

# POLICE OFFICER RECRUITMENT

**IT IS IMPORTANT THAT YOU READ ALL INFORMATION INCLUDED & RETURN REQUIRED DOCUMENTS TO THE CITY'S HUMAN RESOURCES DEPARTMENT BY 4:00 P.M. FRIDAY, APRIL 22, 2016.**

THE APPLICATION PACKET CONTAINS THE FOLLOWING INFORMATION:

1. IMPORTANT INFORMATION RELATIVE TO TESTING
2. LISTING OF PHYSICAL FITNESS TESTING COMPONENTS
3. REQUIRED DOCUMENTS LISTING
4. HOT SPRINGS POLICE DEPARTMENT GENERAL INFORMATION
5. HOT SPRINGS POLICE DEPARTMENT APPLICANT DISQUALIFIERS
6. WAIVER AND RELEASE FORM
7. NOTICE AND AUTHORIZATION FOR CREDIT HISTORY
8. PERSONAL HISTORY STATEMENT INCLUDING PERSONAL DECLARATION STATEMENTS

**ALL ITEMS LISTED BELOW MUST BE SUBMITTED WITH YOUR APPLICATION " - 7 k - THAN FRIDAY, APRIL 22, 2016. (UNLESS OTHERWISE NOTED) OR IT MAY BE CONSIDERED INCOMPLETE AND NOT BE ACCEPTED.**

1. Proof of Citizenship and Age
2. DD214 Form for military service, if applicable
3. Credit History Authorization Form included in application
4. Waiver & Release form
5. Proof of High School Graduation or Equivalent
6. Personal History Statement Questionnaire with Personal Declarations

**\*\*\*ALL OF THE ABOVE DOCUMENTS MUST BE LEGIBLE\*\***

**IMPORTANT INFORMATION  
PLEASE READ CAREFULLY**

To apply for police you must:

- ☞ be a citizen of the United States;
- ☞ be at least 21 years of age by April 22, 2016;
- ☞ have a high school diploma or GED;
- ☞ possess a valid driver's license; and
- ☞ not have been convicted of a felony.

**\*\*\*See complete listing of applicant disqualifiers\*\*\***

Completed applications must be received in the Human Resources Office at City Hall no later than 4:00 P.M. on Friday, April 22, 2016. A Notice & Authorization and Waiver and Release form (included with the application form) must also be **NOTARIZED**, completed and returned, together with proof of citizenship, age and high school graduation (or GED). Applications WILL NOT be accepted if they do not include these documents. No applications will be accepted after the due date, and you will not be permitted to take the examination if your application is not on file. If you are returning your application by mail, send all required information to City of Hot Springs Human Resources Office, Post Office Box 700, Hot Springs, Arkansas (71902).

If you have any questions or need assistance in completing the application, do not hesitate to ask us. Please notify us if you are disabled and require special accommodations for any portion of the application process, including tests and interviews.

Human Resources Telephone - (501) 321-6841  
Human Resources Fax - (501) 321-6769  
Human Resources e-mail - [lmcafee@cityhs.net](mailto:lmcafee@cityhs.net)  
Hearing Impaired Telephone - (501) 321-6843

## ATTENTION POLICE OFFICER APPLICANTS

THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH YOUR ORIGINAL HOT SPRINGS POLICE DEPARTMENT EMPLOYMENT APPLICATION.

## PROOF OF HIGH SCHOOL GRADUATION OR EQUIVALENT

*Documents accepted: High School Diploma  
G.E.D. Equivalency Certificate  
Official School Transcript*

AND

## PROOF OF CITIZENSHIP AND AGE

*Documents accepted: Birth Certificate  
Local Voter's Registration  
DD-214  
Family Bible Record  
Religious Document  
Naturalization or Other Citizenship Record*

AND

## DD-214

(MILITARY DISCHARGE PAPERS)  
ONLY IF YOU HAVE BEEN ENLISTED WITH MILITARY SERVICE

# City of Hot Springs Police Department Hiring Process Physical Fitness Testing Components

The fitness standards are as follows:

Testing Components	Minimum
Push-Ups (one minute)	25
300 Meter Sprint	1:06
Sit-Ups (one minute)	30
1.5 Mile Run	15:54

If an applicant fails two of the four testing components, the applicant is disqualified.

