

Boone County Sheriff Application for Reserve Deputy

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

STREET ADDRESS (Include city, state and zip code)

TELEPHONE NUMBER: () _____ SOCIAL SECURITY NUMBER: _____

Are you at least 21 year of age? Yes No DATE OF BIRTH: _____

Do you have a valid driver's license for the State of Arkansas? Yes No

Have you worked for a county or municipality before? Yes No

Would you consider working for the department full-time? Yes No

Do you have or have you had any relatives work for this department? Yes No

Why do you want to work for this department?

High School Diploma _____ or GED _____ (check one)

Education	Name	Location	Course	Degree
High School				
College or University				
Graduate Study				
Technical Institute				
Business School				
Other				

Do you have any special skills or qualifications that you want us to know about? Please describe: _____

Do you have any previous Law Enforcement experience? _____

U.S. Military Record:

Have you served in the United States Armed Forces? Yes No

If yes, what branch? _____ Rank _____

Have you ever been arrested or convicted of a misdemeanor offense? Yes No

If yes please explain:

Have you ever been arrested or convicted of a felony offense? ? Yes No

If yes please explain:

Employment History:

Business Name: _____

Immediate Supervisor: _____

Address: _____ Phone: _____

Type of Business: _____ Job Title: _____

Employment dates: _____

Starting salary: _____ Ending Salary: _____

Describe job duties: _____

Reason for leaving: _____

May we contact? Yes No

Business Name: _____

Immediate Supervisor: _____

Address: _____ Phone: _____

Type of Business: _____ Job Title: _____

Employment dates: _____

Starting salary: _____ Ending Salary: _____

Describe job duties: _____

Reason for leaving: _____

May we contact? Yes No

Personal References:

Name 5 people who are not relatives.

Name	Address	Phone
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PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the Boone County Sheriff's Department to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions and the Boone County Sheriff's Department from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for Reserve Deputy position with the Boone County Sheriff's Department. I understand that any false or misleading statements will be sufficient cause for rejection of my application. If the Boone County Sheriff's Department has not approved my application I will not be accepted for the position of Reserve Deputy.

Signature of Applicant

Date