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Prairie County Sheriff's Department

STATE OF ARKANSAS

COPY

COMMISSION

ON

LAW ENFORCEMENT

STANDARDS AND TRAINING

APPLICATION FOR EMPLOYMENT

- All information asked for in the application package is required to conduct a background check on all applicants and must be completed. All applications will be kept on file for ninety (90) days and will be reviewed when positions are available.
- PATROL
 - JAILOR
 - DISPATCH
 - AUXILIARY

Thank you for your time and interest in applying with the Prairie County Sheriff's Department.

Respectfully,

Sheriff Troy Gelsler



Prairie County Sheriff's Department



200 Courthouse Square, Suite 101, Des Arc, AR 72040 Phone (870) 256-4137 Fax (870) 638-7019

TO ALL POTENTIAL APPLICANTS,

Please use blue or black ink only. When filling out this application package please make sure it is completed. Be sure to include complete street and mailing addresses (including state and zip codes) for all references, businesses, and/or persons, etc... listed in the application package. Your application also has a place that will need to be notarized by a Notary. It is the last page of the application.

If the application package is not fully completed as required or asked for by the questions. Your application will not be processed. If there are any questions or places that do not relate to you and cannot be answered, please place N/A next to it. If it is left blank the application will be considered incomplete and will not be processed.

All information asked for in the application package is required to conduct a background check on all applicants and must be completed. All applications will be kept on file for Ninety (90) days and will be reviewed when positions become available.

Thank you for your time and interest in applying with the Prairie County Sheriff's Department.

PERSONAL HISTORY STATEMENT

Law Enforcement Agency _____

Month/Day/Year _____

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in blue or black ink.

PERSONAL

1. Name _____

_____/_____/_____

Nickname or Alias _____

2. Height _____ inches

Weight _____ lbs.

3. Present Mailing Address _____

Street & Number

City

State

Zip Code

Permanent Mailing Address _____

Telephone Number: Home _____ Business _____

4. Date of Birth _____ Place of Birth _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other-Specify _____

6. List Organizations, clubs, and associations of which you are or have been a member, or which you are or have been associated.

7. List hobbies and/or special skills.

Marital

8. Marital Status (check one)

☐ Single
☐ Engaged

☐ Married
☐ Separated

☐ Divorced
☐ Widowed

9. Name of Spouse or Fiancé _____

10. If married, are you living with your spouse? ☐ Yes

☐ No

11. Have you ever been separated or divorced? ☐ Yes

☐ No If yes give date

and location of court jurisdiction. _____

12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you:

Name	Birth Date	Place of Birth	With Whom Resides

14. Are you now supporting all your children born to you, adopted by you and step children?

☐ Yes ☐ No If no, give details _____

15. Have you ever been involved as a defendant in a paternity proceeding? ☐ Yes ☐ No

If yes, give date and court of
jurisdiction: _____

References

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, and other qualities.

Name	Address	Telephone

Family History

17. List your parents, and siblings:

	Name	Address	Telephone
Father			
Mother			
Bro./ Sis.			
Bro./Sis.			
Bro./Sis.			

18. Has any members of your immediate family ever been arrested for or a convicted of a felony offense? ☐ Yes ☐ No If yes, complete the following:

Date	Location	Charge	Disposition

Financial

19. Do you have any life insurance and/or hospitalization insurance? ☐ Yes ☐ No

20. Have you a savings account? ☐ Yes ☐ No

Bank _____ City & State _____
Bank _____ City & State _____

21. Do you own or have an interest in any type of business dealing in alcohol? ☐ Yes ☐ No

If yes, give name, location and type of business:

22. Do you own or are you buying your own home? ☐ Yes ☐ No

Is there a mortgage on the property? ☐ Yes ☐ No

Bank of company _____

City & State _____

23. Do you own or are you buying other real estate? ☐ Yes ☐ No

If yes give the name of agency holding mortgage:

Bank or Company _____ City & State _____

24. List motor vehicles that you own or are buying or leasing:

Make	Model	Year	Amount Owed

25. What income other than salary do you have at present? Include wife's salary.

26. What is your total indebtedness at present? _____

27. Have your creditors treated you fairly? _____

28. Have you ever been sued? ☐ Yes ☐ No If yes, give details:

29. List Credit References:

Name of Firm Amount Owed \$

Street Address City & State

Name of Firm Amount Owed \$

Street Address City & State

Name of Firm Amount Owed \$

Street Address City & State

Name of Firm Amount Owed \$

Street Address City & State

Name of Firm Amount Owed \$

Street Address City & State

Residences

30. List addresses for the past 10 years starting with the present address at top:

From Month Year	To Month Year	Address or Residence	City & State	Landlord

Work History

31. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? ☐ Yes ☐ No If yes, give details below:

32. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service give details:

33. Have your employers always treated you fairly? ☐ Yes ☐ No If not, explain:

34. Do you object to wearing a uniform? ☐ Yes ☐ No

35. Do you object to working nights? ☐ Yes ☐ No

36. Do you object to working shifts? ☐ Yes ☐ No

37. List all jobs you have held in the last ten years. Put down your present or most recent job first. If you needed more space you may attach additional sheets. Include military service in proper time sequence and temporary part time jobs.

