



MOUNTAIN VIEW POLICE DEPARTMENT

203 SOUTH PEABODY AVE | P.O. BOX 1048 | MTN. VIEW, AR 72560
PHONE (870) 269-4211 | FAX: (870) 269-5868



CIVILIAN EMPLOYMENT APPLICATION PACKET

Completion of the Employment Application Packet is the first step in the employment process. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Employment Application
- Waiver of Liability and Release Form
- Credit Information Release Form
- Pre-employment Drug Screen Consent Form
- Domestic Violence Affidavit
- Social Media Affidavit
- Authorization to release Information

Return the entire packet to the address below:

**Mountain View Police
Department P.O. Box 1048
Mountain View, AR 72560**

Office Use Only: Date and time received _____



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CIVILIAN EMPLOYMENT APPLICATION

Instructions

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the City of Mountain View.

POSITION APPLYING FOR		
Job Title: _____		
Are you applying for:	What shifts will you work?	NOTICE: During the Background Check, we will be contacting your present employer.
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal <input type="checkbox"/> Reserve/Volunteer	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Any	
Available Start Date: _____		

Basic Personal Information

Name: _____
Last First Middle

Please list any other names that you have used: _____

Home Address: _____
Street City State Zip

Social Security Number: _____ E-mail address: _____

Telephone: _____
Home Number Daytime Number Cell Number

Driver's License: _____
Number State Type

Place of birth: _____
City State Country

Emergency Contact Name and Number: _____



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Eligibility

1. Are you at least 21 years of age? _____ Yes _____ No

2. Do you have a legal right to work in the United States? (Check one)

____ U.S. Citizen ____ Permanent Resident Status _____

Other (specify) _____

3. Are you a licensed Law Enforcement officer in the State of Arkansas? _____ Yes _____ No

4. If yes, where and when did you obtain your license? _____
Training Academy or Department

Address City State Zip Date

5. Has your Arkansas LEO Certification ever been suspended? _____ Yes _____ No

6. If yes, explain the circumstances:

1. Department: _____

2. Date: _____

3. _____

7. Are you a commissioned/licensed police officer in another state of the U.S.? _____ Yes _____ No

8. If yes, in which state did you receive your commission/license? _____

9. If yes, when and where did you obtain your license? _____

Address City State Zip Date

10. Have you applied for a position with the City before? _____ Yes _____ No

11. If yes, when and previous position(s) applied for: _____



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Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: _____ Serial Number: _____

Date of service: _____ to _____ Reserve Status: _____

Type of discharge: _____ If not honorable, explain: _____

Grade and duty assignment at discharge/separation: _____

Are you registered for the Selective Service? _____ Yes _____ No

Selective Service Number: _____ Classification: _____

Are you a member of the Reserves or National Guard? _____ Yes _____ No

If yes, give unit, location, grade, and duty assignment: _____
Unit

Location Grade Duty Assignment



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Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED? ☐ Yes ☐ No

	ADDRESS, PHONE NUMBER	GRADUATE YES/NO DATES ENROLLED	COURSE OF STUDY/MAJOR
HIGH SCHOOL			
COLLEGE/UNIV.			
COLLEGE/UNIV.			
GRADUATE SCHOOL			
OTHER			
OTHER			
OTHER			

Specialized Skills and Training

Do you speak another language other than English? ☐ Yes ☐ No Fluent? ☐ Yes ☐ No

If yes, please list:

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

Please list any social internet sites (Facebook, MySpace, personal blogs) that you have an active or past account with:

Briefly list any training or skills, including firearms, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

