

# Jacksonville Police Department Police Applicant Background Packet



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Applicant's Printed Name (Last, First, MI)

## JACKSONVILLE POLICE DEPARTMENT

### INSTRUCTIONS & NOTICES FOR JPD PRE-EMPLOYMENT BACKGROUND PACKET

Please read the following, making sure to follow **ALL** instructions completely. Failure to provide requested documents or to follow these instructions may disqualify you from completing the background. Do not omit, falsify, or misrepresent the truth on any required or requested forms, and documents. All forms should be complete and thorough, and in your own handwriting, using blue ink on forms.

**REQUIRED DOCUMENTS:** (Bring originals with application and copies will be made at the police department)

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License  | <input type="checkbox"/> GED Certificate and Transcripts (if applicable) |
| <input type="checkbox"/> Social Security Card  | <input type="checkbox"/> Concealed Carry Permit (if applicable)          |
| <input type="checkbox"/> Certificate of Live Birth   |  |
| <input type="checkbox"/> High School Diploma (if applicable)   |  |
| <input type="checkbox"/> Official High School Transcripts (required even if you did not graduate) )(certified copy only in sealed envelope by registrar)   |  |
| <input type="checkbox"/> Official College Transcripts (if applicable) )(certified copy only in sealed envelope by registrar)   |  |
| <input type="checkbox"/> Copy of Unemployment Documents Long Form (required if you have collected benefits within the last 5 years. These can be obtained from Department of Workforce Services) |  |
| <input type="checkbox"/> Copy of current credit report (can be obtained for free from several online websites)   |  |

High School and College Transcripts must be delivered, sealed in the original school envelope. This can be hand delivered by the applicant or be mailed to the person and address listed below\*.

Some application documents **MUST BE NOTARIZED**. This can be done at the Jacksonville Police Department. You are not required to have it notarized prior to turning it in, although, you can choose to do so. Do not sign forms until you are in the presence of a notary.

You will need to be processed for photograph and fingerprints at the Court Holding Facility located at 1412 West Main Street (the old Police Department) as part of the background check when turning in the packet. Be prepared to go there immediately after turning in your packet. If unable to be processed that day, you must make arrangements with a TSO to do so prior to application packet deadline.

Your Credit History is a part of the Background Investigation, so be sure that you read and understand the Authorization and Consent for Release of Credit Information Form (included in packet). You are responsible for providing a copy of your credit report along with this form.

The department may contact you at times to clarify information, or ask additional questions to help in the decision making process; therefore, if you change address, phone numbers, or employment status, these must be reported immediately to the background investigator.

If you cannot provide a copy of any of these documents, you must write a Letter of Excuse pertaining to each document missing, explaining the circumstances and the name, address, and phone number of person(s) who can be contacted to follow up on each document. Also, an approximated time frame for when the document will be available, if at all.

\*Send requested documents from above to the Jacksonville Police Department, Attn: Lt. L. Dean Scroggins, 1400 Marshall Road, Jacksonville, AR 72076. Phone 501-533-6419, Fax 501-982-3020

I have read this form and understand what has been requested, and what is required to be considered for a pre-employment background investigation by the Jacksonville Police Department.

**Applicant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



7. List hobbies and / or special skills.

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**MARITAL**

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

9. Name and Present Address of Spouse, Fiancé (e), or Ex-Spouse if Divorced or Separated

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Name	Address	City	State	Zip
Code				

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Name	Address	City	State	Zip
Code				

10. If married, are you living with your spouse?                      Yes                      No  
 If not, state reason:

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11. Have you ever been separated or divorced?                      Yes                      No  
 If yes, give date and court of divorce:

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12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS (INCLUDE CITY, STATE, ZIP)
<b>FATHER</b>		
<b>MOTHER</b>		

13. Children and Dependents

List all your children, including stepchildren and adopted, and give the following information:

NAME	DATE OF BIRTH	PLACE OF BIRTH	RESIDENCE ADDRESS (include City, State, Zip)	WITH WHOM LIVES	SUPPORTED BY WHOM

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

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

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

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

**REFERENCES**

16. Give the names of **FIVE** responsible persons who have known you for at least **THREE** years that could provide information about your character, ability, experience, personality, fitness, and qualifications. **DO NOT INCLUDE:** relatives, former employers, or persons living outside the United States or its Territories.

NAME	YEARS KNOWN	STREET	CITY, STATE, ZIP	PHONE

**FAMILY HISTORY**

17. List your parents, brothers, and sisters.

	NAME	ADDRESS (INCLUDE CITY, STATE, ZIP)	TELEPHONE
FATHER			
MOTHER			
BRO./SIS.			

