West Memphis Police Department
Employment Requirements for Police Officers

Requirements for Position of Police Officer:

Must be a citizen of the United States.
Must have a high school diploma or GED equivalent
Must be at least 21 years of age.
Must possess a valid Arkansas driver’s license.

If you meet these requirements, you may complete an application. You must include copies of the following with your application (none of the copies are returnable):

Proof of U.S. citizenship
High school diploma or GED
Certified birth certificate
DD214 Form (if applicable)
Driver’s license
Authorization for release of personal information form
Personal Inquiry Waiver form
Standards and training personal history statement

To be considered for employment, you must complete:

1. A criminal history and driver’s license check that does not reflect the following:
   a. Convictions of felony offense.
   b. Convictions of a misdemeanor offense of battery or domestic battery.
   c. Convictions of driving under the influence (DWI) within seven (7) years preceding the date of application, or more than one conviction at any time.
   d. Convictions of the use of illegal narcotics/marijuana.
   e. Convictions of or guilty pleas to three (3) or more moving traffic violations within one (1) year.

2. Physical agility test.

3. Written test.
The physical agility test will consist of the following:

Applicants should wear physical training attire and tennis/running shoes. The physical agility test consists of the following:

1. Push-ups. The applicant will be required to complete a minimum of 20 push-ups, to the prescribed standard, within one (1) minute.

2. Sit-ups. The applicant will be required to complete a minimum of 20 sit-ups, to the prescribed standard, within one (1) minute.

3. Agility run. The applicant will be required to complete the agility run, to the prescribed standard, within ninety (90) seconds.

4. One (1) mile run. The applicant will be required to complete a one (1) mile run in twelve (12) minutes or less.

Evaluations will be documented on the appropriate forms and retained in the applicant’s personnel file for a minimum of one (1) year. Said documents shall be utilized as a resource document when considering the applicant for employment. Any applicant who fails the prescribed test will be allowed to retake the test if the positions are not filed.

After the above elements have been performed, a thorough background investigation will begin.

Selected applicants must:

Have uncorrected vision of 20/100 corrected to 20/20 or better.
Have an oral interview with member of the West Memphis Police Department.
Pass a physical.
Pass a psychological examination.
Be within normal limits of general substance abuse testing (drug screen).
Job Description

Uniform Patrol Officer
West Memphis Police Department

A. Definition

Patrol or Patrol Officer, reports directly to his superior officers.

B. Typical Duties and Responsibilities

1. Protection of life and property.
2. Prevention and suppression of crime.
3. Apprehension and prosecution of offenders.
4. Preservation of the peace.
5. Enforcement of regulatory measures.
6. Duties listed on the attached copy as set up and approved by the City Council.
7. Other related duties as assigned.

C. Supervision Received and Given

Oral and written instructions are received from superior officers. Uniform Patrol Officer does not have supervisory responsibilities.

D. Minimum Acceptable Qualifications

1. Must be 21 years of age. (certified birth certificate required)
2. High school diploma or GED equivalent.
3. Valid driver’s license.
4. Meet the qualifications of the local and state standards for police.

E. Essential Knowledge and Abilities

1. Must be of high moral character.
2. Ability to physically and mentally react in a variety of emergency situations.
3. Ability to communicate effectively both orally and in writing.
4. Ability to learn the geographical area of the City of West Memphis, Arkansas.
5. Ability to follow instructions, both oral and written.
Authority to Release Information

To Whom It May Concern;

I understand that the West Memphis Police Department will conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment, and this investigation will include inquiries as to my abilities, character and reputation.

To facilitate this investigation, I do hereby give my consent and authority for any previous employer, educational institution or police agency to furnish information from their records to the West Memphis Police Department.

Full Name: ____________________________________________________________
(Please Print)

Signature: ________________________________

Date: ________________________________

Current Address: _______________________________________________________

Telephone Number: ____________________________________________________

Witness: _____________________________________________________________

Subscribed and sworn to before me, a NOTARY PUBLIC in and for the
In and for the County of ____________________________,
State of ________________________________,
My commission expires: ________________________________

(Note to Applicant: This form must be signed and notarized before returning to the Personnel Department.)

An Equal Opportunity Employer
Personal Inquiry Waiver

To: ________________________________________________________________

I respectfully request and authorize you to furnish WEST MEMPHIS POLICE
DEPARTMENT any and all information that you May have concerning me, my
work record and my reputation. This information is to be used to assist the
department in determining my Qualification for the position I am seeking with the
WEST MEMPHIS POLICE DEPARTMENT.

I hereby release you, your organization or others from any liability or Damage
which may result from furnishing the information requested above.

