



PINE BLUFF POLICE DEPARTMENT

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

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 _____

Email: _____

Driver's License # _____ Male Female





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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 arrested 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. I understand that any misstatement of material facts will subject me to disqualification or dismissal.

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

Applicant's Signature

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

My Commission Expires: _____

NOTARY PUBLIC



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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, county, 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

Date

~~~~~

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

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires: \_\_\_\_\_



**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. This information should be addressed to:

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

\_\_\_\_\_  
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

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ACKNOWLEDGED before me this _____ day of _____, 20____

My Commission Expires: _____

NOTARY PUBLIC



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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. This information should be addressed to:

PINE BLUFF POLICE DEPARTMENT ATTENTION: LT. SAM ATKINSON - IAD
3039 WEST 28TH PINE BLUFF ARKANSAS 71603

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

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ACKNOWLEDGED before me this day of, 20

My Commission Expires:

NOTARY PUBLIC



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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 \_\_\_\_\_ Employer 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 \_\_\_\_\_ Employer 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 \_\_\_\_\_ Employer 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 \_\_\_\_\_



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## 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 \_\_\_\_\_ Employer 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 \_\_\_\_\_ Employer 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 \_\_\_\_\_ Employer 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 \_\_\_\_\_