

## City of Brookland / Brookland Utilities

### APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status, or other legally protected status.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

If applying for a position with the Brookland Police Department, are you 21 years old or older?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

\_\_\_\_\_  
\_\_\_\_\_

Do you have the legal right to work and remain in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Can you perform the duties of the job which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, will you need any accommodations? Explain: \_\_\_\_\_

\*\*\*If additional space is needed, please attach additional pages.

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Training Including Police Academy				

**Position applied for:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Wage or salary desired? \$** \_\_\_\_\_ **When can you start?** \_\_\_\_\_

**Work History**

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date left	Ending Salary: \$ Per:	Position on Leaving
Name of Supervisor	Title of Supervisor	
Description of Duties		
Reason For Leaving		

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date left	Ending Salary: \$ Per:	Position on Leaving
Name of Supervisor	Title of Supervisor	
Description of Duties		
Reason For Leaving		

Most recent employer		Address	Telephone
Date started	Starting Salary: \$ Per:		Starting Position
Date left	Ending Salary: \$ Per:		Position on Leaving
Name of Supervisor			Title of Supervisor
Description of Duties			
Reason For Leaving			

Do you have a current commercial driver's license? \_\_\_\_\_

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Brookland? Specify office equipment, machines, computers, computer software, heavy equipment or anything else you can operate:

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Give names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

Name	Address/Phone No.	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Employee Statement

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Brookland or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the Mayor, and that this application is the property of the city and will become a part of my file if I am accepted for employment.

I authorize the Brookland Police Department to do a criminal background check regarding employment with the City of Brookland, Brookland Utilities or Brookland Street Department.

Applicant Date of Birth: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

# COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

## MEDICAL HISTORY QUESTIONNAIRE

This Box To Be Completed By The Employing Agency:

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Address: _____	You are to report to: _____  Address: _____ At _____ o'clock _____ Mo. _____ Day _____ Yr. with this questionnaire completed.
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### TO THE APPLICANT:

A Medical Examination is required by the Commission on Law Enforcement Standards & Training. Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

Instructions to Applicants: Complete this form prior to your physical examination and give the original to the employing agency and a copy to the examining physician and psychological examiner at the time of examination. Answer all questions completely and accurately.							
Applicant's Name (Last, First, Middle)				Address			
Date of Birth		Age		Current Occupation			
SECTION HAVE YOU EVER OR DO YOU NOW HAVE ANY OF THE FOLLOWING? FOR "YES" ANSWERS, SUPPLY FULL DETAILS IN SECTION B ON THE REVERSE SIDE. IF THE CONDITION REQUIRED HOSPITALIZATION, CHECK THE CORRESPONDING BOX.							
CONDITION	NO	YES	HOSP		NO	YES	HOSP
1. HEAD INJURY							
2. BACK TROUBLE OR BACK PAIN				22. ALLERGIES			
3. ANY DEFECT OF BONES OR JOINTS INCLUDING AMPUTATIONS, DISLOCATIONS, BROKEN BONES				23. FREQUENT COLDS			
4. PARALYSIS				24. CANCER OR MALIGNANCY			
5. RHEUMATISM OR ARTHRITIS				25. TUMOR, GROWTH OR CYST			
6. KNEE INJURY				26. ANY COMPLICATIONS FROM CHILDHOOD DISEASES			
7. FOOT TROUBLE				27. POLIO			
8. EYE INJURY, SURGERY, DISEASE				28. RHEUMATIC FEVER			
9. HAVE YOU EVER WORN GLASSES/CONTACT LENSES?				29. HEART TROUBLE, INCLUDING CIRCULATORY			
10. HARD OF HEARING, HEARING PROBLEMS, OR WORN A HEARING AID				30. HIGH OR LOW BLOOD PRESSURE			
11. HEAT STROKE OR HEAT RELATED INJURY				31. VARICOSE VEINS			
12. HEADACHES				32. PERNICIOUS ANEMIA, LEUKEMIA, OR OTHER BLOOD DISORDER OR AILMENT			
13. MENTAL ILLNESS				33. HEPATITIS, JAUNDICE OR OTHER LIVER AILMENTS			
14. ADDICTION TO DRUGS OR ALCOHOL				34. DIABETES OR EXCESSIVE SUGAR IN URINE			
15. FAINTING OR DIZZY SPELLS				35. ULCERS OR OTHER STOMACH TROUBLE			
16. EPILEPSY OR SEIZURES				36. COLITIS			
17. ANY DISORDER OF THE NERVOUS SYSTEM				37. GALL BLADDER TROUBLE			
18. TUBERCULOSIS OR OTHER LUNG TROUBLE				38. KIDNEY/BLADDER TROUBLE			
19. SHORTNESS OF BREATH				39. RUPTURE OR HERNIA			
20. ASTHMA				40. MONONUCLEOSIS			
21. BRONCHITIS							
41. HAVE YOU EVER HAD OR BEEN ADVISED TO HAVE AN OPERATION? IF "YES", GIVE THE NATURE AND DATE(S) AND PLACE(S) OF OPERATION(S).					NO	YES	
42. HAVE YOU EVER BEEN A PATIENT (COMMITTED OR VOLUNTARY) IN A MENTAL HOSPITAL? IF "YES", GIVE REASONS, DATE(S) AND PLACE(S).							
CONTINUE ON REVERSE SIDE FOR "YES" ANSWERS. SUPPLY DETAILS IN SECTION B ON REVERSE SIDE.							

