



Jeff Black
Sheriff

Lafayette County Sheriff's Department

#5 Courthouse Square
Lewisville, AR 71845
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Cody Hensley
Chief Deputy

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Full Name: _____
First Middle Last

Address: _____
Street Address Apt/Suite

City State Zip Code

Email: _____ Phone: (____) ____-____

Social Security Number: ____-____-____ Date of Birth: ____/____/____

Marital Status: Single Married Divorced Widowed Separated

Spouse Name & Date of Birth (if applicable): _____ / ____/____

Emergency Contact Name & Phone Number: _____ (____) ____-____

List all other names you have used (example: birth name, former name(s), alias(es), or nicknames):

Position applying for: Jailer Deputy Dispatcher
 Full-time Part-time Available Start Date: ____/____/____

What shifts are you willing to work? Dayshift Nightshift Split shift

EMPLOYMENT ELIGIBILITY

Are you a legal United States citizen? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

Do you have a valid driver's license? Yes No
Driver's License Number: _____ State: _____

Have you ever been denied issuance of a license? Have you ever had a license suspended or revoked? Yes No
If yes, please explain: _____

List any foreign languages you can speak / read / write: _____

List any law enforcement training / education (if applicable):

| <u>Dates</u> | <u>Location</u> | <u>Topic / Details of Training</u> |
|--------------|-----------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If you are a certified law enforcement officer, has your certification ever been suspended, revoked, relinquished, or subject to discipline or investigation by post or any other state law enforcement agency? Yes No

If yes, please explain: _____

| <u>Date</u> | <u>Location</u> | <u>Reason</u> |
|-------------|-----------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EDUCATION & TRAINING

High School or GED Name: _____

City, State: _____ From: _____ To: _____

Graduate: Yes No

College / University Name: _____

City, State: _____ From: _____ To: _____

Graduate: Yes No Degree / Certification: _____

Other: _____

City, State: _____ From: _____ To: _____

Graduate: Yes No Degree / Certification: _____

EMPLOYMENT HISTORY

Most Recent Employer: _____
Company / Individual

Address: _____
Street Address Apt/Suite

_____ City State Zip Code

Supervisor Name: _____ Phone: (_____) _____ - _____

Rate of Pay: \$_____._____ Hourly Salary From: _____ To: _____

Job Title: _____

Responsibilities / Duties: _____

Reason for Leaving: _____

Employer (2): _____
Company / Individual

Address: _____
Street Address Apt/Suite
_____ City State Zip Code

Supervisor Name: _____ Phone: (____) _____ - _____

Rate of Pay: \$____.____ Hourly Salary From: _____ To: _____

Job Title: _____

Responsibilities / Duties: _____

Reason for Leaving: _____

Employer (3): _____
Company / Individual

Address: _____
Street Address Apt/Suite
_____ City State Zip Code

Supervisor Name: _____ Phone: (____) _____ - _____

Rate of Pay: \$____.____ Hourly Salary From: _____ To: _____

Job Title: _____

Responsibilities / Duties: _____

Reason for Leaving: _____

Have you ever been dismissed or asked to resign? Yes No

Have you ever had any disciplinary action taken against you from any employment or volunteer position you have held? Yes No

If yes, please provide details and specifics: _____

Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes, please provide details and specifics: _____

Are you now or have you ever been a member of a reserve unit or The National Guard?

Yes No

Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide dates and specifics: _____

Veteran's Preference

If you are not claiming Veteran's Preference, please initial here: _____.

Per Arkansas code, policy number 30.20, employer will afford a preference to employment of Veterans. In case of equal qualifications and experience between candidates for an available position, a Veteran who qualifies will be preferred. If claiming Veteran's Preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Arkansas Code annotated §21-3-302 and 303.) The term "active duty" means full-time duty in the Armed Forces, but not active duty for training.

Preference Eligible Veterans

- I served on active duty in the Armed Forces of the United States for a period of more than 6 (six) years and was honorably discharged.
- I am the spouse of an eligible veteran who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I have attached a copy of my DD-214. Veteran's Preference will not be considered without this document.

CONSENTS

Are you willing to consent to a background check? Yes No

Are you willing to consent to a drug screen? Yes No

* **DISCLAIMER:** When requested by this agency, the applicant will be fingerprinted and shall be required to pass a drug test and background check.

DOCUMENTS TO BE PROVIDED

- Certified copy of birth certificate
- Copy of driver's license
- Copy of social security card
- Certified copy of high school diploma or GED, college diploma or transcripts
- If applicable, attach a copy of Military DD-214.
- Notarization form **MUST** be completed in order for application to be considered.

OTHER REQUIREMENTS

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document and if employed by this agency, I acknowledge that my failure to update this information may result in discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete, or misleading answers, my application may be rejected and my name removed from consideration for employment with said employer, and if employed, my termination from employment.

Signed this _____ day of _____, 20_____.

Printed Name of Applicant

Signature of Applicant

NOTARIZATION

On this _____ day of _____, 20_____, acknowledges before me, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this statement first above written.

Notary Public

My commission expires: _____, 20_____.