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?  
 Yes  NO  If yes, complete the following:

DATE	LOCATION	CHARGE	RELATIONSHIP	DISPOSITION

**FINANCIAL**

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

20. Do you have a savings account? Yes                      No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

21. Do you have a checking account? Yes                      No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

22. 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:

\_\_\_\_\_

23. Have you ever filed for bankruptcy? Yes                      No

If yes, give declaration and dates: \_\_\_\_\_

\_\_\_\_\_

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

    Is there a mortgage on the property? Yes                      No

25. Do you own or are you buying other real estate? Yes                      No

If yes, give name of agency holding mortgage:

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

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

MAKE	MODEL	YEAR	AMOUNT OWED


27. What income other than salary do you have at present? Include spouse's salary?

28. List credit references:

Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone
Name of Firm		Amount Owed
Street Address	City and State	Telephone

29. What is your total indebtedness at present? \_\_\_\_\_

30. Have your creditors treated you fairly?                      Yes                      No                      If not, explain:

\_\_\_\_\_

\_\_\_\_\_



38. Do you object to working shifts? Yes No

39. Beginning with your most recent job, list your work history for the past **TEN (10)** years, including part-time, temporary, or seasonal employment, and all periods of unemployment.

Hire Date	Name and Address of Employer	Description of Duties	Circle One F/T      P/T
End Date			Job Title
Salary	Reason for Leaving	Supervisor	Phone

Hire Date	Name and Address of Employer	Description of Duties	Circle One F/T      P/T
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End Date			Job Title
Salary	Reason for Leaving	Supervisor	Phone

Hire Date	Name and Address of Employer	Description of Duties	Circle One F/T      P/T
End Date			Job Title
Salary	Reason for Leaving	Supervisor	Phone

40. Have you, for any reason, ever been disciplined by any of your employers, past or present, in the last ten (10) years? If so, tell when, what employer(s), and what you were disciplined for. Also include what disciplinary action that was taken (i.e. oral reprimand, written reprimand, suspension).

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41. Have you previously submitted an application for employment with this agency? Yes  No

Approximate date: \_\_\_\_\_

42. Have you ever applied for a position with any other governmental agency? Yes  No

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

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**MILITARY SERVICE AND MILITARY DISCIPLINE**

43. Have you registered with the Selective Service? Yes  No

If yes, what city and state: \_\_\_\_\_

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

Branch of Service	Serial Number	Highest Rank
Date of Enlistment	Date of Discharge	Type of Discharge
Branch of Service	Serial Number	Highest Rank
Date of Enlistment	Date of Discharge	Type of Discharge

45. Are you presently a member of the U.S. Reserve or National or State Guard organization? Yes  No

Grade	Service Number	Service and Component
Organization and Station or Unit and Location	Indicate Reserve Obligation if any:	Circle One: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby

46. List medals and decorations:

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47. Were you 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, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using a separate sheet of paper to record this information.

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48. List any disciplinary action taken against you in the National Guard or other reserve unit?

Yes                      No                      If yes, give details:

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**EDUCATION AND SPECIAL SKILLS**

49. List all schools attended.

Name of School	Address (Include City, State and Zip)	From MM/YY	To MM/YY	Year Completed
Grade School				
High School				
College or University				

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

51. List college degrees received and major field of each. Include incomplete courses.

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52. List vocational or technical training. List all law enforcement training. Give the name for each and the location of schools, dates attended, subjects studied, certificates, and any other pertinent data. Include college courses in Criminal Justice or Law Enforcement

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53. Do you speak a language other than English?      Yes                      No      If yes, what language(s) do you speak?

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How fluently do you speak these languages?      Fair                      Good                      Excellent

54. Have you ever applied for certification or been certified as a law enforcement officer (correctional, probation, parole, or police officer, etc.)?                      Yes                      No

If yes, list the name and location of certification authority, date of issue, and date current certification expires (if applicable).

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55. Have you ever had a law enforcement certification revoked?                      Yes                      No

If yes, state name of revoking authority, date of revocation, and reason for revocation

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56. Indicate type of special license / permit such as pilot, ham radio operator, **concealed weapon**, etc., showing approving authority where the license was first issued, and date current license expires (except vehicle operator's license).

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57. What special skills do you possess and machines and equipment can you use? (For example scientific or professional devices, communications or navigational equipment)

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58. What computer programs are you able to use (Word, Excel, Power Point, Access, etc.)?

