



PINE BLUFF POLICE DEPARTMENT
200 EAST 8TH Avenue
Pine Bluff, Arkansas 71601



APPLICATION

Employment Requirements

- **Citizen of the United States**
- **At least 21 years of age**
- **Possess a valid driver's license**
- **Must pass test and successfully complete medical and related examinations and evaluations**
- **A comprehensive background investigation will be conducted**
- **Must have acceptable vision (uncorrected visual acuity must not exceed 20/100 in either eye, correctable to 20/20 or better in each eye)**
- **Must possess normal hearing in each ear**
- **Must establish residency consistent with City residency requirements**
- **High school diploma or GED equivalent**

Applicant Disqualifications

1. Having a conviction for, being under indictment for, or currently charged with any felony offense.
2. Having a conviction for or currently charged **with a "class A, B," class "C" or any unclassified misdemeanor, which in the opinion of a majority of the Interviewing Board would call into question the moral character or judgment of the applicant.**
3. Having a conviction for a class A misdemeanor offense consisting of Domestic Violence/Domestic Abuse.
4. Having a conviction for driving under the influence (DWI or DUI) within **three (3) years** preceding the date of application, or more than one conviction at any time.
5. Currently being on probation for any felony offense, or any offense involving moral character.
6. Illegal use of any controlled substance, except for the use of marijuana more than **three (3) years from the date of the application.**
7. Having an excessive record of traffic convictions or negligent traffic collisions.
8. Not being of good moral character, or being known to habitually associate with those of questionable moral character.
9. Having been discharged from military service with a dishonorable discharge, or a general discharge indicating (a) bad conduct, or (b) any other characterization indicating bad character.
10. Being a member of any organization which advocates the overthrow of the government by force or violence.
11. Having been discharged from any commissioned or recruit position within law enforcement agency for disciplinary reasons, resigning to avoid suspension or discharge or having resigned during a disciplinary investigation without a final judgment being rendered.

12. Having resigned or being terminated from the Pine Bluff Police Department due to a lack or proficiency in an academic or skill area will disqualify the applicant for a period of twelve months from the date of resignation or termination.
13. Failing to cooperate fully with and keep all scheduled appointments with staff personnel involved in the selection process, failing to provide added personal information as needed, or failing to submit information update/ changes within ten days of the change; refusal to submit, if requested, to a polygraph exam to resolve any conflicts which might arise during the background investigation.
14. Making any false statements of fact, being deception by statement or omission in the applicant screening process. Disqualification is for a minimum of two years from the date of application.
15. Failure to supply the needed documents and/or submit the application within the specified time limits.
16. Making false statement, falsely swearing to statements or in any other manner falsifying testimony in any official matter or in any significant business transaction...
17. Without being specifically enumerated in the above disqualifications if circumstances exist which indicate the applicant is clearly unsuited for a career with the Pine Bluff Police Department, the applicant will be rejected.

All interpretations regarding these rules will be made by the Chief of Police or his/her designee.

Pine Bluff Police Department



Serving With Dignity & Respect

PINE BLUFF POLICE DEPARTMENT

NAME: _____ SSN: _____
 First Middle Last

Maiden/Nickname/Aliases _____

Height: _____ inches Weight: _____ lbs

Present Mailing Address: _____
 Number & Street City State Zip

Telephone Number: Home: _____ Cell: _____

Citizenship: U.S. Born U.S. Naturalized Other – Specify

Date of Birth _____ Place of Birth _____

Have you applied and/or taken computer test, Yes / No If yes, when _____

Military Yes ____ No ____ Enlisted _____

Discharged _____

Driver's License # _____ Male Female

APPLICANT QUESTIONNAIRE

ANSWER EACH QUESTION TRUTHFULLY, ANSWERS ARE SUBJECT TO REVIEW FOR APPLICANT ELGIBILITY

Do you have a conviction for, currently under indictment, or currently charged with a felony offense? Yes No

