

# Montgomery County Sheriff's Office

## LAW ENFORCEMENT

### EMPLOYMENT APPLICATION FORM

The Montgomery County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or G.E.D. equivalent.
3. A copy of military discharge(s) if applicable.

POSITION APPLYING FOR:

☐ Deputy Sheriff      ☐ Detention Officer      ☐ Telecommunications Operator

TYPE OF POSTION:      ☐ Full Time Position      ☐ Part Time Position      Food Service

#### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size to this application, and number answers to correspond with questions.

#### APPLICANT NAME

1. Full Name:

Last Name

First

Middle

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Name	Circumstance	Dates From	Dates To

## BACKGROUND INFORMATION

**THIS INFORMATION IS RQUIRED TO CONDUCT A BACKGROUND INVESTIGATION ONLY**

1. Date and Place of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth City County State Country (If not U.S.)

2. Are you a United States citizen? ☐ Yes ☐ No

If naturalized, please provide:

Date	Place
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Naturalization No.

3. Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

4. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### EDUCATION / TRAINING

High School Name / Address	Dates Attended Month / Year		Years Completed	Did You Graduate?	Type of Diploma
	To	From			

College / University Name / Address	Dates Attended Month / Year		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Quarter	Semester		

**\*Attach diploma or official transcript from the last institution of higher education attended.**

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Other Schools: (Trade, Vocational, Business or Military)

Name / Address	Dates Attended Month / Year		Credit Hours Earned	Area Of Study	Did You Graduate?	Type of Degree Or Certificate
	From	To				



1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

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2. Indicate any foreign languages you can

	Fluent	Good	Fair
Speak			
Read			
Write			

3. Indicate any law enforcement education / training:

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4. Did you receive a certificate for the above listed training? ☐ Yes ☐ No  
**\*If "Yes", attach a copy of the certificate(s) to this application.**

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to disciplinary action or investigation by CLEST? ☐ Yes ☐ No ☐ N/A  
**If "Yes", explain:**

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6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

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7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date license expires (except vehicle operator license):

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8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers, etc.):

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9. Have you had any training/education with K-9's? ☐ Yes ☐ No  
If "Yes", provide details:

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10. Would you be willing to be transferred to a K-9 unit, if necessary: ☐ Yes ☐ No  
\*I understand that there is no additional rate of pay for non-duty time devoted to the care and maintenance of the animal.)

### EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name and Address Of Employer	Dates Worked Month / Year		Salary	Title Or Position	Name of Supervisor	Reason for Leaving
	From	To				



2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? ☐ Yes ☐ No
3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐ Yes ☐ No

If "Yes" to question #2 or #3, please provide details.

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4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? ☐ Yes ☐ No

If "Yes", please provide name of agency and date of application or service.

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5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer: ☐ Yes ☐ No

If "Yes", please provide name and address of business, corporation or organization and describe your relationship or position.

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## RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residence in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Month / Year		Street Address	City	County	State
From	To				

# PERSONAL DECLARATIONS

Drug use covers all terms used to describe the ingestion of any of the listed types into a person's system.  
Example: experimented, tried, etc.

Have you used:

Substance	Yes/No	Approximate First Date Used	Approximate Last Date Used	Total Number of Times Used
PCP (Angel Dust)				
THC (Hashish/Marijuana)				
LSD				
Heroin				
Cocaine				
Amphetamine/Methamphetamines				
Ecstasy/XTC/Ice				
Inhalants (glue/paint)				
GHB/Rohypnol (date-rape drug)				
Steroids (Other than prescription)				
Any other recreational/non-prescription drugs				

If you answered yes to any of the above questions, please explain circumstances:

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PERSONAL DECLARATIONS/DRUG USE (Continued)

Have you ever possessed any of the items specified on previous page? \_\_\_\_ Yes \_\_\_\_ No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever sold any of the items specified on previous page? \_\_\_\_ Yes \_\_\_\_ No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever bought any of the items specified on previous page? \_\_\_\_ Yes \_\_\_\_ No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug? \_\_\_\_ Yes \_\_\_\_ No

What drug? \_\_\_\_\_ How were you involved? \_\_\_\_\_

Have you ever been involved in the delivery of any illegal drugs to another person? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you ever transported any illegal drugs across a state of U.S. border? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you ever cultivated or grown any illegal drug or substance? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you ever used prescription or over the counter medication or products for any purpose other than intended or those listed in the directions, or grossly exceeded the recommended dosage?