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59. Approximately, how many words can you type per minute? \_\_\_\_\_

60. Were you ever expelled from any school or were you ever disciplined by any school official?

Yes                      No                      If yes, give details:

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**ARREST, DETENTION, AND LITIGATION**

Answer all of the following questions completely and accurately. Any falsifications or misstatements of facts may be sufficient to disqualify you. Exclude minor traffic violations.

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

Crime Charged		Police Agency
Date	Disposition of Case	

Crime Charged		Police Agency
Date	Disposition of Case	

Crime Charged		Police Agency
Date	Disposition of Case	

62. Have you ever been placed on probation?                      Yes                      No                      If yes, give details below:

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63. Have you ever been convicted of a crime of domestic violence?                      Yes                      No

A crime of domestic violence means an offense that:

- 1) is a crime under Federal or State law, and
- 2) has, as an element, the use or attempted use of physical force, or the use or threatened use of a deadly weapon, committed by a former spouse, parent, guardian, or boy/girlfriend of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent, guardian, or boy/girlfriend, by a person similarly situated to a spouse, parent, guardian, or boy/girlfriend of the victim, or a child of the victim.

64. Have you ever been required to pay a fine in excess of \$25.00?                      Yes                      No

If yes, give complete details, including jurisdiction, dates, and outcome:

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65. Have you ever been reported as a missing person or a runaway?                      Yes                      No

If yes, give complete details, including jurisdiction, dates and outcomes:

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66. If you have ever been fingerprinted by a police agency other than for arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

**TRAFFIC HISTORY**

67. Can you operate a motor vehicle? Yes  No

68. Do you possess a valid operator's license from the State of Arkansas? Yes  No

Operator's License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

69. List any other vehicle operator's license you have held or hold now. Include Drivers, Commercial, etc., and any out-of-state license.

KIND OF LICENSE	NUMBER	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

70. Was your license ever suspended or revoked? Yes  No  If yes, state which and give reasons:  
 \_\_\_\_\_

71. Was your license ever restored? Yes  No  When? \_\_\_\_\_

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

73. Have your driving privileges ever been restricted? Yes  No   
 If yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

74. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes  No  If yes, give details, including reasons, names of companies, dates, etc:  
 \_\_\_\_\_  
 \_\_\_\_\_

75. Give name and address of the insurance company with whom you now have automobile insurance, include policy coverage:  
 \_\_\_\_\_  
 \_\_\_\_\_

76. Has a motor vehicle being 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 \_\_\_\_\_

77. List any convictions for minor traffic violations:

ISSUING DEPARTMENT	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

**GENERAL INFORMATION**

78. Do you now use, or have you ever used, illicit (illegal) drugs, including marijuana, or prescription medication not prescribed to you? Yes No

NAME OF DRUG	DATE OF LAST USE OR SALE

79. List any foreign travel you have done.

FROM MM/YY	TO MM/YY	COUNTRY VISITED	PURPOSE OF TRAVEL

80. Hobbies and Sports:

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

81. Are you now or have you ever been a member of or affiliated with any organization or association which, according to your knowledge at the time of your membership, advocated the overthrow of the government of the United States or of this state by force, violence, or other unconstitutional means, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?                      Yes                      No

If so, was your membership in or affiliation with the organization or association, with the specific intent to achieve the overthrow of the government of the United States or of this state by force, violence or other unconstitutional means, or to commit acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?                      Yes                      No

If **YES** to either of these questions above, describe the circumstances on a separate sheet of paper in full detail. Specify nature and extent of association with each organization, including office or position held, also include dates, places, and credentials now or formerly held.

82. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be assigned or which might require further explanation?                      Yes                      No

If yes, give details:

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**ATTITUDES**

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

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84. What are your experiences and beliefs concerning the use of alcoholic beverages?

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85. What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?

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86. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

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**CAREER OBJECTIVES**

87. Explain briefly your reasons for applying for this position

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I hereby certify that all statements made in this questionnaire are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal. Sign only in the presence of a Notary Public.

\_\_\_\_\_  
Applicant Signature in Full

\_\_\_\_\_  
Applicant Printed Name

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE- False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.**

**PRE-COMPUTER VOICE STRESS ANALYSIS (CVSA)**  
**EXAMINATION QUESTIONNAIRE**

**NOTE:** Do you fully realize that willfully withholding information or making false or incomplete statements during this interview will be a basis for dismissal from the Jacksonville Police Department hiring process?

