



Brad Hobbs
Chief of Police

GREENWOOD POLICE DEPARTMENT

250 OLD HACKETT ROAD GREENWOOD, AR 72936 479-996-4119 FAX 479-996-5013

APPLICATION FOR EMPLOYMENT

Dear Applicant,

Enclosed you will find the application for employment with the Greenwood Police Department. Along with the application form is a release of records form, which must be signed, notarized and returned along with the application. Please fill out all sections of the application in complete detail. Type or print your application in blue or black ink only. Incomplete applications will result in an inability to complete your background investigation which may lead to your application being dropped from consideration.

You must provide copies of the following documents (if applicable) with your completed application. These documents will not be returned to you. The application and documents provided will be destroyed after one year on file.

- Completed & Notarized Physicians Consent Form
- Medical History Questionnaire
- Birth Certificate
- Social Security Card
- Full Credit History Report
- Driver's License
- High School Diploma/ GED
- High School Transcript(s)
- College Diploma
- College Transcript(s)
- DD214 (Military Only)
- Law Enforcement certifications and training (Prior Law Enforcement Only)

Do not return the Physicians Consent Form unless it has been signed by your doctor. You cannot perform the physical fitness test if this form is not signed.

The application requires your signature in two places and the signature must be notarized.

Complete the Medical History Questionnaire (Form F-2) with your personal information and turn in with your application. The form will be kept at the PD until the physical and drug screen appointment.



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Waiver of Release of Records

I do hereby give authority to the Greenwood Police Department, Greenwood, Arkansas to conduct a background investigation with my present and past employers, educational institutions, medical institutions, doctors, references, and law enforcement agencies. These agencies include, but are not limited to, local police agencies, county sheriff's agencies, state police agencies, and federal law enforcement agencies.

Furthermore, I voluntarily authorize my former employers, personal references, medical institutions, educational institutions, doctors, financial institutions, and any law enforcement authorities, including, but are not limited to, local police agencies, county sheriff's agencies, state police agencies, and federal law enforcement agencies to release any and all information in their possession to the Greenwood Police Department, Greenwood, Arkansas. I hereby release said organizations and persons from any liability or claim whatsoever for issuing this information. I understand a refusal to release this information will result in my termination from the application process.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Greenwood Police Department. I understand all materials pertaining to this background investigation will become property of the Greenwood Police Department and will not be returned to me.

A photocopy of this form will be valid as an original hereof, even though the said photocopy does not contain an original of my signature.

Signature of Applicant

Date

Printed Name of Applicant

Must be signed in the presence of a notary

Subscribed and sworn before me this
_____ day of _____, 20____.

Notary Public
My Commission Expires _____



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POLICE APPLICANT'S RELEASE FORM

_____, an applicant for employment with the City of Greenwood Police Department, hereby acknowledges that he/she is required to undergo the agility tests listed on the attachment hereto. Applicant hereby states that he/she is of good health and has no medical conditions that these tests would aggravate. Applicant specifically releases the City of Greenwood from any and all claims that he/she may have or that may be made on his/her behalf or by other persons claiming by or through applicant by reasons of injuries or harm that may result to the applicant from participating in these agility tests.

Applicant's name (print or type)

Applicant's signature

Date

PHYSICIAN'S CONSENT

I have reviewed a description of the physical fitness demonstration and physical requirements for the position of Police Officer and certify that _____ is of good physical health and has no medical conditions that would be aggravated by the fitness demonstration to be administered by the City of Greenwood.

Physician's Signature

Physician's Name

Physician's Office Address

Physician's Phone Number

(MUST BE PRESENTED AT TIME OF TESTING)



**Brad Hobbs
Chief of Police**

Contact Information

Applicant Name: _____

Date of Birth: _____

Phone Number: (____) _____ - _____

Mailing Address: _____

Home Address: _____

Email Address: _____

Employer Information:

Current Employer: _____ Supervisor: _____ Phone Number: _____

Previous Employer: _____ Supervisor: _____ Phone Number: _____

Previous Employer: _____ Supervisor: _____ Phone Number: _____

Continue below if needed:

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 _____

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:		
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: _____

B. Title of next to last 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: _____

C. 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: _____

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 _____ 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:

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.

SECTION A CONTINUED		NO	YES
HAVE YOU HAD ANY OTHER ILLNESS, INJURY, OR PHYSICAL CONDITION NOT NAMED ABOVE, OTHER THAN CHILDHOOD DISEASES OR MINOR ILLNESSES? IF "YES", EXPLAIN IN SECTION B BELOW.			
HAVE YOU HAD AN INJURY WITHIN THE LAST 5 YEARS WHICH CAUSED YOU TO LOSE TIME FROM WORK?			
HAVE YOU EVER BEEN DENIED EMPLOYMENT OR INSURANCE FOR MEDICAL REASONS?			
HAVE YOU EVER BEEN DEFERRED FROM MILITARY SERVICE FOR MEDICAL, EMOTIONAL, OR HEALTH REASONS?			
HAVE YOU EVER BEEN DISCHARGED OR RELEASED FROM EMPLOYMENT OR FROM THE ARMED FORCES FOR MEDICAL, EMOTIONAL, OR HEALTH REASONS?			
HAVE YOU EVER RECEIVED OR APPLIED FOR PENSION OR COMPENSATION FOR DISABILITY OR INJURY?			
ARE YOU PRESENTLY UNDER THE DOCTOR'S CARE FOR ANY CONDITION?			
HAVE YOU TAKEN MEDICATION WITHIN THE LAST 12 MONTHS FOR ANY REASON? IF YES, EXPLAIN IN SECTION B BELOW			
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)			
DO YOU HAVE ANY PHYSICAL OR EMOTIONAL LIMITATIONS THAT INTERFERE WITH YOUR DAILY ACTIVITIES? IF "YES", EXPLAIN IN SECTION B BELOW.			

