

APPLICATION  
FOR  
EMPLOYMENT



PINE BLUFF  
POLICE  
DEPARTMENT

*"Serving with Dignity and Respect"*

200 East Eighth Avenue • Pine Bluff, Arkansas 71601

# P R E R E Q U I S I T E S

## The Successful Candidate Must:

- Be a citizen of the United States.
- Be at least 21 years of age.
- Possess a valid driver's license.
- Pass test and successfully complete medical and related examinations and evaluation.
- Undergo a comprehensive background investigation will be conducted.
- Have acceptable vision (uncorrected visual acuity must not exceed 20/100 in either eye, correctable to 20/20 or better in each eye).
- Possess normal hearing in each ear.
- Establish residency consistent with City residency requirements.
- Possess a 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," "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 pro-

iciency 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 with be rejected.

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



# PINE BLUFF POLICE DEPARTMENT

3039 West 28th Avenue, Pine Bluff, AR 71603 Phone: 870-850-2414 Fax: 870-850-2423

## False Swearing Advisement

The Pine Bluff Police Department is required to complete an extensive background investigation before an applicant becomes eligible for employment as a Police Officer. Applicants will be required to sign an information release form which will enable the Investigator to check credit records, employment records, past and present, SCAN, Arkansas Child Support Division, criminal and traffic records, military records, medical records and personal background.

Fingerprints will be taken; the prints will be sent to the Arkansas State Police and the F.B.I. If an Applicant has ever been adjudicated guilty or pled guilty to any crime which resulted in a suspended sentence, probation or a fine, and could have resulted in incarceration in any correctional facility, or has been sentenced to a correctional facility and in fact, served time for an offense, the fingerprint check will reveal such record. Felony expungements are also revealed by fingerprint checks.

The Arkansas Criminal Code 5-53-103 defines False Swearing as: (A) A person commits false swearing if other than in an official proceeding he makes a false material statement, knowing it to be false, under an oath required for or authorized by law. (B) Lack of knowledge of the materiality of the statement is not a defense to a charge of false swearing. (C) False swearing is a Class A Misdemeanor.

If a person is found to be guilty of a Class A Misdemeanor, the person may be sentenced up to one (1) year in jail and/or up to a one thousand dollar (\$1,000.00) fine.

If any Statement in the Applicant's application is found to be false, criminal charges will be filed and the Applicant will be disqualified and removed from the eligibility list.

I have read and fully understand the definition and the penalty of false swearing, and further understand that charges will be filed against me if I am found to be in violation of this Code.

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Applicant's Signature

I request that my application be withdrawn at this time and understand that no background investigation will be conducted.

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Applicant's Signature



# PINE BLUFF POLICE DEPARTMENT

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## Personal Information

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
                    First                      Middle                      Last

Maiden/Nickname/Aliases \_\_\_\_\_

Height: \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs

Present Mailing Address: \_\_\_\_\_  
  Number & Street                      City                      State      Zip

Telephone Number(including area code): 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



How did you learn of this position?  
 Newspaper  Internet  Recruitment  Other \_\_\_\_\_



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## Applicant Questionnaire

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

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

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

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

\_\_\_\_\_  
Applicant's Signature

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

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

NOTARY PUBLIC



# PINE BLUFF POLICE DEPARTMENT

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## Background Investigation Waiver (PLEASE PRINT)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

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 duty 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.

**NOTICE: MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

\_\_\_\_\_  
Applicant's Signature

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

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

NOTARY PUBLIC



# PINE BLUFF POLICE DEPARTMENT

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## Authorization for Release of Confidential Information

CONTAINED WITHIN THE OFFICE OF CHILD SUPPORT ENFORCEMENT - PINE BLUFF, ARKANSAS

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

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Full Name of Child Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Full Name of Child Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Full Name of Child Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Full Name of Child Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Full Name of Child Date of Birth

\_\_\_\_\_  
Applicant's Signature

COUNTY OF \_\_\_\_\_ STATE OF ARKANSAS

~~~~~

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

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

NOTARY PUBLIC





# PINE BLUFF POLICE DEPARTMENT

3039 West 28th Avenue, Pine Bluff, AR 71603 Phone: 870-850-2414 Fax: 870-850-2423

## 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:

PINE BLUFF POLICE DEPARTMENT ATTENTION: **LT. DONNA FRATESI — IAD**  
3039 WEST 28TH PINE BLUFF ARKANSAS 71603

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. 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

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_  
Full Name of Child \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_  
Full Name of Child \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_  
Full Name of Child \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_  
Full Name of Child \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_  
Full Name of Child \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant’s Signature

COUNTY OF \_\_\_\_\_ STATE OF ARKANSAS

~~~~~

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

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

NOTARY PUBLIC



**PINE BLUFF POLICE DEPARTMENT**  
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## Employment History

A \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Title of present or last position Start Salary End Salary

Name and title of supervisor \_\_\_\_\_ Number employees you supervised \_\_\_\_\_

Date Employed \_\_\_\_\_ Company Name \_\_\_\_\_

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 previous position Start Salary End Salary

Name and title of supervisor \_\_\_\_\_ Number employees you supervised \_\_\_\_\_

Date Employed \_\_\_\_\_ Company Name \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Title of previous position Start Salary End Salary

C Name and title of supervisor \_\_\_\_\_ Number employees you supervised \_\_\_\_\_

Date Employed \_\_\_\_\_ Company Name \_\_\_\_\_

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 \_\_\_\_\_



**PINE BLUFF POLICE DEPARTMENT**  
**3039 West 28th Avenue, Pine Bluff, AR 71603 Phone: 870-850-2414 Fax: 870-850-2423**

## Employment History, continued

D \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Title of present or last position Start Salary End Salary

Name and title of supervisor \_\_\_\_\_ Number employees you supervised \_\_\_\_\_

Date Employed \_\_\_\_\_ Company Name \_\_\_\_\_

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 previous position Start Salary End Salary

Name and title of supervisor \_\_\_\_\_ Number employees you supervised \_\_\_\_\_

Date Employed \_\_\_\_\_ Company Name \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Title of previous position Start Salary End Salary

F Name and title of supervisor \_\_\_\_\_ Number employees you supervised \_\_\_\_\_

Date Employed \_\_\_\_\_ Company Name \_\_\_\_\_

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 \_\_\_\_\_



**PINE BLUFF POLICE DEPARTMENT**  
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## Ten-Year Residence History

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_