Yes

No

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Male

Female

\_\_\_\_\_Age

\_\_\_\_\_Height

\_\_\_\_\_Weight

**THE FOLLOWING ARE AREAS FROM WHICH THE CVSA QUESTIONS WILL BE DRAWN:**

1. Do you have any personal beliefs that would prevent you from taking the life of another person if it became necessary?

Yes                      No                      If yes, explain:

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2. Have you ever stolen anything valued at more than \$10.00 from a place of employment?

Yes                      No                      If yes, explain:

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3. Have you ever been arrested?

Yes                      No                      If yes, explain:

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4. Have you or any member of your family ever used or offered for sale cocaine, heroin, LSD or marijuana?

Yes                      No                      If yes, explain:

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5. Have you ever stored or "held" marijuana or any other illegal drug?

Yes                      No                      If yes, explain:

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6. Have you ever smoked marijuana?

Yes                      No                      If yes, explain:

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7. When was the last time you smoked marijuana?

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8. How many times have you smoked marijuana in the last:

24 hours? \_\_\_\_\_

7 days? \_\_\_\_\_

6 months? \_\_\_\_\_

Year \_\_\_\_\_

In your lifetime? \_\_\_\_\_

9. What illegal drugs have you experimented with?

\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever taken a controlled/prescribed medication that was not prescribed for you?

Yes

No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever had contact with any police, municipal, county, state, or federal agency in a formal or informal situation?

Yes

No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

12. To your knowledge, have you ever been listed as a suspect, victim, or contact person on a police report or incident?

Yes

No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

13. Were you ever in a fight in which a weapon was used?

Yes

No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever had criminal charges filed against you?

Yes

No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever filed criminal charges against another person?

Yes

No

If yes, explain:

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16. Have you ever stolen any cash from a place of employment or co-worker?

Yes

No

If yes, explain:

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17. Have you ever consumed alcohol at a place of employment without authorization?

Yes

No

If yes, explain:

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18. Have you ever purposely caused harm to another person?

Yes

No

If yes, explain:

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19. Have you ever abused, hit, or slapped your spouse or girl/boyfriend?

Yes

No

If yes, explain:

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20. Have you ever physically struck your father or mother?

Yes

No

If yes, explain:

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21. Have you ever committed a crime that police did not know about?

Yes

No

If yes, explain:

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22. Have you ever been served with an injunction or restraining order?

Yes

No

If yes, explain:

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23. Have you ever been involved in the purchase, sale, or transporting of any illegal drugs?

Yes

No

If yes, explain:

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24. Do you use alcohol?

Yes

No

If yes, explain:

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25. Have you ever discharged a weapon, either accidentally or on purpose, that caused injury to yourself or others?

Yes

No

If yes, explain:

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26. Have you ever been involved as a suspect, victim, or contact person in a domestic abuse incident?

Yes

No

If yes, explain:

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27. Did you receive a dishonorable or other than honorable discharge from the Armed Forces?

Yes

No

If yes, explain:

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28. Have you ever written a check knowing you had insufficient funds?

Yes

No

If yes, explain:

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29. Have you ever written a check that bounced?

Yes

No

If yes, explain:

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30. Have you ever physically abused a child?

Yes

No

If yes, explain:

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31. Have you ever fondled, molested or sexually abused a child?

Yes

No

If yes, explain:

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32. Have you ever intentionally damaged the property of another person?

Yes

No

If yes, explain:

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33. Have you ever lied in a police report or filed a false police report?

Yes

No

If yes, explain:

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34. Are there any incidents or situations in your background that may affect your ability to perform the duties of Law Enforcement Officer?

Yes

No

If yes, explain:

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35. Have you ever taken something that did not belong to you?

Yes

No

If yes, explain:

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36. Have you ever been a member of a subversive organization, racist organization, militia or anti-government organization?

Yes

No

If yes, explain:

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37. Have you ever been asked to join such a group?

Yes

No

If yes, explain:

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38. Have you ever been to a meeting of any such group?

Yes

No

If yes, explain:

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39. Are any of your friends, acquaintances, or relatives members of any such group?

Yes

No

If yes, explain:

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40. What is the most serious thing that you ever did as a child, whether you were caught or not?

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41. What is the most serious thing that you ever did as an adult, whether you were caught or not?

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42. Have you ever had a gun permit?

Yes

No

If yes, explain:

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43. Have you ever applied for a gun permit?

Yes

No

If yes, explain:

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44. Have you ever had a gun permit revoked?

