

# Lonoke Police Department

203 West Front Street. Lonoke. Arkansas. 72086

PHONE: (501) 676-6953 . FAX: (501) 676-6973

## APPLICANT INFORMATION

### Employment Application

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

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_  
*Last First M.I*

Nicknames or Aliases: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street address Unit/Apt # City State Zip*

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Can you operate a motor vehicle? YES | NO |

Do you possess a valid driver's license? YES | NO |

DL#: \_\_\_\_\_ State: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position applied for? \_\_\_\_\_ Full-Time or Part-Time: \_\_\_\_\_

Citizenship | U.S Born | U.S Naturalized | Other (Specify): \_\_\_\_\_

Have you ever worked for this department? YES | NO | If yes, when? \_\_\_\_\_

List organizations, clubs, and associations of which you are or have been associated: \_\_\_\_\_

List hobbies and/or special skills: \_\_\_\_\_

## MARITAL / FAMILY

Marital Status: Single | Married | Divorced | Engaged | Separated | Widowed |

Name of spouse or fiancé: \_\_\_\_\_  
*Last First M.I*

Do you live with your significant other? YES | NO |

If you have ever separated/divorced, give date and location of court jurisdiction: \_\_\_\_\_

Give information concerning your parents:

Father: \_\_\_\_\_

*Name* *Address* *Phone*

Mother: \_\_\_\_\_

*Name* *Address* *Phone*

Give information concerning your spouse's parents:

Father: \_\_\_\_\_

*Name* *Address* *Phone*

Mother: \_\_\_\_\_

*Name* *Address* *Phone*

List every child born to you: (name, date of birth, place of birth, with whom resides)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Are you now supporting all children born/adopted by you and stepchildren?

YES| | NO| | If no, give details: \_\_\_\_\_

If yes, give date and jurisdiction: \_\_\_\_\_

Give information concerning siblings (brother/sister, name, address, phone number)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Has a member of your immediate family ever been arrested or convicted of a felony? YES| | NO| | If yes, complete the following:

<i>Date</i>	<i>Location</i>	<i>Charge</i>	<i>Disposition</i>

## WORK HISTORY

Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? YES| | NO| | If yes, explain: \_\_\_\_\_

Have you ever been discharged or forced to resign because of misconduct or unsatisfactory services? YES| | NO| | If yes, explain: \_\_\_\_\_

Have your employers always treated you fairly? YES| | NO| | If no, explain: \_\_\_\_\_

Do you object to wearing a uniform? YES| | NO| |

Do you object to working nights? YES| | NO| |

Do you object to working shifts? YES| | NO| |

List past and present employment (current/most recent first). If you need more space, attach additional sheets. (include military or part-time jobs)

Title \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ If part-time, how many hours worked? \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street address*                      *Suite #*                      *City*                      *State*                      *Zip*

Reason for leaving: \_\_\_\_\_

Title \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ If part-time, how many hours worked? \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street address*                      *Suite #*                      *City*                      *State*                      *Zip*

Reason for leaving: \_\_\_\_\_

Title \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ If part-time, how many  
hours worked? \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street address Suite # City State Zip*

Reason for leaving: \_\_\_\_\_

Title \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ If part-time, how many  
hours worked? \_\_\_\_\_ Number of employees supervised by you: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street address Suite # City State Zip*

Reason for leaving: \_\_\_\_\_

**CAREER OBJECTIVES**

Explain briefly your reasons for applying for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a description of your short-term and long-term goals:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESIDENCES

List addresses for the last 5 years, starting with present day at top:

From: MO/YR To: MO/YR      Address      City and State      Landlord

From: MO/YR To: MO/YR      Address      City and State      Landlord

From: MO/YR To: MO/YR      Address      City and State      Landlord

## MILITARY SERVICE

Were you in the U.S Military Service or any other military organization?

YES| | NO| | If no, skip this section.

