



# City of Elm Springs Police Department

## **Pre-Qualification requirements for employment as a Certified/Sworn Police Officer**

1. Be a United States Citizen;
2. Possess a high school diploma or GED certificate;
3. Be no less than 21 years of age;
4. Possess a valid driver's license; (must have Arkansas DL at time of employment)
5. Be able to establish residency within 15 miles of the City of Elm Springs within 6 months after employment begins.
6. Submit to a pre-employment investigation by the Chief of Police;
7. Be able to read and write the English language;
8. Submit to and pass a medical exam (after job offer);
9. Submit to and pass a psychological exam (after job offer);
10. Submit to and pass a drug screen for illegal substances (after job offer);
11. Be free of a felony record;
12. Be able to work any shift assigned;
13. Be available for call outs



## City of Elm Springs Police Department

Po Box 74 / 289 Jayroe St., Elm Springs, AR 72728  
Phone (479) 248-7323 Fax (479) 248-6623

### EMPLOYMENT APPLICATION

#### OFFICE USE ONLY

APPROVED ☐

DISAPPROVED ☐

REASONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_

**INSTRUCTIONS:** Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### ***Please Check Appropriate Response***

1. Have you ever worked for the City of Elm Springs?  
☐ Yes ☐ No

If yes, please give date(s) of employment. \_\_\_\_\_

2. Are you a U.S. citizen? ☐ Yes ☐ No

3. Will you work night shift? ☐ Yes ☐ No

Will you work weekends? ☐ Yes ☐ No

Will you be available for call? ☐ Yes ☐ No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? ☐ Yes ☐ No

If yes, please explain below:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

5. Are you related to a City employee or is any member of your family employed by the City of Elm Springs?

☐ Yes ☐ No If yes, please give the person's:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law other than minor traffic related offenses?  
☐ Yes ☐ No

If yes, please give details below:

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

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

☐ Felony ☐ Misdemeanor

Outcome: \_\_\_\_\_

Note: A conviction does not automatically mean you cannot be employed by the City of Elm Springs. The nature of the offense, how long ago it occurred, etc., are given consideration.

*Attach additional sheets as needed.*

7. Were you in the U. S. Armed Forces? ☐ Yes ☐ No

8. Did you receive an honorable discharge? ☐ Yes ☐ No

# 9. DRIVER'S LICENSE INFORMATION

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

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: _____<br>Agency: _____<br>Offense/Charge: _____<br>Outcome: _____<br><br>Date: _____<br>Agency: _____<br>Offense/Charge: _____<br>Outcome: _____ | Date: _____<br>Agency: _____<br>Offense/Charge: _____<br>Outcome: _____<br><br>Date: _____<br>Agency: _____<br>Offense/Charge: _____<br>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 |                                  | Did you graduate?    |                       | Major/Minor Degree        | Type of Degree Received |
|  | Sem.                  | Qtr.                             | Yes                  | No                    | Field of Program of Study |                         |
|  |                       |                                  |                      |                       |                           |                         |
|  |                       |                                  |                      |                       |                           |                         |
|  |                       |                                  |                      |                       |                           |                         |

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.



**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 Elm Springs 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 Elm Springs 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 Elm Springs to conduct a background investigation concerning me.

Understanding these rights,

(initial appropriate response)

\_\_\_\_\_ I expressly authorize, without reservation, the City of Elm Springs, 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 Elm Springs to conduct a background investigation concerning me.

NAME (Print Please)

\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

WITNESS

\_\_\_\_\_

# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided to me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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