\_\_\_\_ Yes \_\_\_\_ No If yes, please \_\_\_\_\_

Have you ever taken prescription medication not prescribed for you? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type? \_\_\_\_\_

From whom? (relation) \_\_\_\_\_ When? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ALCOHOL USE

Do you use alcoholic products? \_\_\_\_ Yes \_\_\_\_ No

If yes, how often do you drink and approximately how much at any given time? \_\_\_\_\_

Have you ever consumed alcohol during work, in violation of company policy or procedures?

\_\_\_\_ Yes \_\_\_\_ No

Have you ever been disciplined as a result of an alcohol related incident?

\_\_\_\_ Yes \_\_\_\_ No

Have you ever sought medical help or counseling for alcohol/substance abuse related reasons?

\_\_\_\_ Yes \_\_\_\_ No

Have you ever consumed alcohol as a minor?

\_\_\_\_ Yes \_\_\_\_ No

If yes, at what age(s)? \_\_\_\_\_

Provided by whom? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? ☐ Yes ☐ No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? ☐ Yes ☐ No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations: ☐ Yes ☐ No
4. If yes to questions #1, #2 or #3, list all such matters even if not formally charged, o no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relatives Name	Place and Department	Charge	Court & Place	Disposition

**Provide details for each response "Yes" to questions #1, #2 or #3:**

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5. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) ☐ Yes ☐ No  
If you answered "Yes", give date, place or court, case number, names of involved parties, nature of action, and final disposition.

6. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? ☐ Yes ☐ No Reason: \_\_\_\_\_

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ☐ Yes ☐ No

8. If "Yes" to question #5 or #6, please provide details.

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### DRIVING HISTORY

1. Are you a licensed Arkansas automobile operator? ☐ Yes ☐ No

License Number	Date of Expiration	Restrictions

2. Do you hold, or have you ever held an operator or commercial license in another state? ☐ Yes ☐ No If "Yes", please provide state(s), name used and approximate dates license(s) was/were held.

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3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☐ Yes ☐ No If "Yes", please provide complete details including why license was revoked.

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## MILITARY HISTORY

1. Are you registered for the Selective Service? ☐ Yes ☐ No
2. Have you ever served on active duty in the Armed Forces of the United States of America? ☐ Yes ☐ No

If "Yes":

Branch of Service	Highest Rank	Duty Dates	
		From	To

3. Date and type of discharge (if applicable): \_\_\_\_\_
4. Are you now, or have you ever been a member of a reserve unit or the National Guard?  
☐ Yes ☐ No
5. If "Yes", state the branch of service, name and location of your unit and whether you attended drills, meeting, or camps:

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

If "Yes", please provide the following:

Date	Place	Nature of Offense	Action Taken

7. Have you ever served in the Armed Forces of a foreign country? ☐ Yes ☐ No  
If "Yes", please specify countries and dates:

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8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference. **Documentation substantiating your claim must be furnished at the time of application.**

- ☐ a. A veteran with a service-connected disability who was honorably discharged and who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- ☐ b. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- ☐ c. A veteran of any war as defined in Arkansas Statutory Law, who served at least one (1) day during a war time period.
- ☐ d. The un-remarried widow or widower of a veteran who died of a service-connected disability.

### PERSONAL REFERENCES & AQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or schoolteachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you will for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acquainted	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acquainted	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____



Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acquainted	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acquainted	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acquainted	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acquainted	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

## PERSONAL HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND  
NOT AVAILABLE FOR PUBLIC INSPECTION**

1. Applicant's Current Address:

Address

City

County

State

Zip Code

( )

Telephone Number

E-Mail

2. Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Spouse's Name (if applicable): \_\_\_\_\_ Phone \_\_\_\_\_

4. Former spouse(s) name and address (if applicable):

Name

Address

City

County

State

Zip Code

5. Name and address of next of kin or other person to be contacted in the event of an emergency:

Name

Phone

Address

City

County

State

Zip Code

6. Name and address of personal or family physician to be contacted in the event of an emergency:

Name

Address

City

County

State

Zip Code



## APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Montgomery County Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I understand that I will be fingerprinted. I understand that this employment application shall become the property of the Montgomery County Sheriff's Office and that it and the information received in response to the background examination are public records.

I understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Montgomery County Sheriff's Office.

I understand that the use of drugs and/or alcohol is not permitted, during work hours or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Montgomery County Sheriff's Office.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, with approval by the Montgomery County Quorum Court, for accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Montgomery County Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Montgomery County Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Montgomery County Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Montgomery County Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates, etc.) which might tend to reflect unfavorably on your reputation, morals, character, or ability? ☐ Yes ☐ No

If "Yes", on a separate sheet, provide your version or explain fully any such incident.

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

\_\_\_\_\_  
Date