Yes

No

If yes, explain:

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45. Have you ever been denied a gun permit?

Yes

No

If yes, explain:

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46. How would you rate your credit? (Circle one)

Poor

Fair

Good

Excellent

47. Are you buying or do you own your own home?

Yes

No

If no, which of the following apply?

Renting

Live with Parents

Live with Friends

48. Have you ever been evicted?

Yes

No

If yes, explain:

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49. Have you ever been sued or do you anticipate being sued in the near future?

Yes

No

If yes, explain:

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50. Have you ever filed bankruptcy?

Yes

No

If yes, explain:

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51. Are you planning to file for bankruptcy in the near future?

Yes

No

If yes, explain:

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52. Do you pay child support?

Yes No

If yes, to whom: \_\_\_\_\_ How much: \_\_\_\_\_

53. Are your payments current?

Yes No If no, explain:

54. Do you consider yourself a:

Non-Drinker Light Drinker Moderate Drinker Heavy Drinker

55. What type of alcohol do you normally consume? \_\_\_\_\_

56. What is the amount of alcoholic drinks you have consumed in the last:

24 hours? \_\_\_\_\_

30 days? \_\_\_\_\_

57. Have you ever missed work because of drinking, partying, or hangovers?

Yes No If yes, explain:

58. When was the last time you had a hangover? \_\_\_\_\_

59. Have you ever been charged with driving under the influence of drugs or alcohol?

Yes No If yes, explain:

60. Do you have a valid driver's license?

Yes No If no, explain:

61. Have you ever had a driver's license issued by any other state?

Yes No If yes, explain:

62. Have you ever been found at fault for any traffic accident?

Yes No If yes, explain:

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63. Have you ever been involved in a traffic accident that you did not leave your name and did not report?

Yes No If yes, explain:

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64. Is there anything in your past driving history that we need to be aware of that has not been mentioned?

Yes No If yes, explain:

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65. How many traffic tickets have you received? \_\_\_\_\_

66. Have you ever found money and, knowing who it belonged to, kept it?

Yes No If yes, explain:

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67. Have you ever been accused of stealing?

Yes No If yes, explain:

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68. Have you ever stolen from your present employer?

Yes No If yes, explain:

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69. Have you ever been disciplined for any reason by any employer?

Yes No If yes, explain:

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1. How did you become interested in law enforcement?

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2. Why did you choose the Jacksonville Police Department?

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3. What goals do you have if you become a member of the Jacksonville Police Department?

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General comments, including comments regarding supplement are to be listed below. Insure that all information included on the application, supplemental background information, or information developed during the interview, which may be of a derogatory nature or requires consideration or resolution is commented upon in your write up.

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**FOR PRIOR LAW ENFORCEMENT OFFICERS ONLY**

1. Have you ever deliberately handled evidence in an illegal manner?

Yes                      No                      If yes, explain:

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2. Have you ever falsified or altered an investigative report or document?

Yes                      No                      If yes, explain:

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3. Have you ever accepted anything in exchange for not issuing a traffic ticket or making an arrest?

Yes                      No                      If yes, explain:

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4. Have you ever lied under oath, in court, in an official report or on an application?

Yes                      No                      If yes, explain:

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5. While on duty as a law enforcement officer, have you ever witnessed other officers commit a crime and did not report it?

Yes                      No                      If yes, explain:

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6. Since becoming a law enforcement officer, have you committed a crime?

Yes                      No                      If yes, explain:

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7. Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?

Yes                      No                      If yes, explain:

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8. Have you ever been accused of sexual misconduct?

Yes

No

If yes, explain:

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9. Have you ever had sex on duty?

Yes

No

If yes, explain:

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10. Have you ever consumed intoxicants while on duty?

Yes

No

If yes, explain:

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11. Have you ever stolen while on duty?

Yes

No

If yes, explain:

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12. Have you ever used an illegal drug on duty?

Yes

No

If yes, explain:

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13. Have you ever slept on duty?

Yes

No

If yes, explain:

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14. Have you ever been the subject of an internal investigation?

Yes

No

If yes, explain:

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15. Have you ever violated any policies or procedures?

Yes

No

If yes, explain:

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16. Have you ever been disciplined?

Yes

No

If yes, explain:

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17. Have you used marijuana or other illegal drugs since becoming a law enforcement officer?

Yes

No

If yes, explain:

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18. Have you ever informed anyone they were being investigated without authorization to do so?

Yes

No

If yes, explain:

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19. Have you ever stolen anything from an investigation site?

