CARROLL COUNTY SHERIFF'S OFFICE

NOTE: MUST BE FILLED OUT BY APPLICANT

CONFIDENTIAL

SUPPLEMENTAL EMPLOYMENT INFORMATION

DATE OF APPLICATION		POSITION APPLYING FOR:	

INSTRUCTIONS:

FILL OUT THIS QUESTIONNAIRE COMPLETELY AND ACCURATELY, ALL STATEMENTS IN YOUR QUESTIONNARE IS SUBJECT TO VERIFICATION. INCORRECT STATEMENTS MAY BAR YOU FROM EMPLOYMENT, IF SPACE PROVIDED IS INADEQUATE, ADD ADDITONAL PAGES AND IDENTIFY INFORMATION BY NAME. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE ARE SUBJECT TO VERIFICATION. COMPLETE ALL SPACES PROVIDED.

LAST NAME	FIRST NAME	MIDDLE NAME	MALE	FEMALE

ALIAS[ES]	NICKNAME[S]	MAIDEN NAME	OTHER CHANGES IN NAME [INDICATE WHICH]

PRESENT ADDRESS [STREET, CITY, STATE, ZIP CODE]

TELEPHONE NUMBER	RACE	SOCIAL SECURITY NUMBER

DATE OF BIRTH	AGE	PLACE OF BIRTH [CITY, COUNTY, STATE}

ATTACH A PHOTOSTAT COPY OF BIRTH CERTIFICATE AND RECENT PHOTOGRAPH

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SCARS, TATTOOS, PHYSICAL DEFECTS

ARE YOU A US CITIZEN? YES _____ NO _____	PHYSICAL DEFECTS:
DO YOU WEAR GLASSES: YES _____ NO _____ (IF YES PLEASE STATE VISION)	CONDITION OF HEALTH:
HAVE YOU TAKEN A PHYSICAL EXAMINATION RECENTLY? YES _____ NO _____ (If yes when?/ Dr. Name:)	
HAVE YOU HAD ANY SERIOUS MAJOR ILLNESS IN THE PAST 5YRS? YES _____ NO _____ If yes, Explain:	

NATURALED CERTIFICATE #	IF DERIVED, PARENT CERTIFICATION #	DATE, PLACE AND COURT:

I. MARRIAGE STATUS

SEPERATED			**SINGLE**	**NAME OF SPOUSE OR FIANCE [IF APPLICABLE]**
MARRIED			**DIVORCED**	
ENGANGED			**WIDOWED**	

INFORMATION CONCERNING MARRIAGES: [LIST ALL MARRIAGES]

DATE MARRIED	WHERE PERFORMED	SPOUSE'S NAME [MAIDEN]

NAME AND PRESENT ADDRESS OF SPOUSE[S] IF DIVORCED OR SEPERATED

NAME	ADDRESS	DATE OF BIRTH

IF EVER SEPARATED, ANNULED, DIVORCED, INDICATE BELOW THE FLOWINGING INFORMATION

DATE	BY WHOM	WHERE ISSUED COURT & STATE	OFFENDING PARTY AS DECREED BY LAW	REASON

II. CHILDREN AND DEPENDENTS

LIST ALL OF YOUR CHILDREN, INCLUDEING STEPCHILDREN AND ADOPTED ONES, AND GIVE THE FOLLOWING INFORMATION.

NAME	BIRTH		RESIDENCE	SUPPORTED BY
	DATE	PLACE	ADDRESS WITH WHOM	

III. OTHER DEPENDENTS:

IF YOU CLAIM INCOME TAX EXEMPTIONS FOR SUPPORT OF DEPENDENTS OTHER THAN SPOUSE AND CHILDREN, PROVIDE FOLLOWING INFORMATION.

NAME	ADDRESS	RELATIONSHIP	PERCENT SUPPORT PROVIDED

IV. FAMILY HISTORY

LIST YOUR PARENT[S], BROTHERS AND SISTERS:

	NAME	ADDRESS	DATE OF BIRTH
FATHER			
MOTHER			
BROTHER _____ SISTER_____			
BROTHER _____ SISTER_____			
BROTHER _____ SISTER_____			

V. MILITARY INFORMATION:

HAVE YOU SERVED IN THE US ARMED FORCES? YES _____ NO _____

IF YES, ATTACH A PHOTOSTAT COPY OF DISCHARGE OR SEPARATED PAPERS.