Full Name: _______________________________________________________

Signature

Date: _____________________________________________________________

Applicant’s Photograph

Applicant: Please attach a photograph before returning application.
STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT
# PERSONAL HISTORY STATEMENT

<table>
<thead>
<tr>
<th>Law Enforcement Agency</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
</table>

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire 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. Type or print legibly in ink all responses.

**PERSONAL:**

1. NAME ___________________________  __________/_______/___________
   First     Middle     Last     Social Security Number
   Nicknames or Aliases

2. Height ________________ inches  Weight ________________ lbs.

3. Present Mailing Address
   Street and Number   City   State   Zip Code
   Permanent Mailing Address
   Street and Number   City   State   Zip Code

   Telephone number
   home ___________________________ business ___________________________

4. Date of Birth ___________________________ Place of birth ___________________________

5. Citizenship
   - US born
   - US Naturalized
   - Other-Specify ___________________________

6. List organizations, clubs 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
   - Engaged
   - Married
   - Separated
   - Divorced
   - Widowed

   Name of Spouse or Fiancé: ____________________________
10. If married, are you living with your spouse? ___________ yes __________ no

If not, state reasons: ___________________________________________________________________

11. Have you ever been separated or divorced? _________ yes _________ no If yes, give date and location of court or jurisdiction. ____________________________________________

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
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</tbody>
</table>

13. List below every child born to you.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth date</th>
<th>Place of Birth</th>
<th>With Whom Resides</th>
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</table>

14. Are you now supporting all children born to you, adopted by you and stepchildren? ______ yes _____ no

15. Have you ever been involved as a defendant in a paternity proceeding? ______ yes _________ no

If yes, give date and court or jurisdiction: ____________________________________________

_____________________________________________________________________________

REFERENCES:

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</table>
FAMILY HISTORY:

17. List your parents, brothers and sisters:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
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<tr>
<td>Mother</td>
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<td>Bro./Sis.</td>
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<td>Bro./Sis.</td>
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<tr>
<td>Bro./Sis.</td>
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</table>

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?

__________ Yes ____________ No If yes, complete the following:

Date | Location | Charge | Disposition
-----|---------|--------|---------------
      |         |        |               
      |         |        |               

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? __________ yes __________ no

20. Have you a savings account? __________ yes __________ no

Bank __________________________ City, State __________________________

Bank __________________________ City, State __________________________

21. Have you a checking account? __________ yes __________ no

Bank __________________________ City, State __________________________

Bank __________________________ City, State __________________________

22. Do you own or have an interest in any type of business dealing in alcohol?  

__________ yes __________ no If yes, give name, location and type of business.

____________________________________________________________________________________

____________________________________________________________________________________

23. Do you own or are you buying your own home? __________ yes __________ no

Is there a mortgage on the property? __________ yes __________ no

Bank or company __________________________ City, State __________________________

24. Do you own or are you buying other real estate? __________ yes __________ no

If yes, give name of agency holding mortgage:

Bank or Company: __________________________ City, State __________________________

25. List motor vehicles that you own or are buying or leasing:
26. What income other than salary do you have at present? Include spouse’s salary.

____________________________________________________________________________________

____________________________________________________________________________________

27. List Credit References:

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Amount Owed</th>
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<tr>
<td>__________________________</td>
<td>__________________________</td>
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<tr>
<td>Street Address</td>
<td>City and State</td>
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<tr>
<td>__________________________</td>
<td>__________________________</td>
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<tr>
<td>Name of Firm</td>
<td>Amount Owed</td>
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<td>__________________________</td>
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<td>Street Address</td>
<td>City and State</td>
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<td>Name of Firm</td>
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<td>Street Address</td>
<td>City and State</td>
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<td>Name of Firm</td>
<td>Amount Owed</td>
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<td>Street Address</td>
<td>City and State</td>
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<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Amount Owed</th>
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</table>
28. What is your total indebtedness at present? _____________________________________________

29. Have your creditors treated you fairly? __________________ If not, explain: __________________
____________________________________________________________________________________

30. Have you ever been sued? ________ yes ________ no If yes, give details: __________________
____________________________________________________________________________________

RESIDENCES:

31. List addresses for past 10 years starting with present address at top:

<table>
<thead>
<tr>
<th>FROM MO. YR.</th>
<th>TO MO. YR.</th>
<th>ADDRESS/RESIDENCE</th>
<th>CITY &amp; STATE</th>
<th>LANDLORD</th>
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WORK HISTORY:

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?
       yes       no       If yes, give details below: ____________________________________________
____________________________________________________________________________________

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactorily service, give details:
____________________________________________________________________________________
____________________________________________________________________________________

34. Have your employers always treated you fairly? ______ yes ______ no If no, 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 and temporary part-time jobs.