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# SECTION A CONTINUED

	NO	YES
43. HAVE YOU HAD ANY OTHER ILLNESS, INJURY, OR PHYSICAL CONDITION NOT NAMED ABOVE, OTHER THAN CHILDHOOD DISEASES OR MINOR ILLNESSES? IF "YES", EXPLAIN:		
44. HAVE YOU HAD AN INJURY WITHIN THE LAST 5 YEARS WHICH CAUSED YOU TO LOSE TIME FROM WORK?		
45. HAVE YOU EVER BEEN DENIED EMPLOYMENT OR INSURANCE FOR MEDICAL REASONS?		
46. HAVE YOU EVER BEEN DEFERRED FROM MILITARY SERVICE FOR MEDICAL, EMOTIONAL, OR HEALTH REASONS?		
47. HAVE YOU EVER BEEN DISCHARGED OR RELEASED FROM EMPLOYMENT OR FROM THE ARMED FORCES FOR MEDICAL, EMOTIONAL, OR HEALTH REASONS?		
48. HAVE YOU EVER RECEIVED OR APPLIED FOR PENSION OR COMPENSATION FOR DISABILITY OR INJURY?		
49. ARE YOU PRESENTLY UNDER THE DOCTOR'S CARE FOR ANY CONDITION?		
50. HAVE YOU TAKEN MEDICATION WITHIN THE LAST 12 MONTHS FOR ANY REASON? IF "YES", EXPLAIN.		
51. HAVE YOU EVER USED AN ILLEGAL DRUG OR USED ANY CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? (IF "YES", EXPLAIN WHEN AND DURATION OF USE IN SECTION B BELOW)		
52. DO YOU HAVE ANY PHYSICAL OR EMOTIONAL LIMITATIONS THAT INTERFERE WITH YOUR DAILY ACTIVITIES? IF "YES", EXPLAIN.		

## PHYSICIANS CONSULTED (For above items checked "Yes". Identify Item No.)

Item	Physician's Name	Address (No., Street, City, State)

## SECTION B WRITE YOUR OWN ACCOUNT AND EXPLAIN ALL ITEMS ANSWERED "YES" IN THIS QUESTIONNAIRE. IDENTIFY ITEM NUMBER, INCLUDE DIAGNOSIS, DATE OF ONSET, AND YOUR PRESENT CONDITION. CONTINUE ON 8 1/2 X 11 SHEETS OF PAPER AND ATTACH


## PENALTY

ANY FALSIFICATION, WITHHOLDING OR FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE FORFEITURE OF ALL RIGHTS TO THIS EMPLOYMENT.

## CERTIFICATION

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS, AND THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

(Sign in Ink)

X

DATE SIGNED

STATE OF ARKANSAS  
COMMISSION  
ON  
LAW ENFORCEMENT STANDARDS  
AND TRAINING  
PERSONAL HISTORY STATEMENT

# PERSONAL HISTORY STATEMENT

Law Enforcement Agency \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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: ☐ U.S. Born ☐ U.S. 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 ☐ Married ☐ Divorced  
☐ Engaged ☐ Separated ☐ Widowed

9. Names of Spouse or Fiancée \_\_\_\_\_

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:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Have you ever been involved as 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:

NAME	ADDRESS	TELEPHONE

**FAMILY HISTORY:**

17. List your parents, brothers and sisters:

	NAME	ADDRESS	TELE-PHONE
Father			
Mother			
Bro./Sis.			
Bro./Sis.			
Bro./Sis.			

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:

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL:**

19. Do you have life insurance and/or hospitalization insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Have you a savings account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

21. Have you a checking account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and 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 and 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 and State \_\_\_\_\_

25. List motor vehicles that you own or are buying or leasing:

MAKE	MODEL	YEAR	AMOUNT OWED

26. What income other than salary do you have at present? Include spouse's salary.

27 List Credit References:

27. List Credit References:

[illegible]

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:

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

**WORK HISTORY:**

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? ☐ Yes ☐ No. If yes, give details below:

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory 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.

A. Title of present or last position		Starting Salary		Last Salary	
Date Employed:		Name and title of supervisor			
Date Separated:		No. employees supervised by you:			
Full-time		Employer			
Yrs.		Address			
Mos.		Duties			
Part-time					
Yrs.					
Mos.					
If Part-time, # of hours worked per week:		Reason for leaving:			

B. Title of next to last position		Starting Salary		Last Salary	
Date Employed:		Name and title of supervisor			
Date Separated:		No. employees supervised by you:			
Full-time		Employer			
Yrs.		Address			
Mos.		Duties			
Part-time					
Yrs.					
Mos.					
If Part-time, # of hours worked Per week:		Reason for leaving:			

C. Title of next position		Starting Salary		Last Salary	
Date Employed:		Name and title of supervisor			
Date Separated:		No. employees supervised by you:			
Full-time		Employer			
Yrs.		Address			
Mos.		Duties			
Part-time					
Yrs.					
Mos.					
If Part-time, # of hours worked Per week:		Reason for leaving:			

D. Title of next position \_\_\_\_\_

Starting  
Salary

Last  
Salary

Date Employed:			
Date Separated:			
Full-time	Yrs.	Mos.	
Part-time	Yrs.	Mos.	
If Part-time, # of hours worked Per week:			

Name and title of supervisor  
No. employees supervised by you:

Employer  
Address  
Duties

Reason for leaving:

39. Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No  
Approximate date: \_\_\_\_\_

### MILITARY SERVICE

40. Were you ever in the U.S. 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 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:

Name of School	Location (City and State)	From Mo. & Yr.	To Mo. & Yr.	Year Completed
Grade				
High School				
College or University				

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 falsifications 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 Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

Crime Charged \_\_\_\_\_ 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 below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>
Agency <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>
Agency <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>

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:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

## 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 \_\_\_\_\_, 20 \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

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