WHILE IN THE MILITARY SERVCE, WERE YOU EVER ARRESTED FOR ANY OFFENSE, A DEFENDANT IN ANY TRIAL, OR RECEIVED ANY DISCIPLINARY ACTION? YES _____ NO _____

IF YES, GIVE DATE, PLACE, LAW ENFORCEMENT AUTHORITY OR TYPE OF COURT IF COURT MARTIAL , CHARGE AND ACTION TAKEN FOR EACH INCIDENT, USING SEPARATE SHEETS TO RECORD THE INFORMATION, IF NECESSARY.

ARE YOU PRESENTLY A MEMBER OF THE US RESERVE, NATIONAL OR STATE GUARD ORGANIZATION?

GRADE AND SERVICE #	HIGHEST GRADE	SERVICE AND COMPONENT

ORGANIZATION AND STATION OR UNIT, AND LOCATION	ACTIVE	INACTIVE	STANDBY	DISCHARGED

TYPE OF DISCHARGE:	REASON FOR DISCHARGE:

ATTACH A COPY OF DD-214

VI. JOBS:

LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN YEARS, PUT YOUR PRESENT OR MOST RECENT JOB FIRST. IF YOU NEED MORE SPACE ATTACH ADDITIONAL SHEETS.

DATE EMPLOYED			TITLE OF PRESENT OR LAST POSITION
DATE SEPERATED			STARTING SALARY: ENDING SALARY:
			NUMBER OF EMPLOYEES SUPERVISED BY YOU
FULL TIME	YEAR	MONTH	EMPLOYER:
			ADDRESS:
PART TIME	YEAR	MONTH	DUTIES:
IF PART TIME, NUMBER OF HOURS YOU WORK PER WEEK _____			Reason for leaving

DATE EMPLOYED			TITLE OF PRESENT OR LAST POSITION
DATE SEPERATED			STARTING SALARY ENDING SALARY
			NUMBER OF EMPLOYEES SUPERVISED BY YOU
FULL TIME	YEAR	MONTH	EMPLOYER:
			ADDRESS:
PART TIME	YEAR	MONTH	DUTIES:
IF PART TIME, NUMBER OF HOURS YOU WORK PER WEEK ______________________			Reason for leaving

DATE EMPLOYED			TITLE OF PRESENT OR LAST POSITION
DATE SEPERATED			STARTING SALARY ENDING SALARY
			NUMBER OF EMPLOYEES SUPERVISED BY YOU
FULL TIME	YEAR	MONTH	EMPLOYER:
			ADDRESS:
PART TIME	YEAR	MONTH	DUTIES:
IF PART TIME, NUMBER OF HOURS YOU WORK PER WEEK ______________________			Reason for leaving

DATE EMPLOYED			TITLE OF PRESENT OR LAST POSITION
DATE SEPERATED			STARTING SALARY ENDING SALARY
			NUMBER OF EMPLOYEES SUPERVISED BY YOU
FULL TIME	YEAR	MONTH	EMPLOYER:
			ADDRESS:
PART TIME	YEAR	MONTH	DUTIES:
IF PART TIME, NUMBER OF HOURS YOU WORK PER WEEK ______________________			Reason for leaving

DATE EMPLOYED			TITLE OF PRESENT OR LAST POSITION
DATE SEPERATED			STARTING SALARY ENDING SALARY
			NUMBER OF EMPLOYEES SUPERVISED BY YOU
FULL TIME	YEAR	MONTH	EMPLOYER:
			ADDRESS:
PART TIME	YEAR	MONTH	DUTIES:
IF PART TIME, NUMBER OF HOURS YOU WORK PER WEEK ______________________			Reason for leaving

1. HAVE YOU EVER BEEN UNABLE TO HOLD A JOB BECAUSE OF:	YES	NO
A. INABILITY TO PERFORM CERTAIN PHYSICAL MOTIONS?		
B. INABILITY TO ASSUME CERTAIN PHYSICAL POSITIONS?		
C. OTHER MEDICAL REASONS?		
2. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH?		
3. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY MENTIONED?		
4. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER MEDICAL DISORDERS?		
5. HAVE YOU EVER BEEN DISCHARGED FORCED TO LEAVE A JOB BECAUSE OF ANY ILLNESS OR INJURY RECEIVED EITHER ON OR OFF THE JOB?		
6. HAVE YOU EVER BEEN ABSENT MORE THAN 7 CONSECUTIVE DAYS FROM WORK, SCHOOL, MILITARY DUTIES SINCE 16 YEARS OF AGE DUE TO ILLINESS OR INJURY?		
7. HAVE YOU EVER FILED A CLAIM OR WORKMAN'S COMPENSATION?		