If an applicant fails one component, with the exception on the 1.5 mile run you may re-test after all testing is complete.

Come to the exam in loose fitting workout clothes, including running shoes. Be sure to bring any necessary items, (i.e. bottled water, towels, iPod, etc.) that might help your performance.

Applicants will be required to sign a hold-harmless waiver as a condition of participating in the testing.

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## **GENERAL INFORMATION**

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The City of Hot Springs Police Department is divided into three sub departments:

- ◆ OPERATIONS (all sworn law enforcement personnel)
- ◆ COMMUNICATIONS (all dispatchers/radio operators)
- ◆ CLERICAL (all clerical personnel)

Police Operations includes three divisions, each headed by a Captain:

- 1) Patrol Division
- 2) Criminal Investigation Division
- 3) Professional Standards

Each officer is regularly assigned to a specific section/shift; however, from time to time, an officer may be transferred from one to another or from one division to another.

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## **APPLICANT REQUIREMENTS**

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To be eligible for employment with the City of Hot Springs Police Department, applicants must:

- ◆ be a citizen of the United States;
- ◆ be at least 21 years of age;
- ◆ not have been convicted of a felony;
- ◆ have a high school diploma or GED; and
- ◆ possess a valid driver's license

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## **APPLICATION & HIRING PROCESS**

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Applicant testing is generally administered once each year on the first Monday in October. Application forms are available in the Human Resources Department at City Hall approximately one month prior to testing and must be completed prior to the written exam. Proof of citizenship, age and high school graduation (or GED) must also be furnished at this time. Acceptable documents for proof of citizenship and age are:

- ◆ Birth Certificate
- ◆ Family Bible Record
- ◆ Religious Document
- ◆ DD-214
- ◆ Local Voter's Registration
- ◆ Naturalization or Other Citizenship Record

A physical fitness test must be successfully completed as well as a written examination with

a score of 70% or higher to qualify for a personal interview with the City of Hot Springs Civil Service Commission.

After the interviews, the Civil Service Commissioners will rate each interviewed applicant based on their qualifications for becoming a police officer. Those applicants who accumulate enough total points during this process will then be placed on an eligibility list in the order of ranking; i.e., the applicant scoring the highest number of points will be #1, the applicant scoring the second highest number of points will be #2, etc.

When a vacancy occurs, the Police Chief has the option of selecting from the top three candidates on the eligibility list at that time. Once the Chief has made this selection, a thorough background investigation will be conducted on the selected individual. If the results of this investigation are satisfactory, a conditional offer of employment will then be extended, subject to the successful completion of psychological and medical examinations, as well as a negative drug test.

If a candidate is disqualified at any time during the above procedure, his/her name will be removed from the eligibility list, and the Chief will then make another selection from the top three remaining candidates on the list.

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## **EMPLOYMENT STATUS**

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All newly hired police officers serve a probationary period of one year, during which time they may be discharged by the Police Chief. Upon satisfactory completion of the probationary period, a police officer has achieved permanent status and is then governed by the City of Hot Springs Civil Service Commission.

All new hires are classified as Police Officer. Promotional guidelines are outlined by the department's promotion system.

During an officer's first year of employment, s/he will be required to attend the Police Training Academy. This training generally extends for a 12-week period; your regular pay from the City is continued while you are attending training. Officers who are certified through another state may only be required to attend a refresher course. These cases are reviewed on an individual basis.

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## **EMPLOYEE BENEFITS**

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***Annual Vacation Leave*** - 120 Hours Per Year + 8 hours for each year of uninterrupted service in excess of five years, to a maximum of 200 Hours Per Year

***Discretionary Leave*** - 24 Hours Per Year

***Sick Leave*** - 6.1 Hours Per Biweekly Period to a Maximum of 480 Hours

***Longevity Pay*** - \$2.50 Per Month after first year of service, to a maximum of \$900; paid biweekly

***Insurance*** - Medical/Dental/Life/AD&D; employee coverage paid for by City; dependent coverage available and paid for by the employee

***Pension*** - Employee contribution of 8.5% of gross wages; City also contributes

***Uniform Allowance*** - \$1200 at time of hire; \$1200 per year after 6 months, paid biweekly

***Educational Incentive*** - After completion of the one year probationary period, police officers are eligible to receive an additional \$135 per month for an Associate's Degree; \$200 per month for a Bachelor's Degree; and \$250 per month for a Master's Degree; paid biweekly

