



## General Information

Every one of these sections must be completed for the City of Highfill to accept the application as complete. If a question does not apply to you, so state with N/A. If space is insufficient, use reverse side and proceed with the number of the referenced block.

Do not mistake or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Any false, misleading, or incomplete information will result in your application being rejected.

Once submitted, this application becomes the property of the City of Highfill.

This application consists of several sections:

- Questionnaire
- Application
- Verification
- Waiver and Release for Background Investigation



## MINIMUM QUALIFICATIONS

1. An applicant shall be no less than twenty-one (21) years of age.
2. MUST have a high school diploma or equivalent
3. Applicant shall have no record of a Class A misdemeanor, felony, or violent crime.
4. MUST pass background investigation.
5. Applicant shall be physically, medically, and psychologically fit to preform essential functions of the job classifications.
6. MUST have a valid Arkansas driver's license.
7. MUST be able to pass drug test.
8. For identity purposes, MUST submit a photo from the shoulders up.

1. \_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name

2. \_\_\_\_\_  
 Social Security Number

3. \_\_\_\_\_  
 Aliases, Nicknames, Maiden Name, Other Changes in Name

3A. \_\_\_\_\_  
 Telephone Number

4. \_\_\_\_\_  
 Present Residence Address, Street/City/State/Zip

5. \_\_\_\_\_  
 U.S. Citizen: Native (Yes/No)                      Naturalization No.                      Date                      Place                      Court

5A. \_\_\_\_\_  
 Date of Birth

**6. RESIDENCES:** List all for past ten years beginning with current.

Month and Year From      To	Address	With whom did you live and where are they now?

**7. FAMILY**

Are You:       Single       Married       Separated       Divorced       Widowed

List all children related to you or your spouse:

Name	Relation	Date of Birth	Address	Supported by Whom

**8. VEHICLE OPERATOR'S LICENSE**

Give the following information concerning any vehicle operator's licenses you have held or now hold:

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked?       Yes       No

**9. CONVICTION OF CRIME**

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

If yes, state violation, court of jurisdiction, and date of conviction:

\_\_\_\_\_

**10. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS**

Name	Address	Zip	Type	Office Held	Membership Dates

**11. EDUCATION**

**A. High Schools:** List all high schools attended. Attach transcript from last high school attended.

Name	City/State/Zip	Graduated Yes/No

**B. Higher Education.** List all colleges or universities attended. Attach transcript from last institution.

Name	City/State/Zip	Dates Attended	Credit Hours Semester/Quarter	Graduated Yes/No

**12. SPECIAL QUALIFICATIONS AND SKILLS**

Indicate Police Certification or any other type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires:

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**13. Foreign Language.** List all colleges or universities attended. Attach transcript from last institution.

Language	Reading	Speaking	Understanding	Writing

**14. Hobbies and Sports**

Name	Length of Participation	Level of Proficiency

**15. Employment**

Are you now or have you been a Law Enforcement Officer?  Yes  No

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

Date		Employer Name/Address/Phone Number	
From	To		
Salary		Description of Duties	
Job Title			
Why did you leave?			
Name of Supervisor:		Phone Number:	
Name of Co-Worker:		Phone Number:	

Date		Employer Name/Address/Phone Number	
From	To		
Salary		Description of Duties	
Job Title			
Why did you leave?			
Name of Supervisor:		Phone Number:	
Name of Co-Worker:		Phone Number:	

Date		Employer Name/Address/Phone Number	
From	To		
Salary		Description of Duties	
Job Title			
Why did you leave?			
Name of Supervisor:		Phone Number:	
Name of Co-Worker:		Phone Number:	

Date		Employer Name/Address/Phone Number	
From	To		
Salary		Description of Duties	
Job Title			
Why did you leave?			
Name of Supervisor:		Phone Number:	
Name of Co-Worker:		Phone Number:	

If additional employer blocks are needed, please attach requested information on separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)?  Yes  No  
 If yes, state reason:

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**16. MILITARY STATUS**

Have you ever served in the U.S. Armed Forces?  Yes  No  
 Do you claim veteran's preference?  Yes  No  
 Are you presently a member of a U.S. Reserve or State Guard organization?  Yes  No

**17. FINANCIAL STATUS**

Give names and addresses of the individuals, companies or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include account number where applicable.

Type	Name and Address of Creditor	Reason for Debt or Item Purchased	Account Number	Total Balance	Monthly Payments

**18. Character References**

List only character references who have definite knowledge of your qualifications for the position of application. List five (5) character references. Do not list relatives or persons living outside of the United States.

Name	Address	Home Phone	Work Phone	Years Known

**19.** Have you ever applied for a position with any other governmental agencies?  Yes  No  
 If yes, give details:

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**20. REMARKS**

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

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Applicant Signature Date



## Verification

The information I have provided in the application is true and correct to the best of my knowledge, belief, and understanding. I understand that any false statement contained therein is subject to penalties prescribed by Arkansas Criminal Statutes, relating to unsworn falsification to authorities.

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Applicant Signature

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Date



## AUTHORIZATION TO RELEASE INFORMATION

I \_\_\_\_\_, am an applicant for employment with the Highfill Police Department, Benton County, Arkansas. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institutions, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to Highfill Police department or to any representative thereof, any document, information, record or file that can be deemed material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contact or otherwise, from the act of furnishing said information and records to the Chief or his representative, and this serves as a waiver of any contact that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Chief and his representative as my agent and attorney-in-fact for the sole purpose of collective information for processing my application and direct that they be permitted to inspect all of said files and information, and be permitted to make copies thereof at their discretion. This request can be treated as if I were making the request in person. I fully understand that I will be fingerprinted and that my finger prints will be submitted to the Federal Bureau of Investigations ("FBI") and the Arkansas State Police ("ASP") for the purpose of running criminal history check.

I authorize the City of Highfill to conduct police, background, education, credit, criminal and driving record inquiries, or any other employment-related inquiries in compliance with the Federal Credit Reporting Act ("FCRA"). I understand and agree to take any physical examination, including pre-employment drug screening tests as a part of my application process. I also agree to release to the City of Highfill the results of any and all drug screening tests taken as part of my application process. I understand and agree that the decision to hire and retain me will be subject to the results of these inquiries.

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

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

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