VII. PAST RESIDENCES:

LIST ALL ADDRESSES FOR THE PAST 5 YEARS STARTING WITH PRESENT ADDRESS:

STREET, ADDRESS, CITY AND STATE	FROM		TO	
	MONTH-YEAR		MONTH-YEAR	

IF MORE SPACE IS NECECESSARY, ATTACH ADDITIONAL SHEETS

HAVE YOU EVER MADE ANY PREVIOUS APPLICATIONS FOR ANY POSITION WITH THE CARROLL COUNTY SHERIFF'S DEPARTMENT? YES _____ NO _____

IF YES, WHEN? _____

WHAT POSITION _____

IF NOT ACCEPTED, WHAT WAS THE REASON? _____

_____

IF NOW EMPLOYED WHY DO YOU DESIRE TO CHANGE? _____

_____

HAVE YOU EVER APPLIED WITH ANY POLICE DEPARTMENT OTHER THAN THE CARROLL COUNTY SHERIFF'S OFFICE? YES _____ NO _____

IF YES, WHEN _____

WHERE _____

IF NOT ACCEPTED, WHAT WAS THE REASON? _____

_____

_____

_____

SPOUSES'S PLACE OF EMPLOYMENT _____

SPOUSES'S EMPLOYMENT ADDRESS _____

HAS YOUR SPOUSE PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE CARROLL COUNTY SHERIFF'S OFFICE? YES _____ NO _____

IF YES, GIVE APPROXIMATE DATE AND REASON APPLICATION WAS NOT ACCEPTED. _____

_____

_____

_____

LIST BELOW AT LEAST THREE REFERENCES {NOT FORMER EMPLOYERS OR RELATIVES}

NAME	ADDRESS	PHONE NO	NAME OF EMPLOYER

VIII. SCHOOLS

IMPORTANT: A COPY OF HIGH SCHOOL AND ANY COLLEGE TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION.

NAME OF SCHOOL	STREET ADDRESS, CITY, STATE	FROM	TO	DID YOU GRADUATE
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE UNIVERSITY				

IF MORE SPACE IS NECESSARY, ATTACH ADDITIONAL SHEETS

WHAT SCHOOL SUBJECTS WERE MOST DIFFICULT FOR YOU? _____

_____

WHAT SCHOOL SUBJECT DID YOU LIKE MOST? _____

_____

WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SHOOL? YES _____ NO _____

IF YES GIVE DETAILS BELOW: _____

_____

_____

_____

DID YOU GRADUATE FROM HIGH SCHOOL OR PASS A HIGH SCHOOL EQUIVENCY TEST? YES _____ NO_____

LIST COLLEGE DEGREES RECEIVED AND MAJOR FIELD FROM EACH: _____

_____

_____

_____

IX. ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY. **ANY FALSIFICATION OR MISSTATEMENTS OF FACT MAY BE SUFFICIENT TO DISQUALIFY YOU, [EXCLUDE TRAFIC VIOLATIONS]** .

HAVE YOU EVER BEEN ARRESTED OR DETATIONED BY THE POLICE? YES _____ NO _____

IF YES, GIVE DETAILS BELOW.

CRIME CHARGED WITH _____ POLICE AGENCY _____

DATE: _____ DISPOSITION OF CASE _____

CRIME CHARGED WITH _____ POLICE AGENCY _____

DATE: _____ DISPOSITION OF CASE _____

HAVE YOU EVER BEEN PLACED ON PROBATION? YES _____ NO _____

IF YES, GIVE DETAILS BELOW, INCLUDING COURT AND PROBATION OFFICER.

_____

_____

_____

HAVE YOU EVER BEEN REQUIRED TO PAY A CRIMINAL FINE IN EXCESS OF $25.00?

YES _____ NO _____ IF YES, GIVE DETAILS: _____

_____

_____

HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?

YES _____ NO _____

IF YES, GIVE COMPLETE DETAILS, INCLUDING LOCATION, DATES AND OUTCOME: _____

_____

_____

IF YOU HAVE BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST, GIVE DETAILS BELOW.

YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER AGENCIES.

AGENCY _____ DATE_____ PURPOSE _____

AGENCY _____ DATE_____ PURPOSE _____

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN ARRESTED FOR OR CONVICTED OF A FELONY, CRIME?

YES _____ NO _____ IF YES, GIVE DETAILS BELOW

NAME	RELATIONSHIP	CRIME COMMITTED	WHERE ARRESTED

LIST BELOW ANY CONVICTIONS FOR TRAFFIC VIOLATIONS:

LOCATION	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OF DISPOSITION

IF MORE SPACE IS NECESSARY, ATTACH ADDITIONAL SHEETS

X. DRIVING HISTORY

1. CAN YOU OPERATE A MOTOR VEHICLE?

2. DO YOU POSSES A VALID OPERATOR'S LICENSE FROM ANY STATE OTHER THAM ARKANSAS?

YES _____ NO _____ IF YES, OPERATOR'S LICENSE NUMBER _____

3.DO YOU POSSESS AN OPERATOR'S LICENSE ISSUED BY THE STATE OTHER THAN ARKANSAS?