PERSONAL HISTORY:	YES	NO	
HAVE YOU EVER SMOKED:			
DO YOU SMOKE NOW:			
AGE STARTED:			
TYPE SMOKED:			CIGARETTES
			PIPE
			CIGAR
HAVE YOU STOPPED SMOKING?			
AGE WHEN STOPPED?			
HOW MANY PACKS PER DAY DO/DID YOU SMOKE?			
HOW MANY PACKS PER DAY DO OR DID YOU SMOKE?			

	YES	NO	
DO YOU CURRENTLY DRINK ALCOHOLIC BEVERAGES:			
IF YES, AVERAGE NUMBER OF ALCOHOLIC BEVERAGES PER WEEK:	BEER	WINE	DRINKS

ALLERGIES:

MEDICATIONS: (INCLUDING PRESCRIPTIONS, OVER THE COUNTER, SUPPLEMENTS)

PHYSICAL ACTIVITY/EXERCISE: (TYPE/DURATION/FREQUENCY)

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

MEDICAL EXAMINATION REPORT

To Be Completed by a Licensed Physician

INSTRUCTIONS TO EXAMINING PHYSICIAN: Please review Health Questionnaire before examining the candidate. Do not forward this report until lab results are received. Use Section 24 for explanation of details, if necessary.

Name (Last, First, Middle)		Date of Birth (YYYY, MM, DD)	
Height (without shoes)	Weight (without shoes and coat)	BMI	
BLOOD PRESSURE		REPEAT BLOOD PRESSURE	
PULSE RATE	REGULAR	IRREGULAR	RESPIRATIONS
VISUAL ACUITY (IF APPLICANT WEARS CORRECTIVE LENSES, TEST AND RECORD WITH AND WITHOUT CORRECTIVE LENSES)			
COLOR DISCRIMINATION		DEPTH PERCEPTION	
PERIPHERAL VISION (TEMPORAL) (EACH EYE ON ZERO LINE)		RIGHT EYE DEGREES	LEFT EYE DEGREES
		RIGHT EYE	LEFT EYE BOTH
VISUAL ACUITY	16 INCHES UNCORRECTED		
VISUAL ACUITY	16 INCHES CORRECTED		
VISUAL ACUITY	20 FEET UNCORRECTED		
VISUAL ACUITY	20 FEET CORRECTED		
EYE FUNDUS - FINDINGS			
DOES EXAM REVEAL ANY INTERNAL OR EXTERNAL EYE PATHOLOGY?			YES NO
IF YES, DESCRIBE:			
IS THERE ANY APPARENT EYE DEVIATION?			YES NO
NOTE ANY EYE OR VISUAL ABNORMALITY:			
HEARING (Whispered conversation at 15 ft. considered normal)			
Right 15/	HEARING AID USED	DRUM PERFORATION OR DRAINAGE	
Left 15/	NO YES	NO YES	

Physical Exam

NL	AB	Check each item in appropriate column if examined:	Remarks:
		Head, face	
		Eyes: PERRLA	
		EOMS	
		Funduscopic	
		Ears: External and canal	
		Tympanic membrane	
		Nose	
		Mouth, oral mucosa, palate	
		Throat	
		Skin (document scars)	
		Neck	
		Thyroid	
		Heart: Rhythm	
		Auscultation	
		Vascular (bruits, varicosities, cyanosis)	
		Lungs	
		Abdomen	
		Hernia: Umbilical	
		Inguinal (males only)	
		Musculoskeletal: (strength, ROM, deformities, scars)	
		Shoulders	
		Elbows	
		Wrists/hands	
		Hips/thighs	
		Knees	
		Ankles/feet	
		Cervical spine	
		Thoracic spine	
		Lumbar spine	
		Neuro	
		Romberg	
		BICEPS reflexes: L +/4 R +/4	
		PATELLAR reflexes: L +/4 R +/4	
		ACHILLES reflexes: L +/4 R +/4	
		Special Test:	

Examples of physical duties of a peace officer can include but are not limited to:

- Standing, walking, and/or running on concrete, asphalt, or uneven unpaved surfaces;
- Sitting in a vehicle or in an office chair for an extended period of time;
- Carrying objects of varying sizes, shapes, and weights up to and sometimes in excess of 100 pounds;
- Routine lifting of objects such as a firearm or baton, lifting may include persons in custody and/or unconscious with or without assistance;
- Bending from the waist to pick up or lay down objects, may be down on knees for short periods of time as duties require;
- May be required to climb on or over various building surfaces, fences, walls, and stairs;
- Running may be required for short to long distances to escape from or reach an incident scene or in the process of arresting a suspect;

Examples of physical duties the peace officer may encounter during training include:

- Baton and Handcuffing techniques
- Weapon retention and disarming
- Basic punches and kicks
- Front, side, and lateral take down maneuvers.
- Joint locks
- Physical exercise to include obstacle courses, sit-ups, push-ups, pull-ups, weight training, and running.

*This list is not an exhaustive list of the physical duties that may be required of a peace officer. It is intended to serve as a guide for physicians in determining whether or not to state on the F-2 form that they do or do not have any reservations about a candidate's ability to physically perform the duties of a peace officer.