CITY OF FLIPPIN
POLICE DEPARTMENT

Chief John Spence *Asst. Chief Dustin Carter*

Mayor Heith Hogan

Application for Employment

Position Applying For: ☐ **Full Time Officer** ☐ **Part Time Officer** ☐ **Reserve Officer**

Before you begin, read all the information on page one. The application will not be accepted or processed if not completed in full.

The information requested in this application will be used for considering your application for employment with the City of Flippin Police Department. An extensive background investigation will be conducted into your personal history.

Complete this application legibly using a Blue Ink Pen or Typing-Printing. If you have questions regarding the application, contact the City of Flippin Police Department.

Any false, misleading, or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the City of Flippin Police Department.

Read each question carefully before answering.

Make certain each question is answered. If the question does not apply to you, indicate by writing N/A in the answer blank.

Initial each page on the bottom right-hand corner.

I (Print Full Name) _____ confirm that I have read and understand the information above and that all statements and documents presented to the City of Flippin Police Department are true, correct, complete, and made in good faith.

Signature _____ **Date** _____

239 East Main Street Flippin, Arkansas 72634 Phone: [870]453-8888 Fax: [870] 453-8902 Website: flippincity.gov

PERSONAL HISTORY

LAST NAME FIRST NAME MIDDLE

_____

PHYSICAL STREET ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)

_____

MAILING ADDRESS

_____

TELEPHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

Do you have a valid driver's license? ☐ Yes / ☐ No DATE OF BIRTH: _____

Driver License Number _____ State _____

Are you at least (21) twenty-one years of age? ☐ Yes / ☐ No

Citizenship: ☐ US Born ☐ Naturalized ☐ Other

Have you worked for a County or Municipality before? ☐ Yes / ☐ No

Have you worked for the City of Flippin/Police Department before? ☐ Yes / ☐ No

(If yes, Dates and Explain)

_____

_____

_____

_____

Do you have or have you had any relatives working for the City of Flippin/ Police Department? ☐ Yes / ☐ No

(If Yes, Names and Dates) _____

Have you ever been arrested or convicted of a felony offense or your immediate family? ☐ Yes / ☐ No

(If yes, explain with names and offense along with year)

_____

_____

_____

_____

Initials _____

PERSONAL HISTORY CONTINUED:

Have you ever been arrested or convicted of a misdemeanor offense? ☐ Yes / ☐ No (If yes, explain)

_____

_____

_____

_____

_____

Do you object to wearing a uniform? ☐ Yes / ☐ No

Do you object to working nights? ☐ Yes / ☐ No

Do you object to shift work? ☐ Yes / ☐ No

Do you object to working weekends? ☐ Yes / ☐ No

Do you object to working holidays? ☐ Yes / ☐ No

Do you object to covering shifts as needed to meet the department's needs? ☐ Yes / ☐ No

EMPLOYMENT HISTORY:

Provide employment history for the Past (10) Ten years. Start with your present or most recent Full-time, Part-time, Temporary, and Voluntary employment including Military time in order. Attach additional pages for employment if needed.

Have you ever been reprimanded for being late for work? ☐ Yes / ☐ No

How many times a year have you been late for work? ☐ 0 – 3 / ☐ 4 or More

How many times a year have you called into work? ☐ 0 – 3 / ☐ 4 or More

Have you ever been fired or forced to resign because of misconduct or unsatisfactory job performance?
☐ Yes / ☐ No (If yes, explain)

_____

_____

_____

_____

Have your employers always treated you fairly? ☐ Yes / ☐ No (If yes explain)

_____

_____

_____

_____

Initials ____

EMPLOYMENT HISTORY CONTINUED:

Employer Name _____ Job Title _____

Supervisor Name _____ Phone Number _____

Address _____

Employment Dates (Start) _____ Employment Dates (End) _____

Starting Salary _____ Ending Salary _____

Reason for leaving: _____

May we contact your employer/supervisor? ☐ Yes / ☐ No

Describe Job Duties:

_____

_____

_____

_____

Employer Name _____ Job Title _____

Supervisor Name _____ Phone Number _____

Address _____

Employment Dates (Start) _____ Employment Dates (End) _____

Starting Salary _____ Ending Salary _____

Reason for leaving: _____

May we contact your employer/supervisor? ☐ Yes / ☐ No

Describe Job Duties:

_____

_____

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Initials ____

EMPLOYMENT HISTORY CONTINUED:

Employer Name _____ Job Title _____

Supervisor Name _____ Phone Number _____

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_____

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Address _____

Employment Dates (Start) _____ Employment Dates (End) _____

Starting Salary _____ Ending Salary _____

Reason for leaving: _____

May we contact your employer/supervisor? ☐ Yes / ☐ No

Describe Job Duties:

_____

_____

_____

_____

Initials ____

EMPLOYMENT HISTORY CONTINUED:

Employer Name _____ Job Title _____

Supervisor Name _____ Phone Number _____

Address _____

Employment Dates (Start) _____ Employment Dates (End) _____

Starting Salary _____ Ending Salary _____

Reason for leaving: _____

May we contact your employer/supervisor? ☐ Yes / ☐ No

Describe Job Duties:

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_____

_____

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Employer Name _____ Job Title _____

Supervisor Name _____ Phone Number _____

Address _____

Employment Dates (Start) _____ Employment Dates (End) _____

Starting Salary _____ Ending Salary _____

Reason for leaving: _____

May we contact your employer/supervisor? ☐ Yes / ☐ No

Describe Job Duties:

_____

_____

_____

_____

Initials ____

Education History:

Check One: High School Diploma ☐ GED ☐ Some College ☐ College Diploma ☐

Grade School _____
Location _____
Type of Degree _____

High School _____
Location _____
Type of Degree _____

College _____
Location _____
Type of Degree _____

Other _____
Location _____
Type of Degree _____

Are you a graduate of a certified law enforcement academy? ☐ Yes / ☐ No (If yes, provide the following)
State academy completed in _____ Year of completion _____
Attach a copy of the certification with the application.

Do you have any previous Law Enforcement or related field experience? ☐ Yes / ☐ No (If yes explain)

_____
_____
_____
_____

Do you have any special skills or qualifications you want us to know about?

_____
_____
_____
_____

Initials ____

U.S Military Record:

Have you served in the United States Armed Forces? ☐ Yes / ☐ No

If yes, what branch? _____ Rank _____

Type of Military Discharge _____

(Attach a copy of your DD214 with the application)

Personal References: (List 6 individuals who are not relatives)

1. Name _____
   Address _____
   Phone Number _____

2. Name _____
   Address _____
   Phone Number _____

3. Name _____
   Address _____
   Phone Number _____

4. Name _____
   Address _____
   Phone Number _____

5. Name _____
   Address _____
   Phone Number _____

6. Name _____
   Address _____
   Phone Number _____

Initials ____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the City of Flippin Police Department.

I hereby authorize all law enforcement agencies, the veteran's administration, U.S Army Navy, U.S Air Force, all Military Agencies, all Federal, State, and Local Government Agencies, Schools, Colleges, and Universities to furnish the holder of this release with all available information regarding myself to determine my suitability for employment.

I authorize this release holder to inquire about my present and past employers, and co-workers regarding my character, integrity, reputation, and efficiency.

I (Print Full Name) _____, hereby authorize the City of Flippin Police Department to investigate my background for any records of arrest and /or convictions anywhere in the United States, and that information can be given to the City of Flippin Police Department, as well as the Mayor of the City of Flippin to become part of my application for employment.

Photostatic or Xerox copy of this authorization shall be considered as effective as the original.

THIS AUTHORIZATION, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF FLIPPIN POLICE DEPARTMENT.

Applicant Print:

First Name: _____ Middle Name: _____ Last Name: _____

Signature of Applicant _____ Date _____

Driver License State _____ Driver License Number _____

Initials ____