



# 9. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? _____	Has your license ever been suspended? <input type="radio"/> Yes <input type="radio"/> No
Driver's License Number: _____	Has your license ever been revoked? <input type="radio"/> Yes <input type="radio"/> No
State: _____ Expiration Date: _____	If yes, please provide dates and explain: _____
CDL Class: _____	_____
Endorsements: _____	_____

9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____	Date: _____
Agency: _____	Agency: _____
Offense/Charge: _____	Offense/Charge: _____
Outcome: _____	Outcome: _____
Date: _____	Date: _____
Agency: _____	Agency: _____
Offense/Charge: _____	Offense/Charge: _____
Outcome: _____	Outcome: _____

*If you have more than four citations within the last seven years, please attach a separate sheet in the same format.*

# 10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? <input type="radio"/> Yes <input type="radio"/> No					GED? <input type="radio"/> Yes <input type="radio"/> No		Date obtained: _____	
If not, highest grade completed: _____								
Name and location of last High School attended: _____								
			Name		City		State	
List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:								
Name and Location		Total Hours Completed		Hours required for certification		Course/Subject Taken		Certificates Received
List Colleges and Universities Attended Below:								
Name and Location		Credit Hours Received Sem. Qtr.		Did you graduate? Yes No		Major/Minor Degree Field of Program of Study		Type of Degree Received

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____						May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No	
Specific Duties: _____							
Number of Employees supervised (if applicable): _____							

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

(Job 2) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							
Number of Employees supervised (if applicable): _____							

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

(Job 3) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							
Number of Employees supervised (if applicable): _____							

**BETWEEN THESE JOBS (if applicable):** ☐ UNEMPLOYED ☐ IN SCHOOL FROM (mo/yr): \_\_\_\_\_ TO (mo/yr): \_\_\_\_\_

(Job 4) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____	
Last Salary \$ _____ per _____							
Specific Duties: _____							
Number of Employees supervised (if applicable): _____							

NOTE: We may contact previous employers to verify employment information.

**References:**

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	Phone Number

**Did You:**

- ☐ Include your social security number?
- ☐ Answer all questions completely?
- ☐ Cover a full 10-year employment history?
- ☐ Explain all gaps in employment?
- ☐ Complete application supplement, if applicable?
- ☐ Submit copies of documents requested, if applicable?
- ☐ Sign and date the application?

**Please read this statement carefully before signing below:**

The City of Prairie Grove is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Prairie Grove is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically and psychologically examined and to provide a sample of urine or blood, which may be tested for use of drugs and/or controlled substances.

**My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.**

SIGN YOUR NAME HERE

DATE

**NOTICE TO APPLICANT OF INTENT  
TO CONDUCT A BACKGROUND INVESTIGATION**

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you. We will do this by contacting previous employers, references, and conducting criminal and traffic record checks.

Before we do, you must authorize such procurement in writing. You have the right to decline authorization for us to conduct this background investigation. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release, which will allow us to conduct the background investigation. Please read the release carefully before signing it and indicating your choice regarding disclosure.

**RELEASE TO CONDUCT A BACKGROUND INVESTIGATION**

I have read the "Notice to Applicant of Intent to Conduct a Background Investigation."

I understand that I have the right to decline authorization for the City of Prairie Grove to conduct a background investigation concerning me.

Understanding these rights,

(Initial appropriate response)

\_\_\_\_\_ I expressly authorize, without reservation, the City of Prairie Grove, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights that claims I may have regarding the employer, it agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

\_\_\_\_\_ I do not authorize the City of Prairie Grove to conduct a background investigation concerning me.

NAME (Print Please)

\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_

SIGNATURE

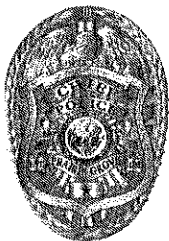
\_\_\_\_\_

DATE

\_\_\_\_\_

WITNESS

\_\_\_\_\_



## Prairie Grove Police Department

Chief of Police – Chris Workman

955 E. Douglas St. #1

P.O. Box 1033

Prairie Grove, AR 72753

Ph: 479-846-3270 \* Fax: 479-846-4447

### EMPLOYMENT QUESTIONNAIRE

It is important that you understand that any misrepresentation, to include forgetting or falsification made in conjunction with your obtaining employment with this department will be grounds for rejection of employment or dismissal with this department. A "yes" answer to any question may not, in or of itself, be grounds for disqualification or non-selection, whereas an untruthful response will be grounds for disqualification or non-selection.