***Certificate Pay*** - \$50/Month for General; \$100/Month for Intermediate; \$150/Month for Advanced; \$200/Month for Senior; paid biweekly

***Available Options*** - Deferred Compensation; Credit Union; Supplemental Insurance

***Salary*** - Current entry-level salary for police officers is \$36,089 annually (including holiday pay)

## **HOT SPRINGS POLICE DEPARTMENT APPLICANT DISQUALIFIERS**

In addition to the minimum requirements and physical and psychological standards, the Hot Springs Police Department has established guidelines regarding elements of an applicant's personal history that, if present, could cause an applicant to be eliminated from consideration. These elements include:

### **I. Contradictory Information**

A. Contradictory information may serve as a ground for disqualification, or may be given appropriate weight in the decision to reject or approve an applicant. When the contradiction is restricted to information supplied by the applicant, or to admission of the applicant, the applicant shall be advised of the contradiction and be given a fair and equitable opportunity to explain. Where the contradiction is based upon information supplied from the third person under assurance of confidentiality, the degree of specificity and detail provided to the applicant shall be as much as can reasonably be provided without disclosing or jeopardizing the source of the confidential information.

B. An applicant **shall** be disqualified if he/she falsifies, inaccurately reports, or omits information. When false, inaccurate, or omitted information is discovered, and it cannot be determined that the contradicted information was intentional, the applicant may be considered.

C. An applicant who has been found to have falsified, inaccurately reported or omits information in their application **may** be subject to disciplinary action, including termination, if already hired.

D. The applicant shall be advised of a contradiction and given an opportunity to respond.

### **II. Credit and Financial Responsibility**

A. An applicant's history of credit problems as evidence of financial irresponsibility **may** be considered and/or serve as a basis for disqualification. An applicant **may** be disqualified until the selection criteria are met if, at the time of the application, the applicant:

1. Has a total of at least \$1,000.00 in debts, other than for medical or hospital services, which are past due by at least 90 days;
2. Has experienced, within the 24 months preceding the application, at least two collection actions (either accounts placed for collection with a collection agency or lawsuits filed); or
3. Has been listed as being delinquent on student loan payments granted by any governmental entity.

B. An applicant **shall** be disqualified for defrauding his/her creditors.

C. Before any effort is made to obtain a consumer report, the applicant will be notified in writing and the applicant's written authorization obtained.



D. If a negative report is a factor in denying an applicant a job, the procedures required by the Fair Credit Reporting Act will be followed.

E. Applicants will be given the opportunity to respond to information in a credit report.

### **III. Criminal Behavior**

#### **A. General Provisions:**

1. An applicant **shall** be subject to a search of local, state and national records to disclose any criminal record.

2. Criminal behavior on the part of an applicant, regardless of the date of the offense and whether identified by conviction or admission, will be examined very closely. Criminal behavior **may** result in disqualification depending on such factors as the age of the applicant at the time the offense was committed, how long ago the offense was committed, frequency and/or severity of the offense.

3. An applicant whom has received probation, or has pled no contest or received deferred adjudication for a criminal offense, **shall** be considered to have been convicted of that offense, unless:

a. The person is pardoned of the offense, and the pardon is expressly granted for subsequent proof of innocence, or

b. The conviction is expunged by a court of United States or Arkansas having legal jurisdiction over the conviction, or executive governing body having legal jurisdiction over the conviction.

4. An applicant whom is under indictment pending trial for a criminal offense (other than traffic violations) at any time during the application process **may** be disqualified.

5. An applicant **shall** be disqualified for a conviction of any crime of moral turpitude, regardless of classification.

6. If there is a final order of expunction for an offense, the expunged records will not be used.

#### **B. Juvenile Criminal Behavior**

1. Juvenile criminal behavior, identified by an available record of convictions or admissions, may be considered for disqualification and accorded appropriate weight, depending upon the relevant surrounding facts and circumstances.

