

Boone County Sheriff's Department

Application for Employment



Applicant's name: _____

Position applying for: _____

Date submitted: _____

Boone County Sheriff's Department

Requirements for Applicants

*****DO NOT** write on the lines beside the requirements. This is for official use only *******

The following list of requirements **MUST** be met for each Boone County Sheriff's Department applicant.

_____ INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ALL LINES MUST BE FILLED IN LEGIBLY AND IN INK. IF A REQUIREMENT DOES NOT APPLY, WRITE "N/A".

_____ All applications **MUST** be accompanied by a current 4"x 6" photograph attached.
(Not a copy of driver's license)

Photographs **MUST** be of the applicant only – head and shoulders requested.

_____ All applications **MUST** be notarized.

_____ All applications **MUST** be delivered by mail or in person in a SEALED envelope upon return to the Boone County Sheriff's Department.

_____ All applications **MUST** at least have the following items copied and placed in the envelope upon submission:

1. If associated with the military, your DD-214's
2. Birth Certificate
3. Driver's License
4. High School Diploma, G.E.D. or transcript from High School
5. Any and all certifications if you have prior Law Enforcement experience
6. Professional Résumé

The following requirements **MUST** be met to be eligible for any position at the Boone County Sheriff's Department:

1. _____ 18 years of age.
2. _____ Pass a background investigation.
3. _____ Pass a polygraph examination.
4. _____ Have no felony record/convictions.
5. _____ Be able to work any shift available.
6. _____ Possess a valid Arkansas driver's license.
7. _____ Possess a High School Diploma or G.E.D.
8. _____ Be a United States citizen.
9. _____ Submit Fingerprints.

The following list of requirements **MUST** be met in addition to the above in order to be eligible for the position of Patrol Officer or Reserve Officer:

1. _____ 21 years of age.
2. _____ Pass a physical examination.
3. _____ Pass a psychological examination.
4. _____ Pass a physical fitness test.

Boone County Sheriff's Department

5800 Law Drive
Harrison, Arkansas 72601
870-741-8404

APPLICATION FOR EMPLOYMENT

Name: _____
(Last) (First) (Middle) (Suffix)

Aliases and/or Maiden Names: _____

Social Security #: _____ Date of Birth: _____

Place of Birth: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip)

Telephones numbers: _____
(Main) (Secondary) (Message)

Email address(s):

List all driver's licenses and professional licenses you hold:

State:	Type:	Number:	Expiration Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References:

Give the names, addresses, and telephone numbers of at least three (3) people, other than relatives, who have knowledge of your character, experience, and/or abilities and you have known for more than five (5) years:

Reference #1

Name: _____
(Last,) (First) (Middle) (Suffix)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip)

Telephones numbers: _____
(Main) (Secondary) (Message)

Email address(s): _____

How did you meet this reference?: _____

How long have you known this reference?: _____

Reference #2

Name: _____
(Last,) (First) (Middle) (Suffix)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip)

Telephones numbers: _____
(Main) (Secondary) (Message)

Email address(s): _____

How did you meet this reference?: _____

How long have you known this reference?: _____

Reference #3

Name: _____
(Last,) (First) (Middle) (Suffix)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip)

Telephones numbers: _____
(Main) (Secondary) (Message)

Email address(s): _____

How did you meet this reference?: _____

How long have you known this reference?: _____

Current and Previous Employment:

List all employment for the past five (5) years. Beginning with your most recent. Attach sheets or a résumé providing sufficient qualifying experience data, if needed.

Firm Name: _____

Job Title: _____ **Annual Salary:** _____

Mailing Address: _____

Phone Numbers(s): _____

Direct Supervisor: _____

Dates of Hire: From: _____ **to:** _____ **Shift Worked:** _____

Reason for Leaving: _____

Description of Work: _____

Firm Name: _____

Job Title: _____ **Annual Salary:** _____

Mailing Address: _____

Phone Numbers(s): _____

Direct Supervisor: _____

Dates of Hire: From: _____ **to:** _____ **Shift Worked:** _____

Reason for Leaving: _____

Description of Work: _____

Firm Name: _____

Job Title: _____ Annual Salary: _____

Mailing Address: _____

Phone Numbers(s): _____

Direct Supervisor: _____

Dates of Hire: From: _____ to: _____ Shift Worked: _____

Reason for Leaving: _____

Description of Work: _____

Firm Name: _____

Job Title: _____ Annual Salary: _____

Mailing Address: _____

Phone Numbers(s): _____

Direct Supervisor: _____

Dates of Hire: From: _____ to: _____ Shift Worked: _____

Reason for Leaving: _____

Description of Work: _____

*****Feel free to make additional copies of this page, if needed.**

If there have ever been any gaps in employment longer than 3 months within the past five (5) years, please explain why:

Military Service:

List all military service for the past five (5) years. Begin with your most recent and continue backwards. Attach sheets or a résumé providing sufficient qualifying experience data, if needed.

