



EMPLOYMENT APPLICATION

MUST BE RETURNED IN PERSON TO:
YELL COUNTY SHERIFF'S DEPT.
911 DISPATCH CENTER
4TH & Main, DANVILLE, AR 72833

Desired Position: Deputy Sheriff
Mark all for which you wish to be considered 911 Dispatch / Jailer
 Jailer
 Other: _____

Full-Time Part-Time

Application Date: ___/___/___

CONTACT / ID:

Name: _____ DOB: ___/___/___ SS#: _____

Address: _____
Physical Mailing (If Different)

City: _____ ST: _____ ZIP: _____

Ph: (____) _____ - _____ Other Ph: (____) _____ - _____

DL#: _____ ST: _____ eMail: _____

STATUS:

US CITIZEN RESIDENT ALIEN Other: _____

EDUCATION *(Mark Highest Completed):*

GED High School Diploma Some College B.A./B.S. or higher

Field of Study/Type of Degree: _____

Schools Attended: _____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

MILITARY SERVICE:

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

CRIMINAL HISTORY *(Mark all that apply):*

- Previous Felony Arrest – Date(s): _____
- Domestic Violence Arrest – Date(s): _____
- DWI/DUI Arrest – Date(s): _____
- Possession Controlled Substance Arrest – Date(s): _____
- Public Intoxication / Disorderly Conduct Arrest – Date(s): _____
- Other Arrests – Date(s): _____

Explain:

EMPLOYMENT HISTORY (Last four employers):

Employer: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____
Job Description: _____
Salary Beginning: _____ Salary Ending: _____
Reason for Leaving: _____

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Job Title: _____ Dates Employed: _____
Job Description: _____
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Job Title: _____ Dates Employed: _____
Job Description: _____
Salary Beginning: _____ Salary Ending: _____
Reason for Leaving: _____

PERSONAL REFERENCES (Other than persons with an immediate kinship):

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

CURRENT/PREVIOUS CREDITORS (List all that apply):

Checking/Savings Account – Bank: _____ Ph: _____

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Checking/Savings Account – Bank: _____ Ph: _____

Auto Loan – Bank: _____ Ph: _____

Auto Loan – Bank: _____ Ph: _____

Auto Loan – Bank: _____ Ph: _____

Home Mortgage – Bank: _____ Ph: _____

Home Mortgage – Bank: _____ Ph: _____

Personal/Business Loan – Bank: _____ Ph: _____

Personal/Business Loan – Bank: _____ Ph: _____

Personal/Business Loan – Bank: _____ Ph: _____

BANKRUPTCY FILINGS (List/Explain):

PREVIOUS HOME ADDRESSES:



PERMISSION TO OBTAIN INFORMATION

This document authorizes the Yell County Sheriff's Department to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee or a candidate for employment. This form may be given to agencies, employers, and/or schools I have attended, for authorization to release information on my employment, academic history, driving record, criminal background, and financial background to the Yell County Sheriff's Department. Employment with the Yell County Sheriff's Department is contingent upon satisfactory references and driving record (where applicable).

By signing below, I grant permission to release information to the Yell County Sheriff's Department, relating to my work, academic experience, driving record, criminal background, and financial background to the Yell County Sheriff's Department. I further understand that information obtained may be used by this employer in its sole discretion and without liability to determine eligibility for initial or continued employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Please print:

Last Name

First

Middle

Social Security Number

Drivers License #

State of Issue

If name has changed (through marriage or otherwise), print former name(s) here:

Please provide current and any previous address(es) during the past seven years:

Current:

Previous:

Signature

Date

____/____/____



CERTIFICATION / LIABILITY RELEASE

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is discovered.

I give the Yell County Sheriff's Department the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Yell County Sheriff's Department and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Print Name: _____

Signature

____/____/____
Date