2. An applicant **shall** be disqualified if:

a. As a juvenile, the applicant committed a felony for which the applicant was tried and convicted as an adult.

b. As a juvenile, the applicant committed a crime involving the infliction of, or an attempt to inflict serious physical injury on another person; an attempt to commit, or the commission of a sexual assault upon another person; or the use of a deadly weapon.

3. Juvenile thefts will be assessed in the same manner as adult thefts.

### C. Adult Criminal Behavior

#### 1. Felony Offenses

a. An applicant **shall** be disqualified if convicted of any felony offense.

#### 2. Misdemeanor Offenses

An applicant **shall** be disqualified:

a. If convicted of any Class A Misdemeanor of violence.

3. An applicant **may** be disqualified upon admission or revelation that they committed any other misdemeanor offense. Each incident will be evaluated on a case by case basis and factors such as the age of the applicant at the time of the offense was committed, how long ago the offense was committed, frequency and/or severity of the offense, and other circumstances surrounding the offense will be considered.

### IV. Failure to Meet Child Support Obligations

A. An applicant **shall** be disqualified if it is determined that the applicant is not current in child support payments.

B. The department will not use a withholding order as grounds for denial of employment.

### V. Unlawful Drug Usage

A. The below listed criteria **shall** result in disqualification of any applicant for a conviction of or upon admission or revelation through investigation of:

1. Unlawful manufacture or delivery of controlled substance.

2. A positive response from a drug screen to any controlled substance not prescribed by a medical doctor.

3. The unlawful use of any schedule I or schedule II controlled substance in the last 7 years (excluding marijuana).

4. The unlawful use of any schedule III or schedule IV controlled substance in the last 5 years.

5. The unlawful use of any schedule V controlled substance, marijuana, synthetic marijuana, or THC in any form in the last 3 years.

a. The current controlled substance scheduling act published by the Drug Enforcement Agency will be used to determine the scheduling of drugs.

6. The delivery of Marijuana in any amount greater than a single use amount.

B. The below listed criteria **may** result in disqualification of an applicant upon admission or revelation through investigation:

1. Habitual abuse of any controlled substance regardless of time elapsed since last use.

2. Permitting the illegal use or delivery of controlled substances.

## **VI. Driving Offenses**

A. The applicant **may** be disqualified, if:

1. The applicant has more than three (3) moving violations or two (2) at-fault accidents within the preceding 24 month period.

2. The applicant has any DWI or DUID conviction during the preceding 5 year period.

B. The applicant **shall** be disqualified, if the applicant does not have a valid driver's license at the time of employment.

## **VII. Military Service**

A. The applicant **shall** be disqualified, if:

1. The applicant has been discharged from any military service under less than honorable conditions including, specifically:

a. Under other than honorable conditions;

b. Bad Conduct;

c. Dishonorable;

d. Any other characterization of service indicating bad character.

B. Any military arrest or conviction according to the Uniform Code of Military Justice **shall** be considered in the same manner as a civilian arrest or conviction.

## VIII. Nepotism

- A. No applicant shall be hired, if it would place them under the immediate supervision of a relative. The term “relative” shall mean all persons related by blood, spouse’s blood relatives, legal adoptions and guardianships.
- B. No person shall be hired if they are a relative of anyone currently holding a rank higher than lieutenant within the organizational structure of the police department.
- C. No applicant shall be hired if it would place them into a position under the immediate supervision of an employee living with the applicant in a spousal relationship, though unmarried, or engaged in a consensual social relationship, such as “dating.”

## IX. Oral Board Interviews

- A. Any applicant who fails an oral board interview must wait one year in order to retest.

### **Applicant’s Opportunity to Respond**

An applicant **may** be given an opportunity to respond to a disqualification.

Approved by: **Interim Chief of Police, Jason Stachey**

**APPLICATION FOR EMPLOYMENT  
PROBATIONARY POLICE OFFICER  
City of Hot Springs, Arkansas**

***(HANDWRITTEN APPLICATION MUST BE COMPLETED IN INK AND LEGIBLE)***

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Where Issued \_\_\_\_\_

Where were you born? \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_

Have you ever been a member of the U.S. Armed Forces? \_\_\_\_ Branch \_\_\_\_\_

Enlistment Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Do you have any relatives working for the Hot Springs Police Department? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", list name(s) and relationship \_\_\_\_\_

