Jacksonville Police Department
Office Assistant Applicant Background Packet

_____

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 or black ink on forms.

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

- ☐ Driver's License
- ☐ Social Security Card
- ☐ Certificate of Live Birth
- ☐ Official High School Transcripts (required even if you did not graduate)(certified copy only in sealed envelope by registrar)
- ☐ Official College Transcripts (if applicable)(certified copy only in sealed envelope by registrar)
- ☐ 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)
- ☐ 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: _____/_____/_____

F3 - PERSONAL HISTORY STATEMENT

Jacksonville Police Department
1400 Marshall Road
Jacksonville, Arkansas 72076
Ph: 501-982-3191

Kenny Boyd
Chief of Police

INSTRUCTIONS: Fill out this questionnaire completely and accurately. **DO NOT MISREPRESENT OR OMIT** a requested fact; statements in your questionnaire are subject to verification. Incorrect statements may bar or remove 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. **ANSWER EVERY QUESTION**. Type or print legibly, in black ink, all responses.

PERSONAL

1. NAME: _____ _____
First Middle Last Social Security Number

Nicknames / Aliases / Maiden Names_____

2. Height: _____ inches Weight: _____Lbs. Sex: _____Male _____Female

Hair Color: _____ Eye Color: _____

3. Present Mailing Address: _____
Number & Street City State Zip Code

Permanent Mailing Address: _____
Number & Street City State Zip Code

Telephone Number: Home: _____ Work: _____

Cell: _____ Message: _____

Email: _____

4. Date of Birth: _____
Month Day Year

5. Citizenship: U.S. Born: _____
City County State

U.S. Naturalized: _____
Certificate # Date Place Court

Other-Specify: _____

6. List organizations, clubs, and associations of which you are now or have been a member, or with which you are now or have been associated.

_____

_____

7. List hobbies and / or special skills.

_____

_____

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

_____

Name Address City State Zip Code

_____

Name Address City State Zip Code

10. If married, are you living with your spouse? _____ Yes _____No
If not, state reason:

_____

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

_____

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

	NAME	ADDRESS (INCLUDE CITY, STATE, ZIP)
FATHER		
MOTHER		

13. Children and Dependants
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: _____

_____

REFRENCES

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.			
BRO./SIS.			
BRO./SIS.			
BRO./SIS.			
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

29. What is your total indebtedness at present? _____

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

_____

31. Have you ever been sued? _____ Yes _____ No If yes, give details: _____

_____

RESIDENCES

32. List all residences for the past **TEN (10)** years starting with your present address at top:

FROM MM/YY	TO MM/YY	ADDRESS / RESIDENCE	CITY AND STATE	LANDLORD AND TELEPHONE NO.
	PRESENT			

WORK HISTORY

33. 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 below: _____

_____

_____

_____

34. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

_____

_____

_____

_____

35. Have your employers always treated you fairly? _____ Yes _____ No If no, explain: _____

_____

_____

_____

36. Do you object to wearing a uniform? _____ Yes _____ No

37. Do you object to working nights? _____ Yes _____ No

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
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

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
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).

_____

_____

_____

_____

_____

_____

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: _____

_____

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: Active Inactive Standby

46. List medals and decorations: _____

_____

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.

48. List any disciplinary action taken against you in the National Guard or other reserve unit? _____ Yes _____ No

If yes, give details: _____

_____

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. _____

_____

_____

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._____

_____

_____

_____

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

How fluently do you speak these languages? _____ Fair _____ Good _____Excellent

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

_____

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

_____

56. What computer programs are you able to use (Word, Excel, Power Point, Access, ect.)? _____

_____

57. Approximately, how many words can you type per minute? _____

58. List any other special qualifications not covered (most important publications (do not submit copies, unless requested), patents or inventions, public speaking, publications experience, membership in professional or scientific societies, and honors and fellowships received) _____

_____

_____

_____

59. Were you ever expelled from any school or were you ever disciplined by any school official?
_____ Yes _____ No If yes, give details: _____

_____

_____

_____

_____

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.

60. 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	

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

_____

_____

_____

62. 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.

