City of Elkins Police Department

1874 Stokenbury., Elkins, AR 72727 Phone (479) 643-2600 Fax (479) 643-4166

EMPLOYMENT APPLICATION

OFFICE USE ONLY	•
APPROVED	O
DISAPPROVED	O
REASONS:	
BY:	
DI.	

INSTRUCTIONS: <u>Please print or type all information</u>. 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 Se	curity Number:			
Last Name: First:			Middle Initial:				
Street Address:							
City:			State:	Zip Code:			
Home Phone: Work/Me	ssage Ph	one:	E-Mail:				
Please Check Appropriate Response							
Have you ever worked for the City of Elkins	o Yes	o No	withheld, or p than minor tr	r been found guilty of, had adjudication pled no contest to any violation of law other raffic related offenses?			
If yes, please give date(s) of employment.			o Yes o	No			
2. Are you a U.S. citizen?	o Yes	o No	If yes, please	e give details below:			
3. Will you work night shift? Will you work weekends?	o Yes o Yes	o No o No	Date:				
Will you be available for call?	o Yes	o No	Agency:				
 Have you ever been fired, forced to resign, of termination? If yes, please explain below: 	or resigne o Yes		Offense/Cha	rge:			
Employer's Name:	Date: _		o Felony	o Misdemeanor			
Reason:		Outcome:					
5. Are you related to a City employee or is an family employed by the City of Elkins? o Yes o No If yes, please give the per	y member	employed by th how long ago it occurr	es not automatically mean you cannot be ne City of Elkins. The nature of the offense, red, etc., are given consideration. Iditional sheets as needed.				
Name:			7. Were you in	the U. S. Armed Forces?: o Yes o No			
Relationship: Department:		·	ive an honorable discharge? o Yes o No				
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Rev. 9/2007

9. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? Driver's License Number: State: Expiration Date: CDL Class: Endorsements:				Has	your license ever been suspe your license ever been revok s, please provide dates and e	ed?	o Yes o Yes	o No o No	
9. PLEASE LIST ALL TRAFFIC CITA while intoxicated, etc., should be liste					ST SEVEN (7) YEARS (drivir	ng under the	e influenc	e, driving	
Date:					Date:				
Outcome:				Outo	come:				
If you have more than fou	ır citatioı	ns within	the last se	even years,	please attach a separate shee	t in the sam	e format.		
10. EDUCATION AND SPECIAL TR.	AINING								
Do you have a High School Diploma?	o Yes o	No No	GED	? o Yes o	No Date obtained: —				
If not, highest grade completed:									
Name and location of last High School	ol attend	ed:						_	
			Nar	me	City	Stat	te		
List Special Training (Business, Trade	e, Vocati	onal, Arr	med Force	es Schools	s, etc.) Below:				
Name and Location	Total Comp		Hours required for certification		Course/Subject Taken	Certi	ficates R	eceived	
List Colleges and Universities Attende	ed Below	<i>I</i> :							
Name and Location		Hours eived Qtr.	Did you graduate? Yes No		Major/Minor Degree Field of Program of Study	De	Type o		

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.

Mo.	,	(Job 1) Present or most Recent Employer			Employer:		
Mo.	From To Total Time				Time	Address:	
Hours	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number:	
	1					Your Job Title:	
	ner Week				<u> </u>	Supervisor's Name and Title:	
Hours per Week per						Reason For Leaving Position:	
						May we contact your present employer? o Yes o No	
Last Salary \$ per Specific Duties:							
Specii	ic Dulles.						
Numbe	er of Emp	lovoos su	nonvisod	(if applie	abla):		
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(Job 2) Present	or most F	Recent E	mployer		Employer:	
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						Your Job Title: Supervisor's Name and Title:	
Hours	per Week					Reason For Leaving Position:	
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	ic Duties:						
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Numbe	er of Emp	lovees su	nervised	(if applic	able).		
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(Job 3) Present		, (t	applicat	ole): o l		
(,	or most F			ole): o l		
`	rom	or most F	Recent E	mployer	Time	Employer:Address:	
`	<u> </u>	1	Recent E	mployer		Employer:	
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Mo.	rom Yr.	Mo.	Recent E	mployer Total Yrs.	Time	Employer:	
Mo.	Yr. per Week	Mo.	Recent E	mployer Total Yrs.	Time Mo.	Employer:	
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	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?						
Ple	ease read this statement carefully before signing below:						
The	The City of Elkins is an Equal Opportunity Employer.						
of I	I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Elkins 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.							
SIC	ON YOUR NAME HERE DATE						

Did You:

☐ Include your social security number?

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 Elkins to conduct a background investigation concerning me.

concerning me.	
Understanding these rights,	
(initial appropriate response)	
I expressly authorize, without reservation, the City of Elkins, its representative information from all references (personal and professional), employers, public agencies institutions and to otherwise verify the accuracy of all information provided by me in this waive any and all rights that claims I may have regarding the employer, it agents, empl and using such information in the employment process and all other persons, corporation information about me. I do not authorize the City of Elkins to conduct a background investigation co	s, licensing authorities and educational s application, resume' or job interview. I hereby loyees or representatives, for seeking, gathering ions or organizations for furnishing such
NAME (Print Please)	
SOCIAL SECURITY NUMBER	
SIGNATURE	
DATE	
WITNESS	