Are you physically capable of performing the duties of a police officer? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to undergo complete medical and psychological exams? \_\_\_\_ Yes \_\_\_\_ No

What is your practice regarding the use of intoxicating beverages? \_\_\_\_\_

Do you use narcotics in any form? \_\_\_\_\_ If "Yes", explain

**EDUCATION RECORD**

***HIGH SCHOOL***

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Date Graduated or Obtained GED \_\_\_\_\_

***COLLEGE***

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Major/Degree \_\_\_\_\_

***BUSINESS SCHOOL***

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Course of Study \_\_\_\_\_

Certificate/Degree Earned \_\_\_\_\_

***TRADE OR OTHER SCHOOL***

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Course of Study \_\_\_\_\_

Certificate/Degree Earned \_\_\_\_\_

***OTHER SCHOOL(S) ATTENDED AND/OR SPECIAL EDUCATIONAL ACHIEVEMENTS:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

***(LIST BELOW, BEGINNING WITH YOUR MOST RECENT JOB, ALL PRESENT AND PAST EMPLOYMENT. INCLUDE PAID, UNPAID, FULL, ETC. ATTACH ADDITIONAL PAGES IF NECESSARY. A RESUME WILL NOT SUBSTITUTE FOR THIS APPLICATION BUT MAY BE ATTACHED.)***

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

May we contact the employer(s) listed? \_\_\_\_\_ If "No", indicate which one(s) you do **not** wish us to contact:

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

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(Name, Address and Phone)

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(Name, Address and Phone)

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(Name, Address and Phone)

**CERTIFICATION AND CONSENT**

***YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS CERTIFICATION AND CONSENT IS NOT SIGNED AND DATED***

I certify that the information set forth in my application for employment is true and complete to the best of my knowledge. I authorize the City of Hot Springs to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from any liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application and/or interview(s) will be considered sufficient cause for dismissal. I understand that I will be required to abide by all rules and regulations of the City of Hot Springs Board of Civil Service Commissioners.

I agree to submit to pre-employment drug testing. I understand that any offer of employment will be conditional upon completing such test with a negative result. I further understand that a positive test will result in my ineligibility for employment with the City of Hot Springs for a period of at least six (6) months. At any time after the end of the six-month period, I understand that, if I am again selected for hire, I will be required to undergo another drug test at that time with the same requirements and restrictions as applied to the initial testing.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



## NOTICE AND AUTHORIZATION

This is to notify you that a consumer report of your credit history may be obtained as part of the background investigation relative to your application for employment with the City of Hot Springs Police Department. Your signature below constitutes your authorization for the City of Hot Springs to obtain such a report. If any adverse action (non-hire) is taken based on the consumer report, you will be provided with a copy of the report and a summary of your rights.

I hereby authorize the City of Hot Springs Police Department to obtain a consumer report on my credit history.

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Applicant Signature

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Date

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Printed or Typed Name of Applicant

**This Notice & Authorization must be signed and dated and returned to the City of Hot Springs Human Resources Office with your application and related documents.**

**PLEASE HAVE THIS FORM  
NOTARIZED**

**HOT SPRINGS POLICE DEPARTMENT  
WAIVER AND RELEASE OF ALL CLAIMS  
And  
WAIVER OF RIGHT TO INSPECT  
BACKGROUND INVESTIGATION**

I \_\_\_\_\_, am applying for the position of Police Officer with the HOT SPRINGS POLICE DEPARTMENT (HSPD). I understand that, in order to gauge my fitness for the position, the HSPD must conduct a thorough and complete background investigation. I understand that, to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A) consent to HSPD's conducting the background investigation;
- B) waive any and all claims I might otherwise have against those individuals who cooperate and provide information to the HSPD, and;
- C) waive my right to review any portion of my background investigation.

**WHEREFORE**

I \_\_\_\_\_, for and in consideration of HSPD's consideration of my application for the position of Police Officer, do hereby specifically authorize the HSPD to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and, further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the HSPD and/or any of its officials or employees that may otherwise accrue to me as a result of HSPD's conducting the investigation. I understand that, in the event I suffer any injury of any kind as a result of the HSPD's conducting of this background investigation, I am herein

Initial \_\_\_\_\_

forfeiting any and all right to bring legal action against or seek redress in the courts from HSPD or any of its officials or employees, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of HSPD's consideration of my application for the position of Police Officer, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the HSPD and to provide to the HSPD, or any of its officials or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conducting of the background investigation or release of information to the HSPD or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conducting of the background investigation or release of information to the HSPD, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individual's negligence or any other failure on the individuals part to satisfy any duty owed me.

