



CITY OF CENTERTON
P.O. Box 208
CENTERTON, AR 72719
PHONE (479)795-2750 / FAX (479)795-2545

At-Will Employment

The City of Centerton is an at-will employer. This means that employment with the City of Centerton is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, the City of Centerton can terminate the employment relationship at will with or without notice or cause or advance notice, so long as there is no violation of applicable Federal or State Laws. There is no implied promise that employment will continue for a set period or that employment will be terminated only under particular circumstances. Therefore, no reason is needed by either the employee or the employer to terminate the employment relationship and that decision need not be based on anything other than the intent not to continue the employment relationship.

Signature

Date

Print Name

Must be signed and turned in with employment application

**CENTERTON POLICE DEPARTMENT EMPLOYMENT APPLICATION
& Personal History Statement**

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar 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 all responses in black ink please.

Personal

Name: _____ /_____/_____
 First Middle Last Social Security #

Nicknames/Aliases: _____

Height: _____ inches Weight: _____ lbs.

Current Address: _____
 Number & Street City State Zip Code

Mailing Address: _____
(If Different) Number & Street City State Zip Code

Phone/Contact #: _____ Other phone: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ U.S. Born _____ U.S. Naturalized _____ Other-Specify: _____

List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated: _____

List hobbies and/or special skills: _____

Marital

Marital Status: ___ Single ___ Married ___ Divorced ___ Engaged ___ Separated ___ Widowed

Name of Spouse or Fiancé: _____

Spouses/Fiancé Date of Birth: _____ Place of Employment: _____

If married, are you living with your spouse? ____ Yes ____ No, state reason: _____

Have you ever been separated or divorced? ____ Yes ____ No If yes, give date and location of court or jurisdiction in which it was filed: _____

Give the following information concerning your spouse's parents:

	Name	Address
Father		
Mother		

List below any children born to you:

Name	Birth Date	Place of Birth	Resides with:

Are you now supporting all children born or adopted to you, or step-children? ____ 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 or jurisdiction: _____

References:

Give the names of five responsible persons, other than relatives or past employees, who could provide information about your character, ability, experience, and other qualities:

Name	Address	Phone

Family History:

List your parents, brothers, and/or sisters:

	Name	Address	Phone
Father			
Mother			
Sibling			
Sibling			
Sibling			
Sibling			

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

Do you own or lease your own home? _____ Own _____ Lease

List motor vehicles that you own or are buying or leasing:

Make	Model	Year	Amount Owed

List credit references (Include credit card accounts):

Name of Firm	Address	City/State	Amount Owed

What is your total indebtedness at present? _____

Have your creditors treated you fairly? ____ Yes ____ No, if no, explain: _____

Have you ever been sued? ____ Yes ____ No If yes, explain: _____

Residences:

List addresses for past ten years starting 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 unsatisfactory service? ____ Yes ____ No If yes, give details: _____

Have your employers always treated you fairly? Yes No If no, 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 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 and/or part-time jobs.

Employer: _____ Supervisor: _____

Phone: _____ Address: _____

Title of present or last position: _____

Duties: _____

Starting Date: _____

Starting Salary: _____

Ending Date: _____

Ending Salary: _____

Part Time: _____ Yrs. _____ Mos.

Full Time: _____ Yrs. _____ Mos.

of hours worked per week: _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Phone: _____ Address: _____

Title of present or last position: _____

Duties: _____

Starting Date: _____

Starting Salary: _____

Ending Date: _____

Ending Salary: _____

Part Time: _____ Yrs. _____ Mos.

Full Time: _____ Yrs. _____ Mos.

of hours worked per week: _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Phone: _____ Address: _____
Title of present or last position: _____

Duties: _____

Starting Date: _____ Starting Salary: _____

Ending Date: _____ Ending Salary: _____

Part Time: _____ Yrs. _____ Mos. Full Time: _____ Yrs. _____ Mos.
of hours worked per week: _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Phone: _____ Address: _____

Title of present or last position: _____

Duties: _____

Starting Date: _____ Starting Salary: _____

Ending Date: _____ Ending Salary: _____

Part Time: _____ Yrs. _____ Mos. Full Time: _____ Yrs. _____ Mos.
of hours worked per week: _____

