

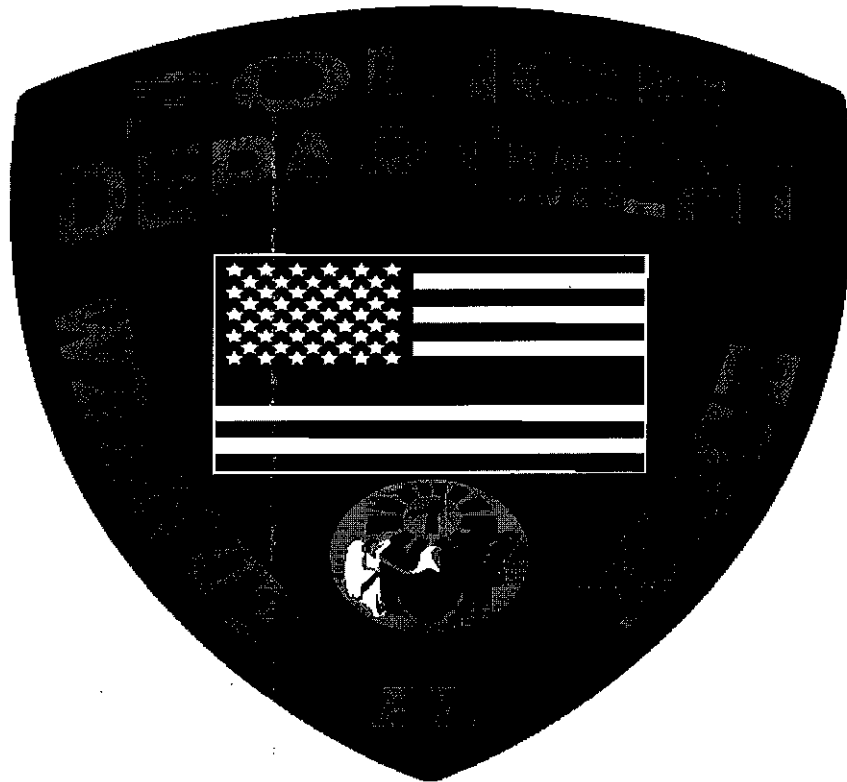
APPLICATION FOR EMPLOYMENT PACKET

WALNUT RIDGE POLICE DEPARTMENT

317 NW FOURTH STREET | WALNUT RIDGE, AR 72476

(870) 886-3568 | F: (870) 886-5217

WWW.CITYOFWALNUTRIDGE.COM



Full Name: _____ / _____ / _____
(Last) (First) (MI)



WALNUT RIDGE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

PLEASE PRINT AND COMPLETE IN INK.

A. Name: Last: _____ First: _____ Middle: _____

B. Address: Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

C. Telephone: Home: _____ Work: _____ Cell: _____

D. Email: _____

Other (Please Specify) _____

E. Are you 21 years of age or older? Yes No

F. Have you ever been convicted of a felony? Yes No

G. Have you ever been charged with a felony? Yes No

If yes, provide: Charge: _____ Place: _____

Date: _____ Disposition: _____

H. Are there any charges/indictments now pending against you? * Yes No

If yes, explain: _____

I. Do you have a valid driver's license? Yes No

J. Do you have any social media accounts? Yes No

If yes, explain: _____

K. Do you have a high school diploma or GED? Yes No

EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate High School?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	
TECH.				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

NAME:

POSITION DESIRED:

DATE:

EMPLOYMENT DATA

A. Position applying for: _____

B. Desired Salary: \$ _____

C. Would you accept: Full Time: Yes No
Part Time: Yes No
Auxiliary: Yes No

D. Please indicate days available for work:
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

E. Do you have transportation to and from work? Yes No

F. What hours are you available for work? From: _____ To: _____

G. If necessary, will you work overtime? Yes No Can you work any shift? Yes No

H. Skills: Typing: Yes No
Computer: Yes No

I. Please list any other pertinent experience, skills, training or volunteer experience that you have which are related to the position for which you are applying:

J. Date you are available to start: _____

EMPLOYMENT HISTORY

A. Are you presently employed? Yes No May we contact you at work? Yes No

B. Have you ever been discharged or forced to resign from any position? Yes No

If yes, please explain: _____

C. INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. IT IS IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment, including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. **A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION.** However, a resume is highly recommended and may be attached upon full completion of this application.
4. Start with the most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application.

(1) (Current or most recent position)

Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name: _____

Description of specific duties

Reason for leaving: _____

(2) (Current or most recent position)

Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name: _____

Description of specific duties

Reason for leaving: _____

(3) (Current or most recent position)

Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name: _____

Description of specific duties

Reason for leaving: _____

(4) (Current or most recent position)

Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name: _____

Description of specific duties

Reason for leaving: _____

Use additional sheet if necessary

Use additional sheet if necessary



WALNUT RIDGE POLICE DEPARTMENT

REFERENCES

List three (3) references. Do not include current or past employers, relatives or past/present employees of the City of Walnut Ridge. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in its being returned for completion, causing delay or possible disqualification.
- This application will remain active for six (6) months from the date submitted.
- I understand and agree that acceptance of this application in no way obligates the City of Walnut Ridge to employ me or that there are any positions available.
- As an applicant for employment with the City of Walnut Ridge, I have furnished information for use in determining my qualifications for employment. I hereby authorize the City of Walnut Ridge to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release the City of Walnut Ridge, current and past employers and references named herein (or in accompanying resume), from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to have a physical examination (city paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- I agree to have a psychological examination (city paid) as required for my position and understand that any offer of employment is contingent upon my passing this psychological examination.
- I understand if I am employed by the City of Walnut Ridge, I will be placed on a 90 day probationary period, to begin on my date of hire.
- No supervisor or official is authorized to make an oral or written assurance or promise of continued employment.
- If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the city.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. (Documents most commonly used for ID - a Social Security Card and Driver's License.)
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by the City of Walnut Ridge.
- My signature conveys that I have read, understand and agree with all the statements listed above.
- I understand I will have to complete a Personal History Statement (F-3 Form), required by the Commission of Arkansas Law Enforcement Standards and Training.
- I understand I will have to sign an Authorization to Release Information Form, which is included in this application packet, for the purposes of a background check.

Signature: _____

Date: _____



WALNUT RIDGE POLICE DEPARTMENT

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Authorization to Release Information

I, _____, am an applicant for employment with the Walnut Ridge Police Department. In order to process my application, certain information must be available to the Chief of Police of the Walnut Ridge Police Department. This information is for my benefit. This release is valid for a 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 organizations are located, to release to the Chief of Police of Walnut Ridge Police Department, or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. This 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 of the Walnut Ridge Police Dept. 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. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

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

Printed Name of Applicant: _____

Must be signed in the presence of a Notary: _____

Subscribed and sworn before me this _____

Signature of Applicant

Day of _____ 20____.

Street Address

My commission expires _____ 20____.

Notary: _____

City, State, Zip Code