Initial \_\_\_\_\_

And, also for and in consideration of the HSPD's consideration of my application for the position of Police Officer, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Arkansas's Freedom of Information Act, Ark. Code Ann 24-19-101, et. seg., to review and/or copy the background investigation completed on me or any part thereof.

A copy of this Waiver and Release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position of Police Officer, this Waiver and Release shall be effective for a period of one (1) year from the date of my execution hereof. My waiver of the right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the Laws of the State of Arkansas and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and are not a mere recital.

Initial \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I have carefully read the above and foregoing Waiver and Release in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Do Not Write Below This Line**

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**SUBSCRIBED AND SWORN** before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

**CITY OF HOT SPRINGS, ARKANSAS**

**PERSONAL HISTORY STATEMENT**

*Instructions: Fill out this questionnaire completely and accurately. All Statements 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. All responses must be typed or printed legibly in ink.*

**PERSONAL**

1. Name \_\_\_\_\_  
(First (Middle) (Last) Social Security Number

Nicknames or Aliases \_\_\_\_\_

2. Height \_\_\_\_\_ (Inches) Weight \_\_\_\_\_ (Pounds)

3. Present Mailing Address \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

5. Citizenship \_\_\_ U.S. Born \_\_\_ U.S. Naturalized \_\_\_ Other(\_\_\_\_\_)

6. List Organizations, Club 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. Name of Spouse or Fiance(e) \_\_\_\_\_

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

If not, state reason(s) \_\_\_\_\_  
\_\_\_\_\_

11. If you have ever been separated or divorced, explain \_\_\_\_\_  
\_\_\_\_\_

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

Father \_\_\_\_\_  
(Name) (Address)

Mother \_\_\_\_\_  
(Name) (Address)

13. List below every child born to you:

<u>Name</u>	<u>Birth Date</u>	<u>Place of Birth</u>	<u>With Whom Resides</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are you now supporting all children born to you, adopted by you and stepchildren? \_\_\_Yes \_\_\_No  
If not, give details \_\_\_\_\_

15. Have you ever been involved as a defendant in a paternity proceeding? \_\_\_Yes \_\_\_No

If "Yes", give details \_\_\_\_\_

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:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FAMILY HISTORY**

17. List your parents, brothers and sisters:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
Father _____	_____	_____
Mother _____	_____	_____
Bro/Sis _____	_____	_____
Bro/Sis _____	_____	_____
Bro/Sis _____	_____	_____



18. If any member of your immediate family has ever been arrested for or convicted of a felony offense, explain:

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**FINANCIAL**

19. Total Amount of Life Insurance \_\_\_\_\_

20. Do you have a savings account?    \_\_\_ Yes        \_\_\_ No

Amount \_\_\_\_\_        Bank \_\_\_\_\_        City & State \_\_\_\_\_  
Amount \_\_\_\_\_        Bank \_\_\_\_\_        City & State \_\_\_\_\_

21. Do you have a checking account?    \_\_\_ Yes        \_\_\_ No

Amount \_\_\_\_\_        Bank \_\_\_\_\_        City & State \_\_\_\_\_  
Amount \_\_\_\_\_        Bank \_\_\_\_\_        City & State \_\_\_\_\_

22. List Investments such as stocks, bonds, etc. \_\_\_\_\_

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

Amount Invested \_\_\_\_\_        Bank/Company \_\_\_\_\_  
City/State \_\_\_\_\_

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

Amount Invested \_\_\_\_\_        Bank/Company \_\_\_\_\_  
City/State \_\_\_\_\_

25. List motor vehicles that you own or are buying or leasing:

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(Make)                      (Model)                      (Year)                      (Amount Owed)

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(Make)                      (Model)                      (Year)                      (Amount Owed)

26. What income other than salary do you have at present (including spouse's salary)?

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27. List Credit References:

- a) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_
- b) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_
- c) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_
- d) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & 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? \_\_\_\_\_ If "Yes", give details \_\_\_\_\_

**RESIDENCES**

31. List addresses for past ten years starting with present address at top:

<u>From</u> <u>Mon/Yr</u>	<u>To</u> <u>Mon/Yr</u>	<u>Address</u>	<u>Landlord</u>

**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)

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 not, 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; include temporary and part-time jobs.