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Unit: \_\_\_\_\_ Service #: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

List medals and decorations: \_\_\_\_\_

If you are presently a member of the National Guard or any military reserve; give the unit, location, and describe your obligation: \_\_\_\_\_

## REFERENCES

Please list three professional references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES | | NO | | Diploma: \_\_\_\_\_  
College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES | | NO | | Diploma: \_\_\_\_\_  
Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES | | NO | | Diploma: \_\_\_\_\_  
List college degrees received and the major field of each including incomplete courses: \_\_\_\_\_  
Were you ever expelled from school? YES | | NO | | If yes, explain:  
\_\_\_\_\_

**ARREST AND MILITARY DISCIPLINE**

*Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may end in the termination of this application.*  
Have you ever been arrested or detained by police? YES | | NO | | If yes, give details:  
Crime charged: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Disposition of case: \_\_\_\_\_  
  
Crime charged: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Disposition of case: \_\_\_\_\_  
Have you ever been convicted of a felony? YES | | NO | | If yes, explain:  
\_\_\_\_\_  
Have you ever been placed on probation? YES | | NO | | If yes, explain:  
\_\_\_\_\_

Have you ever been required to pay a fine in excess of \$25.00? YES| | NO| |

If yes, explain: \_\_\_\_\_

Have you ever been reported as a missing person or runaway? YES| | NO| | If yes, give complete details including jurisdiction, dates, and outcome: \_\_\_\_\_

Were you ever court martialled, tried on charges, or were you the subject of a summary court, desk court, captain's mast, company punishment, or any other disciplinary action while a member of the armed forces? YES| | NO| | If yes, give details: \_\_\_\_\_

List any action taken against you in the National Guard or any other reserve unit: \_\_\_\_\_

If you have ever been fingerprinted by a police agency other than for arrest, give details. Your answer will be checked with the F.B.I and other agencies.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Has your license ever been suspended or revoked? YES| | NO| | If yes, give which state and reason: \_\_\_\_\_

Was your license restored? YES| | NO| | If yes, when? \_\_\_\_\_

Have your driving privileges ever been restricted? YES| | NO| | If yes, explain: \_\_\_\_\_

Has a motor vehicle 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: \_\_\_\_\_

List any convictions of minor traffic violations:

<i>Location</i>	<i>Approx. Date</i>	<i>Nature of violation</i>	<i>Penalty or Disposition</i>
<i>Location</i>	<i>Approx. Date</i>	<i>Nature of violation</i>	<i>Penalty or Disposition</i>
<i>Location</i>	<i>Approx. Date</i>	<i>Nature of violation</i>	<i>Penalty or Disposition</i>

## FINANCIAL

Do you have life insurance and/or hospital insurance? YES| | NO| |

Do you have a savings account? YES| | NO| |

Bank: \_\_\_\_\_ City and State: \_\_\_\_\_

Do you have a checking account? YES| | NO| |

Bank: \_\_\_\_\_ City and State: \_\_\_\_\_

Do you own or have any interest in any type of business dealing in alcohol?

YES| | NO| | If yes, give name, location, and type of business: \_\_\_\_\_

Do you own or are buying your own home? YES| | NO| |

Is there a montage on the property? YES| | NO| |

Bank/Company: \_\_\_\_\_ City and State: \_\_\_\_\_

Do you own or are buying other real estate YES| | NO| |

If yes give name of agency holding mortgage:

Bank/Company: \_\_\_\_\_ City and State: \_\_\_\_\_

List motor vehicles that you won/buying/leasing:

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Amount Owed</i>
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<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Amount Owed</i>
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What income other than salary do you have a present? List source: (Include spouse's salary): \_\_\_\_\_



List credit references:

*Name of Firm* *Amount Owed*

*Street Address* *City and State*

*Name of Firm* *Amount Owed*

*Street Address* *City and State*

*Name of Firm* *Amount Owed*

*Street Address* *City and State*

Have your creditors treated you fairly? YES | NO | If no, explain:

Have you ever been sued? YES | NO | If yes, explain: \_\_\_\_\_

Have you ever filed bankruptcy? YES | NO | If yes, explain: \_\_\_\_\_

## ATTITUDES

What do you consider to be the current social problem of greatest concern?

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

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

What are your feelings about the use of deadly force if it became necessary in the performance of official duties? \_\_\_\_\_

DISCLAIMER AND SIGNATURE

I hereby certify that all statements made in this questionnaire are true and complete to the best of my knowledge. I understand that any misstatements of material facts will subject me to disqualification or dismissal.

You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my friends, neighbors, and others with whom I am acquainted. This inquiry includes information about my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable amount of time to receive additional information about the nature and scope of these characteristics and mode of living. I understand that I have the right to make a written request within a reasonable amount of time to receive additional information about the nature and scope of this consumer report.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

SWORN AND SUBSCRIBED BEFORE ME  
NOTARY PUBLIC THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
MY COMMISSION EXPIRES

**NOTICE:**  
**FALSE SWEARING IS A**  
**CLASS A MISDEMEANOR**  
**PUNISHABLE UNDER**  
**ARKANSAS CODE 5-53-103**