**Decatur Police Department**

***Please read the application carefully and complete each item.***

1. You will need to include copies of ***ALL*** certificates and diplomas.

2. You will need to attach a Photo of yourself.

3. The photo must be of the applicant only, no other subjects in the photo. It needs to be a good facial shot and may not be a Polaroid.

4. The Authorization to Release Information must have signature and date.

5. The Affidavit must be signed in the presence of a notary.

6. The following is a list of required attachments to the application if applicable:

**a. Birth certificate**

**b. High School Diploma or GED**

**c. Form DD-214**

**d. College Transcript**

**e. Notarized Authority to Release Information form**

***Return the completed application to the Decatur Police Department.***

**Decatur Police Department**

185 N. Main St. / PO Box 247

Decatur, Arkansas 72722

Phone: 479-752-3911 / Fax: 479-752-3858

Application for employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Position Applying for: Patrolman, Clerk, Etc.** | | | | | | | | | | | | | | | **Today’s Date:** | | | | | | | | | | | | | |
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| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** |  | | | | | | | |  | | | | | | | |  | | | | **SSN:** | | | |  | | | |
|  | **Last,** | | | | | | | | **First** | | | | | | | | **Middle Intl.** | | | |  | | | |  | | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | |
| **D.O.B.:** |  | | | | | | | **Phone #:** | | | |  | | | | **DL # and State:** | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | |
| **Address:** |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | |
|  | **Street/Route/Box #** | | | | | | | | | | | | | | **City** | | | | | | | | **State** | | | **Zip Code** | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | |
| **Name of Spouse:** | | |  | | | | | | | | | | | | **Spouse’s Phone #:** | | | | |  | | | | | | | |  |
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| **Dependents:** | | **Name:** | | | | | | | | | | | | | **D.O.B.** | | | | **Relationship** | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
| 2. | |  | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
| 3. | |  | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
| 4. | |  | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
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| **Military History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Branch of Service:** | | | |  | | | | | | **Enlistment:** | | | |  | | | | **Discharge:** | | | |  | | | | | | |
| **Type of Discharge:** | | | |  | | | | | | | | |  | **Rank when Discharged:** | | | | | | | |  | |  | | | | |
| **Are you still a member of a reserve unit?** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Unit an remaining time:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment History** | | | | | | | | | | | |
| **List all Jobs for the past ten years starting with the most recent. (attach additional sheets if necessary)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Employer:** |  | | | **Position:** | |  | | | **Phone #:** | |  |
| **Address:** |  | | | | | | | **Salary:** | |  | |
| **Name and Title of Supervisor:** | | |  | | | | | **Phone #:** | |  | |
| **Number of Employees Supervised by you:** | | | | |  | **Duties:** |  | | | | |
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| **Reason for leaving:** | |  | | | | | | | | | |
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| **Employer:** |  | | | **Position:** | |  | | | **Phone #:** | |  |
| **Address:** |  | | | | | | | **Salary:** | |  | |
| **Name and Title of Supervisor:** | | |  | | | | | **Phone #:** | |  | |
| **Number of Employees Supervised by you:** | | | | |  | **Duties:** |  | | | | |
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| **Reason for leaving:** | |  | | | | | | | | | |
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| **Employer:** |  | | | **Position:** | |  | | | **Phone #:** | |  |
| **Address:** |  | | | | | | | **Salary:** | |  | |
| **Name and Title of Supervisor:** | | |  | | | | | **Phone #:** | |  | |
| **Number of Employees Supervised by you:** | | | | |  | **Duties:** |  | | | | |
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| **Reason for leaving:** | |  | | | | | | | | | |
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| **Employer:** |  | | | **Position:** | | | |  | | | **Phone #:** | | |  | |
| **Address:** |  | | | | | | | | | **Salary:** | |  | | | |
| **Name and Title of Supervisor:** | | |  | | | | | | | **Phone #:** | |  | | | |
| **Number of Employees Supervised by you:** | | | | | |  | | **Duties:** |  | | | | | | |
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| **Reason for leaving:** | |  | | | | | | | | | | | | | |
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| **May we contact your current employer?** | | | | |  | | **If no please explain why:** | | | | | |  | |
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|  | **Residence History** | | | | | | |  |  | | |
| **List past ten year of residences starting with the most recent. (attach additional sheets if necessary)** | | | | | | | | | |  |
|  | |  | | | | | |  |  | | |
| **Address:** |  | | | | | | | **City:** |  | | |
| **Landlord’s Name:** | | |  | | | | | **Phone:** |  | | |
| **Dates** | **From:** | | |  | **To:** |  |  | | | | |

