

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

_____ Date

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 MI Last Social Security Number

_____ Nicknames or Aliases (Separate each name with a hyphen)

2. Height: ____ Inches Weight: ____ Pounds

3. Present Mailing Address: _____
Street Number City State Zip Code

Permanent Mailing Address: _____
Street Number City State Zip Code

Telephone: _____
Home Business Cell Email

4. Date of Birth: _____ Place of Birth: _____
mm/dd/yyyy City State

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 with: _____

7. List hobbies and/or special skills: _____

MARITAL:

8. Marital Status: Single Engaged Married Separated Divorced Widowed

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 all children born to you, stepchildren or otherwise adopted by you? Yes No

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, *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	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:

19. Do you have life insurance and/or hospitalization insurance? 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 that receives revenue from the sale of alcohol? Yes No

If yes, provide the business name, location, and type of business: _____

23. Do you own or are you buying your home? Yes No
Is there a mortgage on the property? Yes No

Financial Institution: _____ **City:** _____ **State:** _____

24. Do you own or are you buying other real estate? Yes 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 **present** at top:

FROM MONTH / YEAR	TO MONTH / YEAR	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, provide details: _____

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

34. Have your employers treated you fairly? Yes No

If no, provide details: _____

35. Do you object to wearing a uniform? Yes No

36. Do you object to working the night shift or graveyard? Yes No

37. Do you object to working shifts or rotating shifts? Yes No

38. 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:** _____

Date Separated: _____ **Supervisor:** _____ **No. of employees supervised by you:** _____

Full-Time Part-Time

Duties: _____

If part-time, number of hours worked per week _____ **Reason for leaving:** _____

B. Title of present or last position: _____ **Starting Salary** _____ **Ending Salary** _____

Date Employed: _____ **Employer:** _____ **Address/ Phone:** _____

Date Separated: _____ **Supervisor:** _____ **No. of employees supervised by you:** _____

Full-Time Part-Time

Duties: _____

If part-time, number of hours worked per week _____ **Reason for leaving:** _____

C. Title of present or last position: _____ **Starting Salary** _____ **Ending Salary** _____

Date Employed: _____ **Employer:** _____ **Address/ Phone:** _____

Date Separated: _____ **Supervisor:** _____ **No. of employees supervised by you:** _____

Full-Time Part-Time

Duties: _____

If part-time, number of hours worked per week _____ **Reason for leaving:** _____

D. Title of present or last position: _____ Starting Salary _____ Ending Salary _____

Date Employed: _____ Employer: _____ Address/ Phone: _____

Date Separated: _____ Supervisor: _____ No. of employees supervised by you: _____

Full-Time Part-Time

Duties: _____

If part-time, number of hours worked per week _____ Reason for leaving: _____

39. Have you previously submitted an application for employment with this agency? Yes No

If yes, approximate date: _____

MILITARY SERVICE:

40. Were you ever in the U.S. Military 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 Commendations: _____

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:

EDUCATION:

44. List all school attended:

SCHOOL NAME	CITY / STATE LOCATED	FROM (MONTH/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: _____

ARREST AND MILITARY DISCIPLINE:

Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may be sufficient to disqualify you. (Exclude minor traffic infractions.)

48. Have you ever been arrested or detained by any member of law enforcement? Yes No

Crime Charges: _____ Police Agency: _____

Date: _____ Disposition: _____

Crime Charges: _____ Police Agency: _____

Date: _____ Disposition: _____

49. Have you ever been placed on probation? Yes No

If yes, provide details: _____

50. Have you ever been required to pay a fine in excess of \$25.00? Yes No

If yes, provide details: _____

51. Have you ever been reported as a missing person or runaway? Yes No

If yes, provide details: _____

52. Were you ever court-martialed, tried on charges or the subject of Summary Court, Deck Court, Captain's Mast, Corporal Punishment or any other disciplinary action as a member of the armed forces? Yes No

If yes, provide details: _____

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

54. If you have ever been fingerprinted by a police agency other than for an arrest, provide details below. Your answers will be checked with the FBI and other agencies.

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 a driver's license issued by a state other than Arkansas? Yes No

If yes, give state and license number: _____

58. Has your license ever been suspended or revoked? Yes No

If yes, state which and give details: _____

59. Was your license 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, provide details:

62. Has a motor vehicle 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 (Y/N)	LOCATION	CAUSE OF ACCIDENT

63. List any convictions for minor traffic violations:

LOCATION	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR 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.