<table>
<thead>
<tr>
<th>A. Title of present or last position: _____________________________</th>
<th>Starting Salary _______ Salary _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date employed:</td>
<td>Name and title of supervisor ________________</td>
</tr>
<tr>
<td>Date Separated:</td>
<td>Employer ___________________</td>
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<tr>
<td></td>
<td>Full time Yrs Mos</td>
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<td>If part time, # of hours worked per week:</td>
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<tr>
<td>Reason for leaving:</td>
<td>___________________________________________</td>
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</tbody>
</table>

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<tr>
<th>B. Title of present or last position: _____________________________</th>
<th>Starting Salary _______ Salary _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date employed:</td>
<td>Name and title of supervisor ________________</td>
</tr>
<tr>
<td>Date Separated:</td>
<td>Employer ___________________</td>
</tr>
<tr>
<td></td>
<td>Full time Yrs Mos</td>
</tr>
<tr>
<td></td>
<td>If part time, # of hours worked per week:</td>
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<tr>
<td>Reason for leaving:</td>
<td>___________________________________________</td>
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</table>

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<tr>
<th>C. Title of present or last position: _____________________________</th>
<th>Starting Salary _______ Salary _______</th>
</tr>
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<tbody>
<tr>
<td>Date employed:</td>
<td>Name and title of supervisor ________________</td>
</tr>
<tr>
<td>Date Separated:</td>
<td>Employer ___________________</td>
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<tr>
<td></td>
<td>Full time Yrs Mos</td>
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<tr>
<td></td>
<td>If part time, # of hours worked per week:</td>
</tr>
<tr>
<td>Reason for leaving:</td>
<td>___________________________________________</td>
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</tbody>
</table>

| D. Title of present or last position: _____________________________ | Starting Salary _______ Salary _______ |
9. Have you previously submitted an application for employment with this agency? _____ yes _____ no

**MILITARY SERVICE**

40. Were you ever in the US Military Service or any other military organization? _____ yes _____ no

Branch of service ____________________ Unit _______________ Date of Enlistment ____________

Date of Discharge ____________________ Service Number ___________ Highest Rank ___________

41. List of medals and decorations: __________________________________________________________

42. Type of discharge: ________________________________________________________________

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: ________________________________________________________________

44. List all schools attended:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location (City and State)</th>
<th>From Mo. &amp; Yr.</th>
<th>To Mo. &amp; Yr.</th>
<th>Year Completed</th>
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<tr>
<td>Grade School</td>
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<tr>
<td>High School</td>
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<tr>
<td>College or University</td>
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</table>

45. Did you either graduate from high school or pass the high school equivalency test? _____ yes _____ no

46. List college degrees received and major field of each. Include incomplete courses: _____________

47. Were you ever expelled from any school or were you ever disciplined by any school official?

_____ yes _____ no  If yes, explain: ___________________________________________________________
ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may be sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? _____ yes _____ no If yes, give details below:
   Crime charge: ______________________________  Police Agency ____________________________
   Date: _____________________________________  Disposition of case: ________________________

   Crime charge: ______________________________  Police Agency ____________________________
   Date: _____________________________________  Disposition of case: ________________________

49. Have you ever been placed on probation? _____ yes _____ no If yes, give details below:
   ___________________________________________________________________________________
   ___________________________________________________________________________________

50. Have you ever been required to pay a fine in excess of $25.00 _____ yes _____ no If yes, give details:
   ___________________________________________________________________________________

51. Have you ever been reported as a missing person or as a runaway? _____ yes _____ no If yes, give complete details, including jurisdiction, dates and outcome: ________________________________
   ___________________________________________________________________________________

52. Were you ever court-martialed, tried on charges, or were you 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? _____ yes _____ no If yes, explain: ________________________________
   ___________________________________________________________________________________

53. List any disciplinary action taken against you in the National Guard or other reserve unit: __________

54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.
   Agency ____________________________ Date _______________ Purpose ___________________
   Agency ____________________________ Date _______________ Purpose ___________________
   Agency ____________________________ Date _______________ Purpose ___________________

55. Can you operate a motor vehicle? _____ yes _____ no

56. Do you possess a valid operator’s license from the State of Arkansas? _____ yes _____ no
   Operator’s License Number ________________________ Date Issued ________________________

57. Do you possess an operator’s license issued by any state other than Arkansas? _____ yes _____ no
   If yes, give state and number: ________________________________
58. Was your license ever suspended or revoked? ______ yes ______ no If yes, state which and give reasons: ___________________________________________________________________________________________________

59. Was your license ever restored? _____ yes _____ no When? ____________________________

60. Have you ever been refused an operator’s license by any state? ______ yes ______ no

61. Have your driving privileges ever been restricted? ______ yes ______ no If yes, give details: _____________________________________________________________
____________________________________________________________________________________

62. 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 collision or non-collision: ____________________________
Date: _______________ Police Investigation? ______ yes ______ no Location: ______________________________ Cause of Accident: ____________________________

Date: _______________ Police Investigation? ______ yes ______ no Location: ______________________________ Cause of Accident: ____________________________

63. List any convictions for minor traffic violations:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>APPROX. DATE</th>
<th>NATURE OF VIOLATION</th>
<th>PENALTY OR DISPOSITION</th>
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**ATTITUDES**

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

65. What are your experiences and beliefs concerning the use of alcoholic beverages? ___________________________________________
66. What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?


