

FARMINGTON POLICE DEPARTMENT

P.O. BOX 150
354 WEST MAIN ST.
FARMINGTON, AR 72730



TELEPHONE (479) 267-3411
FAX (479) 267-5897

THE FARMINGTON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER AND A.D.A. COMPLIANT

THIS POSITION WILL CONSIST OF WORKING SHIFTS WHICH INCLUDED NIGHTS, WEEKENDS, AND HOLIDAYS

**PLEASE FILL OUT THE APPLICATION, THE AUTHORIZATION TO RELEASE INFORMATION AND
PERSONAL HISTORY STATEMENT. A RESUME IS NOT REQUIRED BUT IS APPRECIATED.**

**MIKE WILBANKS
CHIEF OF POLICE
FARMINGTON POLICE DEPARTMENT**

ALL DOCUMENTATION MUST BE NOTARIZED BEFORE APPLICATION WILL BE CONSIDERED

DO NOT SIGN PRIOR TO BEING NOTARIZED

AUTHORIZATION TO RELEASE INFORMATION

I, _____, AM AN APPLICANT FOR EMPLOYMENT WITH THE FARMINGTON POLICE DEPARTMENT. IN ORDER TO PROCESS MY APPLICATION, CERTAIN INFORMATION IS FOR MY BENEFIT, THIS RELEASE IS VALID FOR A PERIOD OF SIX MONTHS (6) FROM THIS DATE.

I HEREBY AUTHORIZE, REQUEST AND DIRECT EDUCATIONAL INSTITUTIONS, MY EMPLOYERS (PAST/PRESENT), FINANCIAL INSTITUTIONS OF ANY KIND, CREDIT BUREAU OR CONSUMER REPORTING AGENCY, MEDICAL INSTITUTIONS AND DOCTORS, MILITARY RECORDS, AND ANY OTHER PERSON, INSTITUTION OR ORGANIZATION, AND ALL GOVERNMENTAL AGENCIES AND INSTRUMENTALITY'S (LOCAL, STATE, FEDERAL, OR FOREIGN) WHATEVER SAID INDIVIDUALS OR ORGANIZATIONS ARE SITUATED TO RELEASE TO THE CHIEF OF POLICE OF THE CITY OF FARMINGTON, ARKANSAS, OR TO ANY REPRESENTATIVE THEREOF, ANY DOCUMENT, INFORMATION, RECORD OR FILE THAT HE DEEMS MATERIAL TO THE PROCESSING OF MY APPLICATION FOR EMPLOYMENT. SAID INFORMATION CAN BE FURNISHED IF THE REQUEST THEREFORE IS MADE IN PERSON OR WRITING.

FURTHER, I HEREBY RELEASE YOU, AS THE CUSTODIAN OF SUCH RECORDS AND ALL OF SAID INDIVIDUALS AND ORGANIZATIONS, INCLUDING ITS OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY BE ANYTIME RESULT TO ME, MY HEIRS, FAMILY, OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

FURTHER, I APPOINT THE CHIEF OF POLICE OR HIS REPRESENTATIVE AS MY AGENT AND ATTORNEY IN FACT FOR THE SOLE PURPOSE OF COLLECTING INFORMATION FOR PROCESSING MY APPLICATION AND DIRECT THAT HE BE PERMITTED TO INSPECT ALL OF SAID FILES AND INFORMATION, AND BE PERMITTED TO MAKE COPIES THEREOF AT HIS DISCRETION. THIS REQUEST CAN BE TREATED AS IF I WAS MAKING THIS REQUEST IN PERSON.

APPLICANTS SIGNATURE

DATE

AFFIDAVIT

I, _____, BEING DULY SWORN, DEPOSES AND SAYS AS FOLLOWS:
I AM THE PERSON WHO EXECUTED THE ABOVE AUTHORIZATION; I UNDERSTAND ITS MEANING, INTENTION, AND EFFECT, AND THAT THE STATEMENTS THEREIN MADE ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC

THIS _____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME		PHONE	
LAST	FIRST	M	
<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>
PRESENT ADDRESS			
STREET	CITY	STATE	ZIP
<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>

EMPLOYMENT

POSITION	START DATE	DESIRED SALARY
<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>

ARE YOU 21 YEARS OR OLDER?	YES	<div style="height: 20px;"></div>	NO	<div style="height: 20px;"></div>
ARE YOU EMPLOYED NOW?	YES	<div style="height: 20px;"></div>	NO	<div style="height: 20px;"></div>
IF SO MAY WE INQUIRE OF YOUR EMPLOYER?	YES	<div style="height: 20px;"></div>	NO	<div style="height: 20px;"></div>
EVER APPLIED TO FPD BEFORE?	YES	<div style="height: 20px;"></div>	NO	<div style="height: 20px;"></div>
EVER WORKED FOR FPD BEFORE?	YES	<div style="height: 20px;"></div>	NO	<div style="height: 20px;"></div>
IF SO NAME SUPERVISOR AT THE TIME?	<div style="height: 20px;"></div>			
REASON FOR LEAVING	<div style="height: 20px;"></div>			
<div style="height: 20px;"></div>				

EDUCATION

WHERE DID YOU ATTEND:	NAME & LOCATION	YEARS ATTENDED
GRAMMER	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>
HIGH	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>
	LEVEL COMPLETED	TYPE OF DIPLOMA
COLLEGE	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>
	LEVEL COMPLETED	TYPE OF DIPLOMA
VOCATIONAL OR TECH	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>
	LEVEL COMPLETED	TYPE OF DIPLOMA