Do you have a conviction for or currently charged with a Class "A", "B", "C" or any Unclassified misdemeanor. If so, your continued eligibility will be decided by the opinion of majority of the Interviewing Board would call into question the moral character or judgment of the applicant. Yes No

Have you ever been convicted for a Class "A" misdemeanor offense consisting of Domestic Violence / Domestic Abuse? Yes No

Have you ever been convicted for driving under the influence (DWI or DUI) within the last three (3) years preceding the date of application, or more than one conviction for any time period? Yes No

Are you currently on probation for any felony offense, or any offense involving moral character? Yes No

Have you used and/or experimented with marijuana within the last three (3) years preceding the date of application? Yes No

Have you used and/or experimented with any other illegal drug such as cocaine, methamphetamine, LSD, ecstasy, etc? Yes No

Have you been discharged from any commissioned or recruit position within a law enforcement agency for disciplinary reasons, resigning to avoid suspension or discharge or having resigned during a disciplinary investigation without a final judgment being rendered? Yes No

Are you currently a certified officer, employed by a law enforcement agency Yes No

How did you learn of this position?

Newspaper Internet Recruitment Other _____

.....
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

NOTICE: False swearing is a Class A Misdemeanor, punishable under Arkansas Code 5-53-103

.....
SWORN AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:_____

**PINE BLUFF POLICE DEPARTMENT
BACKGROUND INVESTIGATION WAIVER**

LAST NAME _____ FIRST _____ MIDDLE _____
(PRINT) (PRINT) (PRINT)

PLACE OF BIRTH _____ COUNTY OR CITY _____

STATE _____ COUNTRY _____ BIRTH NAME _____

SEX _____ RACE _____ DATE OF BIRTH _____ SSN _____

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 Pine Bluff Police Department, whether the said records are of public, private or confidential nature. This release authorizes all persons, employers, partnerships, corporations, all civilians and government entities, military agencies, law enforcement agencies, private, city, country, state and federal entities to release any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a law enforcement officer.

The intent of this release is to give my consent for full and complete disclosure of the records of educational, financial or credit institutions, including but not limited to credit reports or ratings, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations, personnel files, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaints, arrests trials and or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations, reason for terminations/resignations; records of complaints of a civil nature made by or against me, wheresoever 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 an 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 Pine Bluff Police Department 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 my information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon release authorization will be considered in determining my suitability for employment by the Pine Bluff Police Department. I understand that all materials pertaining to this background investigation become the property of the Pine Bluff Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and their 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 and agree that in the event my application is disapproved, the sources of confidential information will not be revealed to me through any court process/action and that I further waive all rights to such information under any federal, state or local law.

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

(MUST BE SIGNED IN THE PRESENCE OF A NOTARY)

Signature

Date: _____

Subscribed and sworn before me this ___ day of _____, 20__.

NOTARY _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Contained Within the Office of Child Support Enforcement – (PB, AR)

I hereby request that the office of Child Support Enforcement release any information their files may contain indicating the undersigned applicant as an offender of true report of child support. This information should be addressed to:

PINE BLUFF POLICE DEPARTMENT, ATTENTION: LT. DONNA FRATESI – IAD

3039 WEST 28TH, PINE BLUFF, ARKANSAS 71603

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

_____	_____
Applicant's Name	Social Security Number
_____	_____
Maiden Name / Aliases	Race Age Date of Birth
Past Addresses:	
From: _____ to _____	Full Name of Child Date of Birth
Past Addresses:	
From: _____ to _____	Full Name of Child Date of Birth
Past Addresses:	
From: _____ to _____	Full Name of Child Date of Birth
Past Addresses:	
From: _____ to _____	Full Name of Child Date of Birth
Past Addresses:	
From: _____ to _____	Full Name of Child Date of Birth
Past Addresses:	
From: _____ to _____	Full Name of Child Date of Birth

Applicant's Signature

COUNTY OF _____ STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20__.