A. Title of Present or Last position _____

Starting Salary _____ Ending Salary _____

-Date Employed _____

-Date Separated _____

☐ Part Time

☐ Full Time

If part time, list number of hours worked per week _____

Name & Title of Supervisor _____

No. of employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for Leaving _____

B. Title of Present or Last position _____

Starting Salary _____ Ending Salary _____

-Date Employed _____

-Date Separated _____

☐ Part Time

☐ Full Time

If part time, list number of hours worked per week _____

Name & Title of Supervisor _____

No. of employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for Leaving _____

C. Title of Present or Last position _____ Starting Salary _____ Ending Salary _____
-Date Employed _____
-Date Separated _____ ☐ Part Time ☐ Full Time

If part time, list number of hours worked per week _____

Name & Title of Supervisor _____

No. of employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for Leaving _____

D. Title of Present or Last position _____ Starting Salary _____ Ending Salary _____
-Date Employed _____
-Date Separated _____ ☐ Part Time ☐ Full Time

If part time, list number of hours worked per week _____

Name & Title of Supervisor _____

No. of employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for Leaving _____

E. Title of Present or Last position _____ Starting Salary _____ Ending Salary _____

-Date Employed _____

-Date Separated _____

☐ Part Time

☐ Full Time

If part time, list number of hours worked per week _____

Name & Title of Supervisor _____

No. of employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for Leaving _____

F. Title of Present or Last position _____ Starting Salary _____ Ending Salary _____

-Date Employed _____

-Date Separated _____

☐ Part Time

☐ Full Time

If part time, list number of hours worked per week _____

Name & Title of Supervisor _____

No. of employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for Leaving _____

38. List any claims you have filed for workman's compensation:

39. List any past or present physical liabilities:

40. Describe any extended absences you have had from work due to personal illness:

41. Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No
Approximate Date: _____

Military Service

42. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

Branch of Service	Unit	Date of Enlistment
Date of Discharge _____ mm/dd/year	Service No. _____	Highest Rank _____

43. List of awards and commendations:

44. Type of Discharge: _____

45. If you are presently a member of the National Guard, or any other military reserve list details below:

Unit	Location
Obligations _____	

46. List all schools attended:

Name of School	Location (City)	From Mo. & Yr.	To Mo. & Yr.	Years Completed
Grade School				
High School				
College/University				

47. Did you either graduate from high school or pass the high school equivalency test? ☐ Yes ☐ No

48. List college degrees received and major field of each. Include incomplete courses.

49. Were you ever expelled from any school or were you ever disciplined by any school official?

☐ Yes

☐ No

If yes, explain:

Arrest and Military Disciplinary

Answer all of the following questions completely and accurately. ANY falsification or misstatements of fact may be sufficient to disqualify you. (Exclude major traffic violations.)

50. Have you ever been arrested or detained by the police? ☐ Yes ☐ No

If yes give details below:

Crime Charged	Police Agency
---------------	---------------

Date	Disposition of Case
------	---------------------

Crime Charged	Police Agency
---------------	---------------

Date	Disposition of Case
------	---------------------

Crime Charged	Police Agency
---------------	---------------

Date	Disposition of Case
------	---------------------

Crime Charged	Police Agency
---------------	---------------

Date	Disposition of Case
------	---------------------

Crime Charged	Police Agency
---------------	---------------

Date	Disposition of Case
------	---------------------

51. Have you ever been placed on probation? ☐ Yes ☐ No If yes, explain below:

52. Have you ever been required to pay a fine in excess of \$25.00? ☐ Yes ☐ No If yes, explain below:

53. Have you ever been reported as a missing person or runaway? ☐ Yes ☐ No If yes, explain below:

54. Were you ever court Marti Led, tried on charges, or were you the subject of a summary court, deck court, captains mast or company punishment, or any other disciplinary action while a member of the armed forces? ☐ Yes ☐ No If yes, explain below:

55. List any disciplinary action taken against you in the National Guard or any other reserve unit:

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

Agency

Date

Purpose

Agency

Date

Purpose

Agency

Date

Purpose

57. Can you operate a motor vehicle? ☐ Yes ☐ No

58. Do you possess a valid operator's license from the State of Arkansas? ☐ Yes ☐ No
Operator's License Number: _____

59. Do you possess an operator's license issued by any state other than Arkansas? ☐ Yes ☐ No
If yes give number and state _____

60. Was your license ever suspended or revoked? ☐ Yes ☐ No When? _____

61. Was your license ever reinstated? ☐ Yes ☐ No When? _____

62. Have you ever been refused an operator's license by any state? ☐ Yes ☐ No If yes, explain:

63. Have your driving privileges ever been restricted? ☐ Yes ☐ No If yes, explain:

64. Has a motor vehicle being 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 _____

Date _____ Police Investigation: ☐ Yes ☐ No

Location _____ Cause of Accident _____

65. List of any convictions for minor traffic violations:

Location	Approx. Date	Nature of Violations	Penalty of Disposition

Attitudes

66. What do you consider to be the current social problems of greatest concern?

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

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

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

70. Explain briefly your reasons for applying for this position:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE
AND COMPLETE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL
FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Signature

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, this _____ day

Of _____, 20 _____

My commission expires _____

NOTICE- False Swearing is a Class A Misdemeanor (Arkansas Statute Ann. 41-2603 Repl. 1977)
Punishable under Arkansas Stat. 41-901 and 41-110.