Reason for leaving: _____

Have you previously submitted an application for employment with this agency? _____ Yes _____ No
If yes, approximate date: _____

Have you previously applied for a position with any other law enforcement agency? _____ Yes _____ No
If yes, give date(s) and disposition of application:

Agency	Date	Disposition

Military Service

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

If yes, name of unit: _____

Date of enlistment: _____ Date of Discharge: _____

Service Number: _____ Highest Rank: _____ 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: _____

Education

List all schools attended:

Name of School	City/State	From	To	Year Completed
High School				
College/University				

Did you either graduate from high school or pass the high school equivalency test? ____ Yes ____ No

List College courses 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?

____ Yes ____ No If yes, explain: _____

Arrest and Military Disciplinary Actions

Answer all of the following questions completely and accurately. Any falsifications or misstatements or 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:

Crime charged: _____ **Date:** _____

Police Agency: _____ **Address:** _____

Disposition of case: _____

Crime charged: _____ **Date:** _____

Police Agency: _____ **Address:** _____

Disposition of case: _____

Crime charged: _____ **Date:** _____

Police Agency: _____ **Address:** _____

Disposition of case: _____

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 \$100? ____ Yes ____ No If yes, give details: _____

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: _____

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: _____

List any disciplinary action taken against you in the National Guard or other reserve unit: _____

If you have 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: _____

Can you operate a motor vehicle? _____ Yes _____ No

Do you possess a valid drivers license from the State of Arkansas? _____ Yes _____ No

DL #: _____ Date Issued: _____

Do you possess a drivers license issued by any other state other than Arkansas? _____ Yes _____ No

If yes, give state and number: _____

Was your license ever suspended or revoked? _____ Yes _____ No If yes, give details: _____

Was your license ever reinstated? _____ Yes _____ No When? _____

Have you ever been refused an operator's license by any state? _____ Yes _____ No

Have your driving privileges ever been restricted? _____ Yes _____ No If yes, give details: _____

Within the last two years, has a motor vehicle been 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: _____

Date: _____ Police Investigation? _____ Yes _____ No

Location: _____ Cause of Accident: _____

List any convictions for minor traffic violations:

Location	Approximate Date	Nature of Violation	Penalty or Disposition

Attitudes:

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

What are your experiences and beliefs concerning the use of 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: _____

Attach a brief essay (between 100 and 250 words) why you wish to work for the City of Centerton.

Centerton Police Department

City of Centerton
Centerton, AR 72719

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Age	Sex	Date of Birth
Place of Birth			County or City		
			State		
SSN: _____					

I, _____, do hereby authorize a review of, and full disclosure of all record, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Centerton Police Department whether the said records are public private or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the record of educational institutions; financial or credit institutions, including record of deposits, withdrawals and balances or checking and savings accounts, and loans; and also the record of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary record; real and personal property tax statement and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violation of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any cases in which I presently have, or have had to interest.

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 like, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Centerton Police Department to consider in determining my suitability for employment by the department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Centerton Police Department. I understand that all materials pertaining to this background investigation become the property of the Centerton Police Department will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damage, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of the confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even through the said photocopy does not contain an original writing or my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ day of

_____ 20 _____

My commission expires _____ 20 _____

Notary : _____

Signature: _____		
Street Address _____		
City	State	Zip Code

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I understand the City of Centerton is an at-will employer. I further understand that employment with the City of Centerton is voluntarily entered into, and the employee is free to resign at will at any time with or without cause. Similarly the City of Centerton may terminate the employment relationship at will at any time with or without notice or cause, so long as there is no violation of applicable Federal or State Laws. No reason is needed by either the employee or the decision need not be based on anything other than the intent not to continue the employment relationship.

Signature: _____

Date: _____

Sworn and subscribed before me

Notary Public, this _____ day

Notice: False swearing is a Class A Misdemeanor punishable under Arkansas Code 5-53-103.

Of _____, 20____

My commission expires: _____

Attach the following items to your application if applicable:

- Birth Certificate
- Copy of Drivers License
- Copy of Social Security Card
- High School Diploma
- College Transcript
- D.D. from 214