63. 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: _____

_____

_____

64. Have you ever been reported as a missing person or a runaway? _____ Yes _____ No
If yes, give complete details, including jurisdiction, dates and outcomes: _____

_____

_____

_____

65. 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

66. Can you operate a motor vehicle? _____ Yes _____ No

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

Operator's License Number _____ Date Issued _____

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

KIND OF LICENSE	NUMBER	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

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

_____

70. Was your license ever restored? _____ Yes _____ No When?_____

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

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

_____

_____

73. 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, ect.: _____

_____

_____

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

_____

75. 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 _____

_____

76. List any convictions for minor traffic violations:

ISSUING DEPARTMENT	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

GENERAL INFORMATION

77. 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

78. List any foreign travel you have done.

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

79. Hobbies and Sports:

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

80. 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.

81. 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: _____

_____

ATTITUDES

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

_____

_____

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

_____

_____

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

_____

_____

CAREER OBJECTIVES

85. Explain briefly your reasons for applying for this position. _____

_____

_____

_____

JPD Form ADMIN 106b

APPLICANT AUTOBIOGRAPHY (Jacksonville Police Department)

Write an autobiography about yourself. Use an ink pen or ballpoint pen (no pencil). Write it yourself and in your own words. When completed, sign with your normal signature and print your name in designated places. Write about your childhood, teenage years, minor adult years, and your adulthood until now, the present. *Be descriptive and explain significant dates and events in your life that help make you who you are today.*

APPLICANT AUTOBIOGRAPHY - CONTINUATION

Initials: _____

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

Yes No If yes, explain:

_____

_____

2. Have you ever been arrested?

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

5. Have you ever smoked marijuana?

Yes No If yes, explain:

_____

_____

6. When was the last time you smoked marijuana?

_____

_____

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

24 hours? _____
7 days? _____
6 months? _____
Year _____
In your lifetime? _____

8. What illegal drugs have you experimented with?

_____

_____

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

Yes No If yes, explain:

_____

_____

10. 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:

_____

_____

11. 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:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

23. Do you use alcohol?

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

28. Have you ever written a check that bounced?

Yes No If yes, explain:

_____

_____

29. Have you ever physically abused a child?

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

33. 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:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

_____

_____

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

_____

_____

41. Have you ever had a gun permit?

Yes No If yes, explain:

_____

_____

42. Have you ever applied for a gun permit?

Yes No If yes, explain:

_____

_____

43. Have you ever had a gun permit revoked?

Yes No If yes, explain:

_____

_____

44. Have you ever been denied a gun permit?

Yes No If yes, explain:

_____

_____

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

Poor Fair Good Excellent

46. 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

47. Have you ever been evicted?

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

49. Have you ever filed bankruptcy?

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

51. Do you pay child support?

Yes No

If yes, to whom: _____ How much: _____

52. Are your payments current?

Yes No If no, explain:

_____

_____

53. Do you consider yourself a:

Non-Drinker Light Drinker Moderate Drinker Heavy Drinker

54. What type of alcohol do you normally consume? _____

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

24 hours? _____
30 days? _____

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

Yes No If yes, explain:

_____

_____

57. When was the last time you had a hangover? _____

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

Yes No If yes, explain:

_____

_____

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

Yes No If no, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

62. 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:

_____

_____

63. 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:

_____

_____

64. How many traffic tickets have you received? _____

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

Yes No If yes, explain:

_____

_____

66. Have you ever been accused of stealing?

Yes No If yes, explain:

_____

_____

67. Have you ever stolen from your present employer?

Yes No If yes, explain:

_____

_____

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

Yes No If yes, explain:

_____

_____

1. How did you become interested in law enforcement?

_____
_____
_____
_____

2. Why did you choose the Jacksonville Police Department?

_____
_____
_____
_____

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

_____
_____
_____
_____

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.

_____
_____
_____
_____
_____
_____
_____
_____

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

_____ _____

Interviewer's Signature and Badge Number 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**

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: _____

_____ Date: _____
Signature (must be signed by applicant)

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: _____.

_____
Notary Public

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

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.

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