Notary Public

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Contained Within the Arkansas Child Maltreatment **Central Registry**

I hereby request that the Arkansas Child Maltreatment **Central Registry** release any information their files may contain indicating the undersigned applicant as an offender or true report of child maltreatment. This information should be addressed to the address shown below. Please note that Central Registry now have a "clear" stamp, it will appear on the back of this form. As in the past, if there is a true report, the form will not be stamped.

PINE BLUFF POLICE DEPARTMENT, ATTENTION: **LT. DONNA FRATESI – IAD**

3039 WEST 28TH, PINE BLUFF, ARKANSAS 71603

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name

Social Security Number

Maiden Name / Aliases

Race Age Date of Birth

Past Addresses:

From: _____ to _____

Full Name of Child Date of Birth

Past Addresses:

From: _____ to _____

Full Name of Child Date of Birth

Past Addresses:

From: _____ to _____

Full Name of Child Date of Birth

Past Addresses:

From: _____ to _____

Full Name of Child Date of Birth

Past Addresses:

From: _____ to _____

Full Name of Child Date of Birth

Applicant's Signature

COUNTY OF _____ STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20__.

Notary Public

A: Title of present or last position _____ Start Salary _____ Last Salary _____

Name and title of supervisor _____ # employees supervised by you _____

Date Employed _____ Name of Employer _____
Date Separated _____ ADDRESS: _____
Full Time ____ Yrs ____ Mo CITY: _____ STATE ____ ZIP _____
Part time ____ Yrs ____ Mo PHONE: _____
If Part-Time # of hours worked per wk _____ DUTIES: _____

Reason For Leaving: _____

B: Title of present or last position _____ Start Salary _____ Last Salary _____

Name and title of supervisor _____ # employees supervised by you _____

Date Employed _____ Name of Employer _____
Date Separated _____ ADDRESS: _____
Full Time ____ Yrs ____ Mo CITY: _____ STATE ____ ZIP _____
Part time ____ Yrs ____ Mo PHONE: _____
If Part-Time # of hours worked per wk _____ DUTIES: _____

Reason For Leaving: _____

C: Title of present or last position _____ Start Salary _____ Last Salary _____

Name and title of supervisor _____ # employees supervised by you _____

Date Employed _____ Name of Employer _____
Date Separated _____ ADDRESS: _____
Full Time ____ Yrs ____ Mo CITY: _____ STATE ____ ZIP _____
Part time ____ Yrs ____ Mo PHONE: _____
If Part-Time # of hours worked per wk _____ DUTIES: _____

Reason For Leaving: _____

D: Title of present or last position _____ Start Salary _____ Last Salary _____

Name and title of supervisor _____ # employees supervised by you _____

Date Employed _____ Name of Employer _____
Date Separated _____ ADDRESS: _____
Full Time ____ Yrs ____ Mo CITY: _____ STATE ____ ZIP _____
Part time ____ Yrs ____ Mo PHONE: _____
If Part-Time # of hours worked per wk _____ DUTIES: _____

Reason For Leaving: _____

E: Title of present or last position _____ Start Salary _____ Last Salary _____

Name and title of supervisor _____ # employees supervised by you _____

Date Employed _____ Name of Employer _____
Date Separated _____ ADDRESS: _____
Full Time ____ Yrs ____ Mo CITY: _____ STATE ____ ZIP _____
Part time ____ Yrs ____ Mo PHONE: _____
If Part-Time # of hours worked per wk _____ DUTIES: _____

Reason For Leaving: _____

F: Title of present or last position _____ Start Salary _____ Last Salary _____

Name and title of supervisor _____ # employees supervised by you _____

Date Employed _____ Name of Employer _____
Date Separated _____ ADDRESS: _____
Full Time ____ Yrs ____ Mo CITY: _____ STATE ____ ZIP _____
Part time ____ Yrs ____ Mo PHONE: _____
If Part-Time # of hours worked per wk _____ DUTIES: _____

Reason For Leaving: _____

PAST ADDRESSES FOR THE LAST TEN (10) YEARS

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____