Title of Present or Last Position _____	
Starting Salary _____	Last Salary _____ Dates Employed _____
____ Full-Time (____ Years ____ Months)	____ Part-Time (____ Years ____ Months)
Name and Title of Supervisor _____	
Number of Employees Supervised by You ____	Your Duties _____
_____	
Employer _____	Address _____
Reason for Leaving _____	

Title of Present or Last Position _____	
Starting Salary _____	Last Salary _____ Dates Employed _____
____ Full-Time (____ Years ____ Months)	____ Part-Time (____ Years ____ Months)
Name and Title of Supervisor _____	
Number of Employees Supervised by You ____	Your Duties _____
_____	
Employer _____	Address _____
Reason for Leaving _____	

Title of Present or Last Position _____	
Starting Salary _____	Last Salary _____ Dates Employed _____
____ Full-Time (____ Years ____ Months)	____ Part-Time (____ Years ____ Months)
Name and Title of Supervisor _____	
Number of Employees Supervised by You ____	Your Duties _____
_____	
Employer _____	Address _____
Reason for Leaving _____	

Title of Present or Last Position _____	
Starting Salary _____	Last Salary _____ Dates Employed _____
____ Full-Time (____ Years ____ Months)	____ Part-Time (____ Years ____ Months)
Name and Title of Supervisor _____	
Number of Employees Supervised by You ____	Your Duties _____
_____	
Employer _____	Address _____
Reason for Leaving _____	

39. List any claims you have filed for workers' compensation \_\_\_\_\_  
 \_\_\_\_\_
40. List any past or present physical disabilities \_\_\_\_\_  
 \_\_\_\_\_
41. Describe any extended absences from work you have had because of personal illness \_\_\_\_\_  
 \_\_\_\_\_
42. Have you previously submitted an application for employment with this agency? \_\_\_Yes \_\_\_No  
 If "Yes", list approximate date(s) \_\_\_\_\_

**MILITARY SERVICE**

43. Were you ever in the U.S. Military Service or any other military organization? \_\_\_Yes \_\_\_No  
 Branch \_\_\_\_\_ Unit \_\_\_\_\_ Service Number \_\_\_\_\_  
 Date of Enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Highest Rank \_\_\_\_\_
44. List Medals and Decorations \_\_\_\_\_  
 \_\_\_\_\_
45. Type of Discharge \_\_\_\_\_
46. If you are presently a member of the National Guard or any military reserve, give the unit and location and describe your obligation: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

47. List all schools attended:
- |         | <u>Name of School</u> | <u>City &amp; State</u> | <u>From/To</u> | <u>Yrs. Completed</u> |
|---------|-----------------------|-------------------------|----------------|-----------------------|
| Grade   | _____                 | _____                   | _____          | _____                 |
| High    | _____                 | _____                   | _____          | _____                 |
| College | _____                 | _____                   | _____          | _____                 |
| Other   | _____                 | _____                   | _____          | _____                 |
| Other   | _____                 | _____                   | _____          | _____                 |
48. Did you either graduate from high school or pass the high school equivalency test? \_\_\_\_\_
49. List college degree(s) received and major field(s). Include incomplete courses. \_\_\_\_\_  
 \_\_\_\_\_
50. Were you ever expelled from any school, or were you ever disciplined by any school official? \_\_\_  
 If "Yes", explain \_\_\_\_\_  
 \_\_\_\_\_