Personal History

1. Do you know of any reason that you could not pass a background check? ____ Yes ____ No
2. Have you ever been fired or asked to resign from a job? ____ Yes ____ No
3. Have you ever received disciplinary action from an employer? ____ Yes ____ No
4. Have you ever stolen from an employer? ____ Yes ____ No
5. Have you ever committed a crime for which you were not arrested? ____ Yes ____ No
6. Have you ever assisted someone in committing a crime? ____ Yes ____ No
7. Have you ever falsified a police report? ____ Yes ____ No
8. Have you ever accepted money not to report a crime? ____ Yes ____ No
9. Have you ever accepted money not to report a crime? ____ Yes ____ No
10. Has any driver's license issued to you every been suspended or revoked? ____ Yes ____ No
11. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance? ____ Yes ____ No
12. Have you ever been bonded? ____ Yes ____ No
13. Have you ever been refused bond? ____ Yes ____ No

If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. **Your omission of these facts will automatically eliminate you from consideration.**

**Applicants with Current or Prior Law
Enforcement Experience**

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

	Type of case	Jurisdiction	City, State
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT

Have you ever declared bankruptcy?

___Yes___No

If yes, give date and circumstances: _____

Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: _____ Position: _____ FT PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____

Supervisor's Name: _____ Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Residences

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP CODE	DATES

Personal References

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

Remarks

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

**Please Read Carefully Before Signing This
Application**

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.

Applicant Signature: _____ Date: _____

The Mountain View Police Department tests applicants at least once each year or as needed to fill vacancies. This is what will happen with your application.

1. Your application is reviewed to ensure you meet the minimum qualifications for a police officer position and for accuracy, legibility, and completeness.
2. If the application is accepted, you will receive a letter notifying you of acceptance. Letters are not sent for rejected applications.
3. Your application will be placed on file until a test is scheduled.
4. All applicants on file will be notified by mail of the next test date.
5. Failure to appear on the scheduled test date disqualifies the applicant and their application will be discarded. You must submit a new application for the next testing period



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WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Mountain View Police Department and the City of Mountain View, Arkansas, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following

Full Name (typed or printed)

terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: _____ Signature of Applicant: _____

Date of birth: _____ SSN: _____

Driver's License Number and State: _____

Date: _____ Witnessed by: _____



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CREDIT INFORMATION RELEASE FORM

Consumer Report Disclosure

By this document, the City of Mountain View discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Applicant Full Name (typed or printed)

Applicant Signature

Date

Witness Signature

Date

Consumer Report Authorization

This document shall authorize the procurement of a consumer report by the City of Mountain View as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Mountain View to procure consumer reports at any time during my employment period.

Applicant Full Name (typed or printed)

Applicant Signature

Date

Witness Signature

Date



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PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, _____, as an applicant with the City of
Applicant Full Name (typed or printed)
Mountain View, Arkansas consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Mountain View, Arkansas or it's authorized agents to representatives.
2. I hereby release the City of Mountain View and its employees from any action that may arise out of results of such tests or information being released to the City of Mountain View.
3. I understand that if I fail to sign and return this consent to the City of Mountain View, Arkansas, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

Applicant Signature

Date

Witness Signature

Date

AFFIDAVIT

STATE OF ARKANSAS

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with Mountain View Police Department. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence or an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with Mountain View Police Department. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

Subscribed and sworn to before
me this _ day of _____.

Notary Public, State of
My Commission _____

AFFIDAVIT

STATE OF ARKANSAS

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with Mountain View Police Department. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with Mountain View Police Department. I understand that this information in itself will not disqualify me from employment, but will provide the department with additional information that will assist in a reasonable employment background investigation.

Subscribed and sworn to before
me this _ day of _____.

Notary Public, State of
My Commission _____

Authorization for the Release of Information

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Mountain View Police Department, I recognize that two essential characteristics for anyone entering the law enforcement profession are honor and integrity. I further recognize the need for the Mountain View Police Department to conduct an extensive background check on every applicant.

With this recognition in mind, I hereby authorize the Mountain View Police Department and its authorized representatives in possession of this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, juvenile court, psychological, or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the Mountain View Police Department. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Full Name (Print): _____

Address: _____

Telephone Number: (_____) _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____, in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____