Branch: _____ **Location:** _____

Mailing Address: _____

PhoneNumbers(s): _____

Job Title and Rank: _____ **Annual Salary:** _____

Direct Supervisor: _____ **Contact number:** _____

Dates of Hire: From: _____ **to:** _____ **Shift Worked:** _____

Reason for Leaving: _____ **Separation Code:** _____

Description of Work:

Were you honorably discharged?: YES/NO (circle one)

Branch: _____ **Location:** _____

Mailing Address: _____

PhoneNumbers(s): _____

Job Title and Rank: _____ **Annual Salary:** _____

Direct Supervisor: _____ **Contact number:** _____

Dates of Hire: From: _____ **to:** _____ **Shift Worked:** _____

Reason for Leaving: _____ **Separation Code:** _____

Description of Work:

Were you honorably discharged?: YES/NO (circle one)

Education:

Did you graduate from High School? (____) Yes (____) No GED? (____) Yes (____) No

High School Name: _____

Mailing Address: _____

Phone Number(s): _____

Last grade completed and graduation date: _____

List all colleges, universities, trades, business, and correspondences schools you have attended:

School Name: _____ **Currently enrolled?** _____

Major Studies: _____

Degrees Granted: _____ Semester Hours: _____

Dates of Attendance: From: _____ to: _____

School Name: _____ **Currently enrolled?** _____

Major Studies: _____

Degrees Granted: _____ Semester Hours: _____

Dates of Attendance: From: _____ to: _____

School Name: _____ **Currently enrolled?** _____

Major Studies: _____

Degrees Granted: _____ Semester Hours: _____

Dates of Attendance: From: _____ to: _____

Name of Spouse:

Name: _____

All maiden and alias names: _____

Address: _____ City: _____ State: _____

Telephone Numbers: _____

Workplace: _____ Work Telephone: _____

If applicable, list former spouse's names:

Name: _____

All maiden and alias names: _____

Address: _____ City: _____ State: _____

Telephone Numbers: _____

Workplace: _____ Work Telephone: _____

The court where the divorce was granted: _____
(County) (State)

Name: _____

All maiden and alias names: _____

Address: _____ City: _____ State: _____

Telephone Numbers: _____

Workplace: _____ Work Telephone: _____

The court where the divorce was granted: _____
(County) (State)

(Attach additional pages if needed.)

Miscellaneous:

What prompted you to select the Boone County Sheriff's Department for employment?: _____

How were you referred to the Boone County Sheriff's Department?: _____

How many times have you applied at the Boone County Sheriff's Department? _____

Month /Year: _____ Month /Year: _____ Month /Year: _____

Have you ever been denied employment at the Boone County Sheriff's Department?: _____

If yes, explain why you believe you were denied: _____

What is the date you are able to start employment?: _____

Why are you leaving your current employment?: _____

Can you perform the duties of the job for which you are applying? (____) Yes (____) No

If no, explain: _____

Have you ever been convicted of a felony or misdemeanor? (____) Yes (____) No

If yes, please explain: _____

Has anyone living inside your residence been convicted of a felony or misdemeanor?

(____) Yes (____) No

If yes, please explain: _____

Are you related to any person employed at the Boone County Sheriff's Department?
(____) Yes (____) No

If yes, give the person's name, where employed, and relationship to you: _____

Specify all equipment or office machines you can operate: _____

Indicate all additional experience, certificates, and training you have, which in your opinion, would qualify you for the position you seek:

If hired, can you produce proof of United States citizenship or legal work status within three (3) days? (____) Yes (____) No

List all traffic tickets you have received within the past five (5) years:

Violation Jurisdiction where you received the ticket(s) Approx. Date:

Emergency Contact:

Name: _____

All maiden and alias names: _____

Address: _____ City: _____ State: _____

Telephone Numbers: _____

Workplace: _____ Work Telephone: _____

Boone County Sheriff's Department

Acknowledgement

I understand this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status, nor does it create an employment contract for any specific period of time.

I certify I have no willful misrepresentations in this application, nor have I withheld any information in my statements and answers to questions. I am aware the information given by me in my application will be investigated, with my full permission, and any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to Boone County Sheriff's Department or its representatives any and all employment records and other information it may have about my employment. I understand the information will be used to the purpose of evaluating my application for the employment with the Boone County Sheriff's Department. A photocopy of this authorization shall be as valid as the original.

I understand my appointment will be at the discretion of the department head concerned; subject to the approval of the Sheriff, this application is property of Boone County Sheriff's Department, and will become a part of my file if I am accepted for employment.