**ARREST & 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.)**

51. Have you ever been arrested or detained by police? \_\_\_ Yes \_\_\_ No If "Yes", give details:  
a. Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_  
b. Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_
52. Have you ever been placed on probation? \_\_\_ If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_
53. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_ If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_
54. Have you ever been reported as a missing person or as a runaway? \_\_\_ If "Yes", give details,  
including jurisdiction, dates and outcome \_\_\_\_\_  
\_\_\_\_\_
55. Were you ever court-martialed, tried on charges or 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?  
\_\_\_ If "Yes", explain \_\_\_\_\_  
\_\_\_\_\_
56. List any disciplinary action taken against you in the National Guard or other reserve unit \_\_\_\_\_  
\_\_\_\_\_
57. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. The  
information you provide will be checked with the FBI and other agencies.  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_
58. Can you operate a motor vehicle? \_\_\_\_\_
59. Do you possess a valid operator's license from the State of Arkansas? \_\_\_\_\_  
Operator's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_
60. Do you possess an operator's license issued by any state other than Arkansas? \_\_\_\_\_
61. Was your license ever suspended or revoked? \_\_\_ If "Yes", state which and give reason \_\_\_\_\_  
\_\_\_\_\_
62. Was your license ever restored? \_\_\_ If "Yes", state when \_\_\_\_\_
63. Have you ever been refused an operator's license by any state? \_\_\_\_\_
64. Have your driving privileges ever been restricted? \_\_\_ If "Yes", give details \_\_\_\_\_

65. Has a motor vehicle being driven by you ever been involved in an accident? \_\_\_\_\_ If "Yes", give complete details for each accident whether collision or non-collision:

a. Date \_\_\_\_\_ Location \_\_\_\_\_  
Police Investigation \_\_\_\_\_ Yes \_\_\_\_\_ No Cause of Accident \_\_\_\_\_

b. Date \_\_\_\_\_ Location \_\_\_\_\_  
Police Investigation \_\_\_\_\_ Yes \_\_\_\_\_ No Cause of Accident \_\_\_\_\_

66. List any convictions for minor traffic violations:

<u>Location</u>	<u>Date</u>	<u>Nature of Violation</u>	<u>Penalty/Disposition</u>
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**ATTITUDES**

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


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


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


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

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**CAREER OBJECTIVES**

71. Briefly explain your reasons for applying for this position.

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**CERTIFICATION**

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

\_\_\_\_\_  
(Signature in Full)

\_\_\_\_\_  
(Date Signed)

# PERSONAL DECLARATIONS

Drug use covers all terms used to describe the ingestion of any of the listed types into a person's system.  
 Example: experimented, tried, etc.

Have you used:

Substance	Yes/No	Approximate First Date Used	Approximate Last Date Used	Total Number of Times Used
PCP (Angel Dust)				
THC (Hashish/Marijuana)				
LSD				
Heroin				
Cocaine				
Amphetamine/Methamphetamines				
Ecstasy/XTC/Ice				
Inhalants (glue/paint)				
GHB/Rohypnol (date-rape drug)				
Steroids (Other than prescription)				
Any other recreational/prescription or non-prescription drugs				

If you answered yes to any of the above questions, please explain circumstances:

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PERSONAL DECLARATIONS/DRUG USE (Continued)**

Have you ever possessed any of the items specified on previous page?

Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever sold any of the items specified on previous page?

Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever bought any of the items specified on previous page?

Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug?

Yes  No

What drug? \_\_\_\_\_ How were you involved? \_\_\_\_\_

Have you ever been involved in the delivery of any illegal drugs to another person?

Yes  No

If yes, please explain \_\_\_\_\_

Have you ever transported any illegal drugs across a state of U.S. border?

Yes  No

If yes, please explain \_\_\_\_\_

Have you ever cultivated or grown any illegal drug or substance?

Yes  No

If yes, please explain \_\_\_\_\_

Have you ever used prescription or over the counter medication or products for any purpose other than intended or those listed in the directions, or grossly exceeded the recommended dosage?

Yes  No

If yes, please explain \_\_\_\_\_

Have you ever taken prescription medication not prescribed for you?

Yes  No

If yes, what type? \_\_\_\_\_

From whom? (relation) \_\_\_\_\_ When? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ALCOHOL USE

Do you use alcoholic products?

Yes  No

If yes, how often do you drink and approximately how much at any given time? \_\_\_\_\_

Have you ever consumed alcohol during work, in violation of company policy or procedures?

Yes  No

Have you ever been disciplined as a result of an alcohol related incident?

Yes  No

Have you ever sought medical help or counseling for alcohol/substance abuse related reasons?

Yes  No

Have you ever consumed alcohol as a minor? If yes, at what age(s)? \_\_\_\_\_

Yes  No                      Provided by whom? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_