YOUR MOST RECENT JOB FIRST.
IF YOU NEED MORE SPACE ATTACH ADDITIONAL SHEETS. INCLUDE MILITARY SERVICE
IN PROPER TIME SEQUENCE AND TEMPORARY PART-TIME ALSO.

DATES OF EMPLOYMENT			
FULL TIME		PART TIME	
TITLE OF MOST RECENT POSITION		SALARY	STARTING . ENDING
SUPERVISOR NAME AND TITLE		PHONE	
EMPLOYER		ADDRESS	
DUTIES			
REASON FOR LEAVING			

DATES OF EMPLOYMENT			
FULL TIME		PART TIME	
TITLE OF POSITION		SALARY	STARTING . ENDING
SUPERVISOR NAME AND TITLE		PHONE	
EMPLOYER		ADDRESS	
DUTIES			
REASON FOR LEAVING			

DATES OF EMPLOYMENT			
FULL TIME		PART TIME	
TITLE OF POSITION		SALARY	STARTING . ENDING
SUPERVISOR NAME AND TITLE		PHONE	
EMPLOYER		ADDRESS	
DUTIES			
REASON FOR LEAVING			

HAVE YOU BEEN CHARGED, PLEAD GUILTY, NO CONTEST OR BEEN CONVICTED UNDER ANY CRIMINAL LAW?

(exclude minor traffic violations and juvenile convictions)

CRIME CHARGED		DATE	
POLICE AGENCY		DISPOSITION	

CRIME CHARGED		DATE	
POLICE AGENCY		DISPOSITION	

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 \$25.00? 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:

HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST.
PLEASE GIVE DETAILS BELOW. YOUR ANSWERS WILL BE VERIFIED.

AGENCY	<input type="text"/>	DATE	<input type="text"/>	PURPOSE	<input type="text"/>
AGENCY	<input type="text"/>	DATE	<input type="text"/>	PURPOSE	<input type="text"/>
AGENCY	<input type="text"/>	DATE	<input type="text"/>	PURPOSE	<input type="text"/>

CAN YOU OPERATE A MOTOR VEHICLE? YES NO

DO YOU POSSES A VALID OPERATOR'S LICENSE? DL# STATE

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

PLEASE ATTACH COPY OF VALID DRIVER'S LICENSE
PROOF OF CITIZENSHIP MUST BE PROVIDED. ATTACH COPY OF BIRTH CERTIFICATE OR DOCUMENTS

WHAT LANGUAGES CAN YOUR SPEAK, READ OR WRITE FLUENTLY?

EXPLAIN BRIEFLY YOUR REASON FOR APPLYING FOR THIS POSITION?

IF MARRIED ARE YOU LIVING WITH YOUR SPOUSE? YES

NO

IF NO, STATE REASONS:

GIVE THE FOLLOWING INFORMATION CONCERNING YOUR SPOUSE'S PARENTS:

NAME

ADDRESS

FATHER

MOTHER

HAVE YOU EVER BEEN SEPARATED OR DIVORCED? YES

NO

IF YES, GIVE DATE AND LOCATION OF COURT OR JURISDICTION.

LIST BELOW EVERY CHILD BORN TO YOU:

NAME

BIRTH DATE

BIRTH PLACE

WHOM RESIDES & ADDRESS

NAME	BIRTH DATE	BIRTH PLACE	WHOM RESIDES & ADDRESS

ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU AND STEPCHILDREN?

YES

NO

IF NO GIVE DETAILS:

HAVE YOU EVER BEEN INVOLVED IN A PATERNITY PROCEEDING?

YES

NO

IF YES, GIVE DATE AND COURT OR JURISDICTION:

LIST MOTOR VEHICLES THAT YOU OWN OR ARE BUYING OR LEASING:

MAKE

MODEL

YEAR

AMOUNT OWED

MAKE	MODEL	YEAR	AMOUNT OWED

LIST CREDIT REFERENCES

NAME

ADDRESS

PHONE

AMOUNT OWED

NAME	ADDRESS	PHONE	AMOUNT OWED

DO YOU OBJECT TO WEARING A UNIFORM?

YES

NO

DO YOU OBJECT TO WORKING SHIFTS WHICH WOULD INCLUDE EVENINGS, NIGHTS, MIDNIGHTS, WEEKENDS, AND HOLIDAYS?

YES

NO

IF YES, EXPLAIN:

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 BECAME NECESSARY IN THE PERFORMANCE OF OFFICIAL DUTIES?

I HEREBY CERTIFY ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE AND UNDERSTAND 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.