

STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT

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 additional 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 ink all responses.

PERSONAL

1. NAME _____
First Middle Last Social Security Number

Nicknames or Aliases _____

2. Height _____ inches Weight _____ lbs.

3. Present Mailing Address: _____
Street and Number City State Zip Code

Permanent Mailing Address: _____
Street and Number City State Zip Code

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 with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

9. Names of Spouse or Fiancée _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If Yes, give date and location of court or jurisdiction. _____

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

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No

15. Have you ever been involved as defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or 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, personality and other qualities:

NAME	ADDRESS	TELEPHONE

FAMILY HISTORY:

17. List your parents, brothers and sisters:

	NAME	ADDRESS	TELE-PHONE
Father			
Mother			
Bro./Sis.			
Bro./Sis.			
Bro./Sis.			

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

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
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FINANCIAL:

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

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

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you a checking account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. 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.

23. Do you own or are you buying your own home? _____ Yes _____ No

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

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? _____ Yes _____ No

If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? _____. If not, explain:

30. Have you ever been sued? _____ Yes _____ No. If yes, give details:

RESIDENCES:

31. List Addresses for past 10 years starting with present address at top:

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

WORK HISTORY:

32. 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:

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

34. Have your employers always treated you fairly? _____ Yes _____ No. If no, explain: _____

35. Do you object to wearing a uniform? _____ Yes _____ No

36. Do you object to working nights? _____ Yes _____ No

37. Do you object to working shifts? _____ Yes _____ No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need 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 _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor
No. employees supervised by you:
Employer
Address
Duties

Reason for leaving: _____

B. Title of next to last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor
No. employees supervised by you:
Employer
Address
Duties

Reason for leaving: _____

C. Title of next position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor
No. employees supervised by you:
Employer
Address
Duties

Reason for leaving: _____

D. Title of next position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor
 No. employees supervised by you:
 Employer
 Address
 Duties

Reason for leaving: _____

39. Have you previously submitted an application for employment with this agency? _____ Yes _____ No
 Approximate date: _____

MILITARY SERVICE

40. 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 _____ Service Number _____ Highest Rank _____

41. List medals and decorations: _____

42. Type of Discharge: _____

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: _____

44. List all schools attended:

Name of School	Location (City and State)	From Mo. & Yr.	To Mo. & Yr.	Year Completed
Grade				
High School				
College or University				

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

46. List college degrees received and major field of each. Include incomplete courses: _____

47. 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 falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? _____ Yes _____ No. If yes, give details below:
Crime Charged _____ Police Agency _____
Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____
Date _____ Disposition of Case _____

49. Have you ever been placed on probation? _____ Yes _____ No. If yes, give details below: _____

50. Have you ever been required to pay a fine in excess of \$25.00? _____ Yes _____ No. If yes, give details below:

51. Have you ever been reported as a missing person or as a runaway? _____ Yes _____ No. If yes, give complete details, including jurisdiction, dates, and outcome: _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces?

_____ Yes _____ No. If yes, explain below: _____

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

54. 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 FBI and other agencies.

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

55. Can you operate a motor vehicle? _____ Yes _____ No

56. Do you possess a valid operator's license from the State of Arkansas? _____ Yes _____ No
Operator's License Number _____ Date Issued _____

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

58. Was your license ever suspended or revoked? _____ Yes _____ No. If yes, state which and give reasons: _____

59. Was your license ever restored. _____ Yes _____ No. When? _____

60. Have you ever been refused an operator's license by any state? _____ Yes _____ No.

61. Have your driving privileges ever been restricted? _____ Yes _____ No. If yes, give details: _____

62. 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 _____

63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

ATTITUDES

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

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

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

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

CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position: _____

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

Signature in Full

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.

Sebastian County Sheriff's Department

Background Investigation Elimination Criteria

In addition to the State of Arkansas Minimum Requirements, the Sebastian County Sheriff's Department has established guidelines regarding certain elements of an applicant's personal history that, if present, would cause the background investigation to end and would eliminate an applicant from the hiring process. The reasons for dismissing an applicant during the background process may include, but are not limited to the following:

1. Fraudulent Statements — Any false statement knowingly made by any applicant or made at the request or with the knowledge, in any instrument which may accompany the application or any other document required to be completed during the selection process.
2. Any Felony conviction regardless of the date committed.
3. Any use of a prohibited substance or abuse of a controlled substance within the past 10 years. (excluding marijuana).
4. Any marijuana use within the past 3 years.
5. Any Domestic Abuse conviction regardless of the date committed. *
6. Any misdemeanor battery, assault, or terroristic threatening conviction within the past 5 years. *
7. Any DWI conviction within the past 5 years. *
8. Any theft over \$50.00 in money or property within the past 5 years, regardless if charges were filed or not.
9. Any misdemeanor convictions within the past 3 years. *
10. Persons charged with a criminal offense that was dismissed through deferred adjudication may be considered for employment except when the charge was for:
*

- a. Murder
- b. Voluntary or involuntary manslaughter
- c. Rape
- d. Any felony theft offense
- e. Indecency with a child
- f. Injury to a child, elderly, or disabled individual
- g. Kidnapping
- h. Aggravated assault
- i. Aggravated sexual assault
- j. Sexual assault of a child
- k. Domestic abuse
- l. Aggravated robbery
- m. Any felony where a deadly weapon was used or exhibited
- n. Any felony related to the manufacture, delivery, or possession of marijuana, a controlled substance or a dangerous drug.