YES _____ NO _____ IF YES, GIVE STATE AND NUMBER _____

4. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, STATE WHICH AND GIVE REASON'S _____

_____

5. WAS YOUR LICENSE EVER RESTORED? YES _____ NO _____

WHEN? _____

6. HAVE YOU EVER BEEN REFUSED N OPERATOR'S LICENSE BY ANY STATE? YES _____ NO _____

IF YES, GIVE DETAILS _____

_____

_____

7. HAS A MOTOR VEHICLE BEING DRIVEN BY YOU EVER BEEN INVOLVED IN AN ACCIDENT? YES _____ NO _____

IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT WHETHER COLLISON OR NON COLLISON:

DATE: _____ POLICE INVESTIGATED? YES _____ NO _____

LOCATION _____ CAUSE OF THE ACCIDENT _____

_____

_____

DATE: _____ POLICE INVESTIGATED? YES _____ NO _____

LOCATION _____ CAUSE OF THE ACCIDENT _____

_____

_____

REFERENCES:

LIST BELOW THE NAME OF AT LEAST THREE TO SIX PERSON'S **NOT RELATED TO YOU, AND NOT A FORMER EMPLOYER** WHO HAVE KNOWN YOU INTIMATELY FOR A SUBSTANTIAL PERIOD, PREFERABLY MORE THAN 5 YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, PERSONALITY, EXPERIENCE, AND OTHE QUALITIES. STREET ADDRESS MUST INCLUDE MAILING ADDRESS AND ZIP CODES.

1

NAME: _____ STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS, OCUPATION, OR PROFESSION: _____

PHONE NUMBER _____ YEARS KNOWN _____

2

NAME: _____ STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS, OCUPATION, OR PROFESSION: _____

PHONE NUMBER _____ YEARS KNOWN _____

3

NAME: _____ STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS, OCUPATION, OR PROFESSION: _____

PHONE NUMBER _____ YEARS KNOWN _____

4

NAME: _____ STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS, OCUPATION, OR PROFESSION: _____

PHONE NUMBER _____ YEARS KNOWN _____

5

NAME: _____ STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS, OCUPATION, OR PROFESSION: _____

PHONE NUMBER _____ YEARS KNOWN _____

6

NAME: _____ STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS, OCUPATION, OR PROFESSION: _____

PHONE NUMBER _____ YEARS KNOWN _____

EMERGENCY CONTACTS

List at least one emergency contact below:

Who do we contact in case of an emergency? _____

Address: _____

Telephone Number: _____

How is this person related to you? _____

Who do we contact in case of an emergency? _____

Address: _____

Telephone Number: _____

How is this person related to you? _____

Who do we contact in case of an emergency? _____

Address: _____

Telephone Number: _____

How is this person related to you? _____

Who do we contact in case of an emergency? _____

Address: _____

Telephone Number: _____

How is this person related to you? _____

Who do we contact in case of an emergency? _____

Address: _____

Telephone Number: _____

How is this person related to you? _____

SIGN: _____

DATE: _____

AUTHORITY TO RELEASE PERSONAL INFORMATION

I, _____, HAVE MADE APPLICATION WITH THE CARROLL COUNTY SHERIFF'S OFFICE, BERRYVILLE, ARKANSAS. AND DESIRING IT TO BE INFORMED AS TO MY PREVIOUS RECORD AND CHARACTER, I HEREBY, AUTHORIZE THEM TO INVESTIGATE MY PAST RECORD AND TO ASCERTAIN ANY AND ALL INFORMATION WHICH MAY CONCERN MY RECORD AND CHARACTER, WHETHER SAME IS OF RECORD OR NOT AND RELEASE MY PRESENT AND PAST EMPLOYERS, REFERENCE, AND ALL PERSONS WHOMSOEVER, FROM AND CHARGE, BECAUSE OF FURNISHING SAID INFORMATION.

Signature _____

Date _____

Witness _____

Date _____

DO NOT WRITE BELOW THIS LINE

****

DATE	INTERVIEWED BY		JOB SUITED FOR	
APPROVED BY	DATE EMPLOYED	DEPARTMENT	JOB	RATE

REASON FOR NON-SELECTION: _____

_____

_____

_____

_____

_____ _____

SHERIFF'S SIGNATURE DATE