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 PF	TOTAL
MY BENEFIT, THIS RELE	ASE IS VALID FOR A PERIOD OF	SIX MONTHS (6) FROM THIS DATE.
I HEREBY AUTHORIZE, I	REQUEST AND DIRECT EDUCATI	IONAL INSTITUTIONS, MY EMPLOYERS (PAST/PRESENT),
FINANCIAL INSTITUTIO	NS OF ANY KIND, CREDIT BURE/	AU OR CONSUMER REPORTING AGENCY, MEDICAL
INSTITUTIONS AND DO	CTORS, MILITARY RECORDS, AN	ND ANY OTHER PERSON, INSTITUTION OR ORGANIZATION,
AND ALL GOVERNMEN	TAL AGENCIES AND INSTRUME	NTALITY'S (LOCAL, STATE, FEDERAL, OR FOREIGN)
WHATEVER SAID INDIV	IDUALS OR ORGANIZATIONS AF	RE SITUATED TO RELEASE TO THE CHIEF OF POLICE OF
THE CITY OF FARMING	ΓΟΝ, ARKANSAS, OR TO ANY RE	PRESENTATIVE THEREOF, ANY DOCUMENT, INFORMATION,
RECORD OR FILE THAT	HE DEEMS MATERIAL TO THE P	PROCESSING OF MY APPLICATION FOR EMPLOYMENT.
SAID INFORMATION CA	IN BE FURNISHED IF THE REQUE	EST THEREFORE IS MADE IN PERSON OR WRITING.
FURTHER, I HEREBY RE	LEASE YOU, AS THE CUSTODIAN	N OF SUCH RECORDS AND ALL OF SAID INDIVIDUALS
AND ORGANIZATIONS,	INCLUDING ITS OFFICERS, EMP	LOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY
AND COLLECTIVELY FRO	OM ANY AND ALL LIABILITY FOR	R DAMAGES OF WHATEVER KIND, WHICH MAY BE ANYTIME
RESULT TO ME, MY HE	IRS, FAMILY, OR ASSOCIATES BE	ECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND
	INFORMATION, OR ANY ATTEM	
FURTHER, I APPOINT TI	HE CHIEF OF POLICE OR HIS REF	PRESENTATIVE AS MY AGENT AND ATTORNEY IN FACT FOR
THE SOLE PURPOSE OF	COLLECTING INFORMATION FO	OR PROCESSING MY APPLICATION AND DIRECT THAT HE BE
PERMITTED TO INSPEC	T ALL OF SAID FILES AND INFOR	RMATION, AND BE PERMITTED TO MAKE COPIES
		TREATED AS IF I WAS MAKING THIS REQUEST IN PERSON.
		·
	APPLICANTS SIGNATURE	DATE
		AFFIDAVIT
1,		, BEING DULY SWORN, DEPOSES AND SAYS AS FOLLOWS:
I AM THE PERSON WHO	EXECUTED THE ABOVE AUTHO	ORIZATION; I UNDERSTAND ITS MEANING,
INTENTION, AND EFFEC	T, AND THAT THE STATEMENTS	S THEREIN MADE ARE TRUE AND CORRECT.
		APPLICANTS SIGNATURE
SWORN AND SUBS	CRIBED BEFORE ME	
		NOTARY PUBLIC
THIS	DAY OF	20
MY COMM	ISSION EXPIRES	

APPLICATION FOR EMPLOYMENT

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PRESENT ADDRESS	<u> </u>				
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POSITION	START DAT	<u> </u>	DESIRED SA	LARY	
ARE YOU 21 YEARS OR OLDER?		YES	NO		····
ARE YOU EMPLOYED NOW?		YES	NO NO		
IF SO MAY WE INQUIRE OF YOUR E	MPLOYER?	YES	NO		
EVER APPLIED TO FPD BEFORE?		YES	NO		
EVER WORKED FOR FPD BEFORE?		YES	NO		
IF SO NAME SUPERVISOR AT THE TI	ME?				
REASON FOR LEAVING	*****				
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SUBJECT OF SPECIAL STUDY					
SPECIAL TRAINING					
SPECIAL SKILLS					
					····

ATE ENTERED DATE SEPARATED OR DISCHARGE PLEASE ATTACH COPY OF MILITARY DISCHARGE OR DD-214 ERE YOU EVER COURT-MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, DMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES? YES NO IF YES EXPLAIN: ST 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			SERVICE RECO	RD	
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SIGNATURE

DATE

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.

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EMPLOYER	ADDRESS			
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IF YES, GIVE DETAILS:				
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IF YES, GIVE COMPLETE DETAILS, INCLUDING JURISDICTION,			L.	
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HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY		ARREST.		
PLEASE GIVE DETAILS BELOW. YOUR ANSWERS WILL BE VER			***	
AGENCY DATE	PURPOSE			
AGENCY DATE	PURPOSE			
AGENCY DATE	PURPOSE			
CAN YOU OPERATE A MOTOR VEHICLE?	YES	NO		
DO YOU POSSES A VALID OPERATOR'S LICENSE?	DL#		STATE	
	<u>-</u>		l	
ARE YOU A CITIZEN OF THE UNITED STATES?	YES	No F		
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IF YES, EXPLAIN:			<u> </u>			
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NOTICE-FALSE SWEARING IS A CLASS A MISDEMEANOR. PUNISHABLE UNDER ARKANSAS CODE 5-53-103.