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


CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position: __________________________________________


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 in full


SWORN AND SUBSCRIBED BEFORE ME


NOTARY PUBLIC, THIS ___________ DAY OF


MY COMMISSION EXPIRES: ______________________


NOTICE – False swearing is a Class A misdemeanor.
Punishable under Arkansas Code 5-53-103.
Application  
For Employment  

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)  
Date of Application ______________________________

Position Applied For _____________________________________________________________

Referral Source:     ______ Advertisement     ______ Friend     ______ Relative     ______ Walk-In
                      ______ Employment Agency     ______ Other __________________________________

Name __________________________________________________________________________
            Last                                                     First

Address _________________________________________________________________________
            Number                                          Street                                          City                              State        Zip Code

Telephone _______________________________Social Security Number __________ | __________ | __________
            Area Code

If employed and you are under 18, Can you furnish a work permit?     ____Yes     ____No

Have you filed an application here before?     ____Yes     ____No     If Yes, give date ________________

Have you ever been employed here before?     ____Yes     ____No     If Yes, give date ________________

Are you employed now?     ____Yes     ____No     May we contact your present employer?     ____Yes     ____No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?     ____Yes     ____No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _______________________________________

Are you available to work     _____ Full-time     _____Part-time     _____Shift Work     _____Temporary

Are you on a lay-off and subject to recall     ____Yes     ____No

Can you travel if a job requires it?     ____Yes     ____No

Have you been convicted of a felony within the last 7 years?     ____Yes     ____No
(Conviction will not necessarily disqualify applicants from employment.)

If Yes, please explain ____________________________________________________________

An Equal Opportunity Employer M/F/V/H
Veteran of the U.S. military service? _____ Yes _____ No    If Yes, Branch ___________________________

Hobbies and/or special skills: ________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): ________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Give name, address and telephone number of three references who are not related to you and are not previous employers. ________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Special Employment Notice to Disable Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual   Disabled Veteran   Vietnam Era Veteran

Signed ______________________________________________________________________

How did you learn of the opportunity to become a sworn patrol Officer with the West Memphis Police Department? ________________________________________________________________

What information concerning the recruitment process might encourage more females to make application for the position of sworn patrol officer? ________________________________________________________________
# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Telephone</th>
<th>Dates</th>
<th>Work performed</th>
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If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience. __________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
## Education

<table>
<thead>
<tr>
<th>School Name</th>
<th>Elementary</th>
<th>High</th>
<th>College/University</th>
<th>Graduate/Professional</th>
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<tbody>
<tr>
<td></td>
<td>4 5 6 9 10</td>
<td>1 2 3 4 1</td>
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<td></td>
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<tr>
<td>Years Completed (circle)</td>
<td>7 8 11 12</td>
<td>2 3</td>
<td></td>
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</tr>
<tr>
<td>Diploma/Degree</td>
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<td>Describe Course of Study</td>
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<tr>
<td>Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities</td>
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Honors Received:

State any additional information you feel may be helpful to us in considering your application.

---

### Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, medical examination or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of West Memphis.

Signature of Applicant _____________________________ Date _____________________________

---

### For Personnel Department Use Only

Arrange Interview _____ Yes _____ No

Remarks __________________________________________________________

                        Interviewer ___________ Date ________________

Employed _____ Yes _____ No Date of Employment ______________________

Job Title __________________________ Hr Rate/Salary ___________ Department ___________

By ________________________________ Name and Title ____________________________ Date ________________
Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Your cooperation is voluntary.

(Please Print) Date ______________________________

Position Applied For ______________________________________________________________________

Referral Source: ______ Advertisement ______ Friend ______ Relative ______ Walk-In

____ Employment Agency ______ Other ______________________________________________________

____________________________________________________________________________________

Name __________________________________________________________________________________

                         Last                      First                        Middle

Address __________________________________________________________________________________

                         Number                       Street                             City                       State                        Zip Code

Telephone _______________________________

____________________________________________________________________________________

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants, and other protected status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Date of Birth _______________________________

Check one: _____ Male     _____ Female

Check on of the following:

Race/Ethnic Group: _____ White      _____ Black      _____ Hispanic

   _____ American Indian/Alaskan Native   _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran      _____ Disabled Veteran      _____ Handicapped Individual