#### HAVE YOU EVER COMMITTED ANY OF THE FOLLOWING ACTS?

- ☐ Arson(intentionally destroyed the property of another by fire) \_\_\_\_\_
- ☐ Burglary (entered a home or business to commit a theft or other crime) \_\_\_\_\_
- ☐ Robbery (committed a theft from another person by threat or force) \_\_\_\_\_
- ☐ Theft (including switching price tags) \_\_\_\_\_
- ☐ Shoplifting \_\_\_\_\_
- ☐ Forgery \_\_\_\_\_
- ☐ Non-sufficient Funds checks \_\_\_\_\_
- ☐ Extortion (Blackmail) \_\_\_\_\_
- ☐ Embezzlement (theft of money entrusted to you) \_\_\_\_\_
- ☐ Have you ever assaulted another person, including your spouse \_\_\_\_\_
- ☐ Have you ever beat or hit another person, including your spouse \_\_\_\_\_
- ☐ Have you ever displayed prejudice on the basis of race, gender, sexual orientation, religion, AIDS/HIV infection, or handicap \_\_\_\_\_
- ☐ When was the last time you lost control of your temper?  
Explain \_\_\_\_\_

- When was the last time you were in a fight?  
Explain \_\_\_\_\_
- When was the last time you had difficulties or a dispute with a neighbor?  
Explain \_\_\_\_\_
- Have you ever used physical force against anyone? \_\_\_\_\_
- How many times, if ever, have you had to physically defend yourself? \_\_\_\_\_  
Describe \_\_\_\_\_
- Were you ever required to appear before a juvenile court for a crime? \_\_\_\_\_
- Have you ever been placed on probation as a juvenile or adult? \_\_\_\_\_
- Have you ever been convicted of a crime, as an adult or juvenile, excluding traffic tickets? \_\_\_\_\_
- Are you currently involved, as a plaintiff or defendant, in any civil action? \_\_\_\_\_
- Have you ever been charged with driving while intoxicated or driving under the influence of drugs, to include marijuana? \_\_\_\_\_
- Approximately how much beer, wine and/or hard liquor do you consume in a thirty (30) day period? \_\_\_\_\_
- Have you ever driven a vehicle while under the influence of alcohol? \_\_\_\_\_
- Have you ever knowingly allowed anyone under the legal age to consume alcohol in your home or remained in a place where persons under the legal age were consuming alcohol \_\_\_\_\_
- Have you ever become involved in a dispute while consuming alcohol \_\_\_\_\_
- Have you ever knowingly purchased alcohol for a person known to be under the legal drinking age \_\_\_\_\_
- Have you ever consumed alcoholic beverages during working hours? \_\_\_\_\_
- Have you ever been disciplined, discharged, or denied employment due to your consumption of alcoholic beverages? \_\_\_\_\_
- Have you ever been under the influence while on the job \_\_\_\_\_
- Have you ever purchased narcotics, drugs, including marijuana, without a doctor's prescription \_\_\_\_\_
- Have you ever used or experimented with any of the following drugs? If so, month and year of first use, and month and year of last use. Marijuana, Hashish (Hash oil), cocaine, barbiturates

(Downers), Amphetamines (uppers or speed), Heroin, LSD (or other hallucinogens), PCP (angel dust), Steroids, magic mushrooms, peyote (buttons), or other.

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- If your answer was yes to any of the above substances, please describe:

1. The circumstances if starting use: \_\_\_\_\_

2. How the drug was obtained: \_\_\_\_\_

3. Your social behavior and attitude before and after discontinuance \_\_\_\_\_

- Have you ever sold? Furnished? Manufactured? Cultivated? Or possessed any drug, narcotic, or other illegal substance, including marijuana? \_\_\_\_\_

- Have you ever used any illegal drugs within the last three (3) years? \_\_\_\_\_

- Have you ever taken anything from an employer? \_\_\_\_\_

- Have you listed every job that you have held on your personnel history form \_\_\_\_\_