Yes

No

If yes, explain:

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20. Have you ever kept a "lost and found" item?

Yes

No

If yes, explain:

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21. Have you ever accepted a bribe or gratuity?

Yes

No

If yes, explain:

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22. Have you ever used excessive force?

Yes

No

If yes, explain:

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23. Has anyone ever filed a lawsuit or complaint against you for excessive force?

Yes

No

If yes, explain:

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24. Have you ever kept evidence or contraband and converted it to your personal use?

Yes

No

If yes, explain:

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25. Have you ever concealed or failed to report a crime, misconduct or improper behavior of any civilian?

Yes

No

If yes, explain:

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26. Have you ever done anything you could have been suspended for had your supervisor been aware of it?

Yes

No

If yes, explain:

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I hereby certify that all statements made in this questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information, misstatement, omission of material fact, will subject me to disqualification or dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# **CITY OF JACKSONVILLE POLICE DEPARTMENT** **AUTHORIZATION TO RELEASE INFORMATION**



I, \_\_\_\_\_, am an applicant for employment with the Jacksonville Police Department. In order to process my application, certain information must be available to the Chief of Police of the City of Jacksonville, Arkansas. This information is for my benefit. This release is valid for one-year period from its date.

I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions (medical or psychological records), traffic, criminal and civic records, and all governmental organizational and instrumentalities (local, state, federal or foreign) wherever said individuals or organization are located, to release to the Chief of Police of the City of Jacksonville, AR., 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 released if the request is made in person or in writing.

Further, I hereby release you, as custodian of such records and all of said individuals and organizations including its officers, employees or related personnel, both individually and collectively from any 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 to release information, or any attempt to comply with it.

Further, I appoint the Chief of Police or his representatives 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 were making the request in person.

Further, I understand that by signing this waiver, I waive my right to review the background investigation, in whole or in part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE- False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.**

### Authorization for Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

**I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.**

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash.** If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. **Please allow 7-10 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.**

**(PLEASE DO NOT ATTACH ANY STAPLES TO THIS FORM)**

This information should be addressed to:

**Name of Person Making the Request:** Professional Standards Unit, Lt. L. Dean Scroggins

**Company Name:** Jacksonville Police Department

**Address:** 1400 Marshall Road, Jacksonville, Arkansas 72076

**Telephone Number:** 501-982-3191 or 501-533-6419

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

\_\_\_\_\_  
**Applicant's Name** (print or type)

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Maiden Name/Aliases**

\_\_\_\_\_  
**Race                      Age                      DOB**

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

**(Please provide the last ten (10) years)**

Present Address:  
From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires: \_\_\_\_\_.

Notary Public

**Jacksonville Police Department  
1400 Marshall Road  
Jacksonville, AR 72076**

**Applicant Authorization and Consent for Release of Credit Information**

PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for rejection of my application. All results of the research into my credit background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the decision process.

This Authorization and Consent for Release of Credit Information acknowledges that **Jacksonville Police Department** may now obtain a copy of any credit information or history that may be on file with any credit reporting agency, consumer reporting agency, creditor, insurer, employer, landlord, other business, or any other agency that has information pertaining to my credit history, in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below that favorable consideration of this application is contingent upon a satisfactory credit history.

I have read and understand this Authorization and Consent for Release of Credit Information, and I authorize the credit report. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge **Jacksonville Police Department**, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on the credit information obtained, and to receive upon written request, a disclosure of the credit information obtained.

I acknowledge receipt of a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Applicant's Full Name (print): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Signature (must be signed by applicant) \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have received a copy of the Fair Credit Reporting Act Summary. \_\_\_\_\_  
Signature (must be signed by applicant)

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_. My commission expires: \_\_\_\_\_.

**NOTICE- False swearing is a Class A misdemeanor. Punishable under**

Notary Public

Arkansas Code 5-53-103

## **A Summary of Your Rights under the Fair Credit Reporting Act**

### **Applicant's Copy**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

#### **You must be told if information in your file has been used against you.**

Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

#### **You can find out what is in your file.**

At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

#### **You have a right to know your credit score.**

Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

#### **You can dispute inaccurate information with the consumer reporting agency.**

If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

#### **Inaccurate information must be corrected or deleted.**

A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

#### **Outdated negative information may not be reported.**

In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

#### **Access to your file is limited.**

A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

#### **Your consent is required for reports that are provided to employers.**

A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.**

These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

**You may seek damages from violators.**

If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.**  
 Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION :	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (Toll-Free) 1-877-382-4367
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051