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| **Address:** |  | | | | | | **City:** |  |
| **Landlord’s Name:** | |  | | | | | **Phone:** |  |
| **Dates** | **From:** | |  | **To:** |  |  | | |

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| **Address:** |  | | | | | | **City:** |  |
| **Landlord’s Name:** | |  | | | | | **Phone:** |  |
| **Dates** | **From:** | |  | **To:** |  |  | | |

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| **Address:** |  | | | | | | **City:** |  |
| **Landlord’s Name:** | |  | | | | | **Phone:** |  |
| **Dates** | **From:** | |  | **To:** |  |  | | |

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| **Address:** |  | | | | | | **City:** |  |
| **Landlord’s Name:** | |  | | | | | **Phone:** |  |
| **Dates** | **From:** | |  | **To:** |  |  | | |

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| **Personal References** | | |
| List persons not related to you. (Attach additional sheets if necessary). List at least three. | | |
|  | | |
| **Name** | **Address** | **Phone #:** |
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| **Questionnaire** | | | | | | | | | | | |
| Attach additional pages if necessary | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Have you ever been arrested or charged with any violation or crime, including traffic? | | | | | | | |  | | If yes explain: | |
|  | | | | | | | | | | | |
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| 2. Has your driver’s license ever been suspended? | | |  | | If yes explain: | |  | | | | |
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| 3. What do you believe is your biggest asset? | |  | | | | | | | | | |
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| 4. What is your biggest weakness? |  | | | | | | | | | | |
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| 5. Why do you wish to become a member of this department? | | | |  | | | | | | | |
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| 6. Answer the following yes no questions: | | | | | | | | | | | |
| Do you object to wearing a uniform? | | | | | | Yes | |  | No | |  |
| Do you object to working nights? | | | | | | Yes | |  | No | |  |
| Do you object to working Holidays? | | | | | | Yes | |  | No | |  |
| Do you object to working shifts? | | | | | | Yes | |  | No | |  |
| Do you object to taking a physical exam? | | | | | | Yes | |  | No | |  |
| Do you object to a psychological exam? | | | | | | Yes | |  | No | |  |
| Do you object to a uranalysis for drugs? | | | | | | Yes | |  | No | |  |
| Do you have a medical condition that would prevent you from performing this job? | | | | | | Yes | |  | No | |  |
| Is there any reason you can’t be in possession of a firearm? | | | | | | Yes | |  | No | |  |
| Can you provide proof of citizenship? | | | | | | Yes | |  | No | |  |
| Do you have a valid driver’s license? | | | | | | Yes | |  | No | |  |

I hereby certify that all statements in this application are true, complete and correct. I understand that false statements herein are sufficient grounds for rejection of this application, and I agree and understand that any incorrect statements of material facts contained herein may cause forfeiture upon my part of all rights to any employment. If employed I agree to abide by all provisions of the Decatur Police Department policy and the policies of the City of Decatur, Arkansas. By my signature I consent to all of their provisions.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature | | Date |

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| **Decatur Police Department** |
| Authorization to Release Information |

I, , am an applicant for employment with the Decatur Police Department. In order to process my application, certain information must be made available to the Chief of the Decatur Police Department and his designees. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (Past and Present); financial institutions of any kind; and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Chief of Police of the Decatur Police Department, or to any representative thereof, any document, information, record, or file that is deemed material to the processing of my application for employment. Said information can be furnished if the request is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief or representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Chief or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for the 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 the request in person. **I fully understand that I will be fingerprinted and that my fingerprints will be submitted to the Federal Bureau of Investigation and the Arkansas State Police for the purpose of running a criminal history check.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Affidavit**

I, , being fist duly sworn, deposes and says as follows: I am the person who executed the above authorization. I understand it’s meaning, intention and effect, and that the statements therein are true and correct.

|  |  |
| --- | --- |
| **Signed:** |  |

Subscribed and sworn to before me this day of , .

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Commission Expires |  | Notary Public |