I am applying for: Sheriff's Office Dub Brassell Detention Juvenile Detention Reserves Internship Only Check one:



Jefferson County Sheriff's Office Law Enforcement Code of Ethics

AS A LAW ENFORCEMENT OFFICER my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder, and to respect the constitutional rights of all men to liberty, equality and justice.

I WILL keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I WILL NEVER act officiously or permit personal feeling, prejudices, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I RECOGNIZE the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession... Law Enforcement

Read and Sign:

What's This?

This is a QR Code. Use your smart phone device to scan the QR Code and get connected directly to our website.



Personal History Statement

Jefferson County Sheriff's Office	
Law Enforcement Agency	

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:

	First		MI Last			Social Secu	rity Number
	Nicknan	nes or Aliases (<mark>S</mark>	eparate each name w	ith a hyphen)			
	Height: Ine	ches Wei	ght: Pounds				
	Present Mailing		reet Number		City	State	Zip Code
	Permanent Mail	ing Address: St	reet Number		City	State	Zip Code
	Telephone:	Home	Business	Cell			
•	Date of Birth:	mm/dd/yyyy	Place of Birth:	City	State		
	Citizenship:	U.S. Born	U.S. Naturalized	Other (Specify)			
	List hobbies and/o	r special skills: _					
	List hobbies and/o	r special skills: _					
*	List hobbies and/o	r special skills: _					
•	List hobbies and/o	r special skills: _					

9. Name of Spouse or Fiancée or Fiancé:

10.	If you are married, are you living with your spouse?	Yes	No	
	If not, list reason(s):			
11.	Have you ever been separated or divorced?	Yes	No	
	If yes, give date and location of court/jurisdiction:			

12. Give the following information about the parents of your spouse:

	Name	Address
Father		
Mother		

13. List every child born to you:

Name	Birthday	Place of Birth	Address

14.	Are you now supporting a	ll children born to you.	stepchildren or otherwise ad	opted by you?	Yes	No
T-10	ric you now supporting u	n ennaren oorn to you,	stepennaren or otherwise ad	iopica by you.	105	110

15. Have you ever been involved as a defendant in a paternity proceeding or domestic relations case? Yes No

If yes, give date and location of court/jurisdiction:

REFERENCES:

16. Give the names of five responsible persons, <u>other than relatives or past employers</u>, 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	Telephone
Father			
Mother			
Sibling			
Sibling			
Sibling			

18. Has any member of your immediate family ever been arrested for and/or convicted of a felony offense? Yes No If yes, complete the following:

Date	Location	Charge	Disposition
Date	Location	Charge	Disposition

FINANCIAL:

	Do you have life insurance and/or hospitalization insur	rance? Yes No	
20.	Do you have a saving account? Yes No Financial Institution:	City:	State:
	Financial Institution:	City:	State:
21.	Do you have a checking account? Yes No		
	Financial Institution:	City:	State:
	Financial Institution:	City:	State:
22.	Do you own or have an interest in any type of business	s that receives revenue from the sale of al	cohol? Yes No
	If yes, provide the business name, location, and typ	e of business:	
23.	Do you own or are you buying your home?YesIs there a mortgage on the property?Yes	No No	
	Financial Institution:	City:	State:
24.	Do you own or are you buying other real estate? Y	es No	
	If yes, give name of agency holding mortgage:		
	Bank:	City:	State:

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

Name of Firm	Amount Owed	Street Address	City/State

28. What is your total indebtedness at present?

29.	Have your creditors treated you fairly? Yes No If not, explain:
30.	Have you ever been sued or filed bankruptcy? Yes No If yes, provide details:

RESIDENCES:

31. List all addresses for the past 10 years, starting with **<u>present</u>** at top:

FROM MONTH / YEAR	TO MONTH / YEAR	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

WORK HISTORY:

If yes, provide details:

^{32.} Are you now, or have you ever been engaged in any business as an owner, partner or corporate board member? Yes No

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, provide details:

Have your employers treat	Have your employers treated you fairly? Yes No If no, provide details:					
If no, provide details:						
5. Do you object to wearing a	uniform?	Yes	No			
6. Do you object to working th	e night shift or graveyard?	Yes	No			
. Do you object to working sh	ifts or rotating shifts?	Yes	No			
	List all jobs that you have held in the last ten years from most recent to oldest. If you need additional space, you may attach additional sheets. Include military service in proper time sequence with temporary part-time jobs.					
A. Title of present or last	position:		Starting Salary	Ending Salary		
Date Employed:	Employer:		Address/ Phone:			
Full-Time Part-Time			No. of employees supervised by you:			
If part-time, number of hours worked per week						
B. Title of present or last position:			Starting Salary	Ending Salary		
Date Employed:	Employer:		Address/ Phone:			
				s supervised by you:		
Full-Time Part-Ti	ime					
If part-time, number of	Duties:					
hours worked per week	Reason for leavi	ng:				
C. Title of present or last	position:		Starting Salary	Ending Salary		
Date Employed:	Employer:		Address/ Phone:			
Date Separated:	Supervisor:		No. of employee	s supervised by you:		
Full-Time Part-Ti						
If part-time, number of hours worked per week						

D. Title of present or last pos	ition:	Starting Salary	Ending Salary
Date Employed:	Employer:	Address/ Phone:	
Date Separated:	Supervisor:	No. of employees su	ipervised by you:
Full-Time Part-Time	Defen		
If part-time, number of hours worked per week			
. Have you previously submitted	an application for employme	nt with this agency? Yes	No
If yes, approximate date:			
ILITARY SERVICE:			
. Were you ever in the U.S. Milita	ary or any other military orga	nization? Yes No	
Branch of Service:	Unit:	Date of Enlist	ment:
Date of Discharge:	Service Number:	Highest Rank:	
. List Medals and Commendation	ons:		
2. Type of Discharge:			
3. If you are presently a member of	of the National Guard or any 1	military reserve, give the unit, locatio	n and describe your obligation
DUCATION:			
4. List all school attended: SCHOOL NAME CITY / STA	TE LOCATED FROM (MO	NTH/YEAR) TO (MONTH/YEAR)	YEAR COMPLETED

45. Did you graduate from high school or pass the high school equivalency test? Yes No

46. List college degrees received and major of each field of study. Include incomplete courses:

47. Were you ever expelled from any school or were you ever disciplined by any school official? Yes No

If yes, provide details:	
REST AND MILITARY DISCIPLINE:	
Answer all of the following questions completely disqualify you. (Exclude minor traffic infractions	v and accurately. Any falsification or misstatements of fact may be sufficient s.)
Have you ever been arrested or detained by any r	
Crime Charges:	Police Agency:
Date:	Disposition:
Crime Charges:	Police Agency:
Date:	Disposition:
Have you ever been placed on probation? Y If yes, provide details:	ves No
Have you ever been required to pay a fine in exc If yes, provide details:	ess of \$25.00? Yes No
Have you ever been reported as a missing person If yes, provide details:	n or runaway? Yes No
Punishment or any other disciplinary action as a	
If yes, provide details:	

53. List any disciplinary actions taken against you in the National Guard or any other reserve unit:

	nswers will be checked with the FBI and other a		provide details below. Your
	Agency	Date	Purpose
(Can you operate a motor vehicle? Yes	No	
I	Do you possess a valid operator's license from the	e State of Arkansas? Yes	No
(Dperator's License Number:	Date Issued:	
Ι	Do you possess a driver's license issued by a state	e other than Arkansas? Ye	es No
I	f yes, give state and license number:		
ŀ	Ias your license ever been suspended or revoked	? Yes No	
	f yes, state which and give details:		
I	Vas your license restored? Yes	No When?	
	Have you ever been refused an operator's license	e by any state? Yes	No
		5 5	

If yes, give complete details for each accident whether collision or non-collision:

DATE	POLICE INVESTIGATION (Y/N)	LOCATION	CAUSE OF ACCIDENT

63. List any convictions for minor traffic violations:

LOCATION	APPROXIMATE DATE	NATURE OF	PENALTY OR
		VIOLATION	DISPOSITION

ATTITUDES:

64. What do you consider to be the current social problem 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 I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full

Date

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.