- Have you ever quit a job without giving notice \_\_\_\_\_

- Have you ever been terminated from a job \_\_\_\_\_

- Have you ever been asked to resign from a job \_\_\_\_\_

- Have you ever had any difficulty working with a co-worker on a job \_\_\_\_\_

- Have you ever had any difficulty with a supervisor on the job \_\_\_\_\_

- During the course of your employment have you ever had a complaint made against you? If so describe  
\_\_\_\_\_

- Have you ever been disciplined by an employer? Explain the facts leading to the discipline  
\_\_\_\_\_

- Has any supervisor, including military, ever given you a high performance rating, commendation, and compliment for good work? If yes, for the most recent times, name the business or organization and tell briefly what you did that was considered good work  
\_\_\_\_\_

- Has any supervisor, including military, ever given you a low performance rating \_\_\_\_\_



- Has a supervisor, including military, ever fired you \_\_\_\_\_
- Has a supervisor, including military, ever suspended you from work \_\_\_\_\_
- Have you ever previously applied to this organization for a sworn or civilian position?  
\_\_\_\_\_ When? \_\_\_\_\_
- Have you ever applied for employment with another law enforcement agency? \_\_\_\_\_  
Describe \_\_\_\_\_
- Have you ever applied for employment with another governmental agency \_\_\_\_\_  
Describe \_\_\_\_\_
- Have you ever filed a worker's compensation claim \_\_\_\_\_ Describe \_\_\_\_\_
- Have you ever been involved in a traffic accident \_\_\_\_\_
- Has your driver's license ever been suspended \_\_\_\_\_
- Have you ever been warned, suspended, disciplined, or fired by another employer for sexual harassment \_\_\_\_\_
- Have you ever displayed any conduct of an intimidating nature against a person because of their gender? \_\_\_\_\_
- Have you, at work, ever made any lewd, demeaning, offensive, or suggestive gestures, including jokes of a sexist nature in front of members of the opposite sex \_\_\_\_\_
- Have you ever been named or a party to a restraining order in the last 10 years \_\_\_\_\_
- For your own safety, or the safety of another person, could you take a human life if it was necessary in the performance of your official duties \_\_\_\_\_
- Is there anything that would interfere with your willingness or ability to work any hours during a 24 hour time period \_\_\_\_\_

**PREVIOUS POLICE, AUXILIARY OR RESERVE OFFICER:**

- Have you ever accepted a gratuity \_\_\_\_\_
- Have you ever made a false official report \_\_\_\_\_
- Have you ever used your official position for personal gain \_\_\_\_\_
- Have you ever withheld evidence seized in the course of your official duties \_\_\_\_\_
- Were you ever involved in a civil rights investigation \_\_\_\_\_

- Were you ever involved in an improper use of force investigation \_\_\_\_\_
- Have you ever exaggerated the evidence against an accused simply to achieve conviction \_\_\_\_\_
- Have you ever withheld evidence, which intended to support the guilt of the accused \_\_\_\_\_
- Have you ever displayed prejudice against any person on the basis of: Race? Sex? Religion? Color? National origin? Age? Handicap? Sexual preference? AIDS/HIV Infection \_\_\_\_\_
- Have you ever been the subject of an internal investigation \_\_\_\_\_
- Have you ever been terminated from employment as an officer \_\_\_\_\_
- Have you ever been asked to resign your position as a law enforcement officer \_\_\_\_\_

I am aware that any false statements or omissions on this questionnaire will cause my name to be removed from the eligibility list or be cause for a non-selection by the Prairie Grove Police Dept.

I understand that I am subject to termination if discrepancies are discovered after I have been appointed.

Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify of changes could be grounds for disqualifications or non-selection.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date



## **Prairie Grove Police Department**

**Chief of Police – Chris Workman**

**955 E. Douglas St. #1**

**P.O. Box 1033**

**Prairie Grove, AR 72753**

**Ph: 479-846-3270 \* Fax: 479-846-4447**

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### **EMPLOYEE STATEMENT**

I understand that 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.

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

I authorize former employers to release to the City of Prairie Grove or it's authorized representative any and all employment records or other information they may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the City of Prairie Grove. A photocopy of this authorization shall be valid as the original.

I understand that my employment is subject to approval by the Chief of Police and that this application is the property of the City of Prairie Grove and will become part of my file if I am accepted for employment.

Signature of applicant: \_\_\_\_\_

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