Any other incidents that are discovered during the Background Investigation phase should be thoroughly investigated, documented and referred to the Sheriff's Department Review board for final determination.

*The facts of which would support the charge under the laws of the State of Arkansas

The following information is needed to complete your personnel file and application process. No new member will be accepted for training or employment until the application process has been completed. Reserve members will be required to attend and pass reserve training before participation in the Reserve program. Other employees are required to attend and pass certain training programs unique to each position.

1. FULL APPLICATION COMPLETED AND NOTARIZED
2. COPY OF BIRTH CERTIFICATE
3. COPY OF SOCIAL SECURITY CARD
4. COPY OF HIGH SCHOOL DIPLOMA
5. COPY OF CURRENT DRIVERS LICENSE

You will be notified of the date and time for a personal interview. Physical and psychological exams are paid for by the Sebastian County Sheriff's Department and will be mailed directly to our department. All paperwork needs to be submitted to this office and addressed:

Attn: Allen Tedford, Sebastian County Sheriff's Department, 800 South A St., Fort Smith, AR.

If you have any questions please feel free to contact: Allen Tedford at 479-783-1051 or sheriffrecruiting@co.sebastian.ar.us

SEBASTIAN COUNTY SHERIFF'S DEPARTMENT
800 SOUTH A ST
FORT SMITH, ARKANSAS 72901

479-783-1051

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	
Race		Sex	Date of Birth
Place of Birth (city, county, state, and country)			

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to ANY duly authorized agent of the Sebastian County Sheriff Office, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans and also the records of commercial or retail credit agencies (including credit reports and /or ratings); public utility companies employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal tax statements and records, and other financial statements and records wherever filed records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the records of complaint of a civil nature made by or against me, where so ever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had any interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life; for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Sebastian County Sheriff Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Sebastian County Sheriff Office, I understand that all materials pertaining to this background investigation becomes the property of the Sebastian County Sheriff Office and will not be returned to me.

I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release for will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Subscribed and sworn before me this _____ day of _____ 20____ <hr/> Signature of notary <hr/> My commission expires _____	MUST BE SIGNED IN THE PRESENT OF A NOTARY: Applicants Signature: _____ Applicants Address: _____ _____
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SEBASTIAN COUNTY SHERIFF'S DEPARTMENT
800 SOUTH A ST
FORT SMITH, ARKANSAS 72901

479-783-1051

AUTHORITY FOR RELEASE OF MEDICAL INFORMATION

Last Name	First Name	Middle Name	
Race		Sex	Date of Birth
Place of Birth (city, county, state, and country)			

This release when presented by a duly authorized representative of the Sebastian County Sheriff Office, constitutes my consent and authority to examine and obtain copies an abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Sebastian County Sheriff Office; Employment; Educational; Medical; psychological; Selective Services; Police and Criminal; Military Services; financial and credit; and the UNDELETED copy of the separation document and medical records to the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Sebastian County Sheriff Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation which may provide pertinent data for the Sebastian County Sheriff Office, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Sebastian County Sheriff Office, I understand that all materials pertaining to this background investigation becomes the property of the Sebastian County Sheriff Office and will not be returned to me.

I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release for will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Subscribed and sworn before me this _____ day of _____ 20____ <hr/> Signature of notary <hr/> My commission expires _____	MUST BE SIGNED IN THE PRESENT OF A NOTARY: Applicants Signature: _____ Applicants Address: _____ _____
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**SEBASTIAN COUNTY SHERIFF'S DEPARTMENT
CONDITIONAL OFFER OF PROBATION EMPLOYMENT**

1. The purpose of this agreement is to extend to the applicant a conditional offer of employment. This offer of employment is conditioned upon the availability of funded positions. The applicant must meet the below listed terms and conditions before being hired by this department, and must be the best qualified applicant. A final offer of employment will be extended to you only after you have satisfied all the requirements established by this department. All entering applicants for the listed position of _____ are required to successfully comply with these same conditions.

2. PARTIES: This is an agreement between the Sebastian County Sheriff's Department and _____ Social Security Number _____

3. TERMS and CONDITIONS: All applicants must meet the following terms and conditions,
 - A. Minimum employment standards set by the following agencies:
Arkansas Commission on Law Enforcement Standards and Training and/or
The Arkansas Criminal Detention Review Committee.

 - B. Minimum required training mandated by the following agencies:
Arkansas Commission on Law Enforcement Standards and training and/or
The Arkansas Criminal Detention Review Committee.

 - C. Applicant must possess sufficient physical, mental, and emotional conditions necessary to perform the essential functions of the above position. Conditions to be determined by medical history and examination.

 - D. Any additional requirements specified by this department, which may include field training, physical agility, computer skills, psychological test/s, weapons qualifications, spelling and grammar usage, and any other additional requirements.

4. Length of agreement: This conditional offer of employment shall remain valid and in effect for one year from the effective date of this agreement. In addition this shall be immediately withdrawn upon the applicants failure to meet any one of the above terms and conditions. The applicant, if employed, is subject to a probationary period after all the conditions have been satisfied. The effective date of this agreement is _____

5. Acknowledgement: Successful compliance with these job related conditions of employment is required to carry out essential operations of the position. I have read and understand the terms of this conditional offer of probationary employment, and I agree to abide by these terms and conditions.

Agency Representative: _____

Date: _____

Applicants Signature: _____

Date _____