GENERAL

SUBJECT OF SPECIAL STUDY	<div style="height: 20px;"></div>
	<div style="height: 20px;"></div>
	<div style="height: 20px;"></div>
SPECIAL TRAINING	<div style="height: 20px;"></div>
	<div style="height: 20px;"></div>
	<div style="height: 20px;"></div>
SPECIAL SKILLS	<div style="height: 20px;"></div>
	<div style="height: 20px;"></div>
	<div style="height: 20px;"></div>

PLEASE PROVIDE A COPY OF ALL DIPLOMAS OR GED CERTIFICATE

SERVICE RECORD			
DID YOU SERVE IN THE MILITARY?	YES	NO	
MILITARY BRANCH			
HIGHEST RANK			
DATE ENTERED		DATE SEPARATED OR DISCHARGE	
PLEASE ATTACH COPY OF MILITARY DISCHARGE OR DD-214			
WERE YOU EVER COURT-MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES?			
YES		NO	
		IF YES EXPLAIN:	
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER SERVICE UNIT:			

REFERENCES			
BELOW GIVE THE NAMES OF FIVE WORK REFERENCES YOU ARE NOT RELATED, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE
TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND, IF EMPLOYED, FALSIFIED
STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE
REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION
CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY
MAY HAVE PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL
LIABILITY FOR ANY DAMAGE RESULTING FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE NO REPRESENTATIVE OF THE COMPANY HAS ANY
AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED
PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING,
UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

SIGNATURE

EMPLOYMENT HISTORY

LIST ALL JOBS YOU HAVE HELD IN THE LAST (10) YEARS. YOUR MOST RECENT JOB FIRST.
IF YOU NEED MORE SPACE ATTACH ADDITIONAL SHEETS. INCLUDE MILITARY SERVICE
IN PROPER TIME SEQUENCE AND TEMPORARY PART-TIME ALSO.

DATES OF EMPLOYMENT			
FULL TIME		PART TIME	
TITLE OF MOST RECENT POSITION		SALARY	STARTING ENDING
SUPERVISOR NAME AND TITLE		PHONE	
EMPLOYER	ADDRESS		
DUTIES			
REASON FOR LEAVING			

DATES OF EMPLOYMENT			
FULL TIME		PART TIME	
TITLE OF POSITION		SALARY	STARTING ENDING
SUPERVISOR NAME AND TITLE		PHONE	
EMPLOYER	ADDRESS		
DUTIES			
REASON FOR LEAVING			

DATES OF EMPLOYMENT			
FULL TIME		PART TIME	
TITLE OF POSITION		SALARY	STARTING ENDING
SUPERVISOR NAME AND TITLE		PHONE	
EMPLOYER	ADDRESS		
DUTIES			
REASON FOR LEAVING			

HAVE YOU BEEN CHARGED, PLEAD GUILTY, NO CONTEST OR BEEN CONVICTED UNDER ANY CRIMINAL LAW?

(exclude minor traffic violations and juvenile convictions)

CRIME CHARGED		DATE	
POLICE AGENCY		DISPOSITION	

CRIME CHARGED		DATE	
POLICE AGENCY		DISPOSITION	

HAVE YOU EVER BEEN PLACED ON PROBATION? YES ☐ NO ☐

IF YES, GIVE DETAILS:

HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? YES ☐ NO ☐

IF YES, GIVE DETAILS:

HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR RUNAWAY? YES ☐ NO ☐

IF YES, GIVE COMPLETE DETAILS, INCLUDING JURISDICTION, DATES AND OUTCOME:

HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST.

PLEASE GIVE DETAILS BELOW. YOUR ANSWERS WILL BE VERIFIED.

AGENCY	<input type="text"/>	DATE	<input type="text"/>	PURPOSE	<input type="text"/>
AGENCY	<input type="text"/>	DATE	<input type="text"/>	PURPOSE	<input type="text"/>
AGENCY	<input type="text"/>	DATE	<input type="text"/>	PURPOSE	<input type="text"/>

CAN YOU OPERATE A MOTOR VEHICLE? YES ☐ NO ☐

DO YOU POSSES A VALID OPERATOR'S LICENSE? DL# STATE

ARE YOU A CITIZEN OF THE UNITED STATES? YES ☐ NO ☐

PLEASE ATTACH COPY OF VALID DRIVER'S LICENSE

PROOF OF CITIZENSHIP MUST BE PROVIDED. ATTACH COPY OF BIRTH CERTIFICATE OR DOCUMENTS

WHAT LANGUAGES CAN YOUR SPEAK, READ OR WRITE FLUENTLY?

EXPLAIN BRIEFLY YOUR REASON FOR APPLYING FOR THIS POSITION?

DO YOU OBJECT TO WEARING A UNIFORM?

YES

NO

DO YOU OBJECT TO WORKING SHIFTS WHICH WOULD INCLUDE EVENINGS, NIGHTS, MIDNIGHTS, WEEKENDS,
AND HOLIDAYS?

YES

NO

IF YEST, EXPLAIN:

WHAT ARE YOUR EXPERIENCES AND BELIEFS CONCERNING THE USE OF MARIJUANA AND/OR OTHER MIND
ALTERING DRUGS?

WHAT ARE YOUR FEELINGS ABOUT THE USE OF DEADLY FORCE IF IT BECAME NECESSARY IN THE
PERFORMANCE OF OFFICIAL DUTIES?

I HEREBY CERTIFY ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE
AND UNDER ANY MISSTATEMETNS OF MATERIAL FACTS WILL SUBJECT ME TO
DISQUALIFICATION OR DIMISSAL

SIGNATURE IN FULL

SWORN AND SUBSCRIBED BEFORE ME

NOTARTY PUBLIC

THIS _____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES _____

NOTICE-FALSE SWEARING IS A
CLASS A MISDEMEANOR.
PUNISHABLE UNDER
ARKANSAS CODE 5-53-103.