Signature of applicant

Printed name of applicant

Date

CONSENT TO UNDERGO A POLYGRAPH EXAMINATION

(Polygraph Statement of Consent)

DATE: _____

I, _____, voluntarily and without threats, duress, coercion, force, promise of immunity, or reward agree to take a polygraph examination for the mutual benefit of myself and/or investigating officers:

In conjunction with explaining the nature of the polygraph examination, I have been told:

- a. That the examination will take between two and three hours to complete.
- b. That the examination area is equipped with video equipment.
- c. I also consent to the use of electronic hearing and recording equipment, and I voluntarily request and authorize the examiner to now proceed with the actual examination.
- d. That questioning may occur before, during, and after the instrument portion(s) of the polygraph examination.
- e. I understand that this examination will be discontinued at any time upon my request.
- f. I do hereby authorize the examiner to disclose both orally, and in writing, the examination results and opinions to the investigating officer.
- g. That the polygraph examination will not be conducted without my voluntary consent, and even though I am now giving my consent, I can withdraw it at any time and the examination will be stopped.

In addition, I also represent that not only am I in good mental and physical condition, but that I know of no mental or physical ailment that might be impaired by the examination.

IMPORTANT NOTICE: If you do not understand this form completely, do not sign it, but have the examiner explain it to you thoroughly,

_____	_____	_____
Name	Signature	Time
_____	_____	
Witness Name	Signature	

APPLICANT INFORMATION FOR RECORD-KEEPING REQUIREMENTS

(Answer all questions and please print)

The Boone County Sheriff's Department is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the Boone County Sheriff's Department.

Name: _____ Today's Date: _____

Title of Job for which you have applied: _____

Date of Birth: _____ Social Security Number: _____

SEX AND RACE/ETHNIC IDENTIFICATION

Sex: () Male () Female

Race/Ethnic: For the purpose for Equal Opportunity, race/ethnic categories are identified as follows....

Please check the category which identifies your race/ethnic background.

() **WHITE:** (Not of Hispanic origin) - All persons having origin in any of the original peoples of Europe, North America or in the Middle East.

() **BLACK:** (Not of Hispanic origin) - All persons having origin in any of the Black racial groups of Africa.

() **HISPANIC:** All persons of Mexico, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

() **ASIAN or
PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example: China, Japan, Korea, Philippine Islands and Samoa)

() **AMERICAN
INDIAN
ALASKAN
NATIVE:** All persons having origins in any of the original peoples of North America or and who maintain cultural identification through tribal affiliation of community recognition.

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age (if over the age of 40), and, in some circumstance, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting, and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above-stated purpose and then only if necessary.

Signed: _____ Date: _____

Note: The information provided on this form will be kept separate from the application.

Boone County Sheriff's Department

5800 Law Drive
Harrison, Arkansas 72601
870-741-8404

CERTIFICATION OF APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

(Print full name)

I, _____, hereby certify that I have personally completed this application; that all statements made and information or documents furnished in connection with my application are true to the best of my knowledge and believe; and that I have not knowingly withheld any information which might adversely affect my chances for employment. I understand that any false statements or omissions of material fact may be used for later dismissal.

I hereby authorize all federal, state and local law enforcement agencies, all military services including the Veteran's Administration, all agencies and instrumentalities of the government, including the Internal Revenue Services, all physicians, hospitals, clinics and insurance companies, all credit bureaus and financial institutions, and all schools, colleges and universities, to furnish the Boone County Sheriff's Department with any and all information in their possession of files concerning me for the purpose of determining my suitability for employment by the Boone County Sheriff's Department. I further authorize all of my previous employers, whether named in this application or not, to provide the Boone County Sheriff's Department the details of my employment history, including, but not limited to: salary, disciplinary actions, and the reason for termination. In connection with the forgoing, I understand and agree that agents of Boone County Sheriff's Department may discuss my character, reputation and integrity with any person having access to information or knowledge about me.

I understand and agree that I may be required to submit to a drug test and/or polygraph examination as a prerequisite to employment with the Boone County Sheriff's Department or as a condition of continued employment if I am employed.

By signing this application, I expressly waive any rights to privacy or notice that I may have under federal or state law. Any individual, corporation, government agency or other entity which furnishes information to the Boone County Sheriff's Department's agents is relieved of all liability to me for any loses or damages that I may suffer as a result. I understand that my application may be provided to other law enforcement agencies for proper purposes.

I realize that the completion, retention or use of this application does not mean that a position is open at this time or that I qualify or have been accepted for employment.

A copy of this authorization will be considered as effective and valid as the original.

(Signature)

Subscribed before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

