



BENTON COUNTY SHERIFF OFFICE

Application

SECTION I: Administrative

DATE: _____

APPLICANT INFORMATION					
Name (First, Middle, Last)				DOB	
Street Address				Apartment/Unit #	
City		State		ZIP	
Mailing Address (If Different)					
Phone			Work Phone		
Alternate phone			E-mail		
DL Number & State			Social Security Number		
Emergency Contact Name			Emergency Contact Number		
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever served with any other government agency?		YES	NO		
If so, who?			When?		

Please read application carefully and complete each item. Incomplete applications will not be considered for employment. Please include the following documentation with your application:

1. Birth certificate and driver's license
2. High School diploma/GED (a transcript will be accepted only with a graduation date)
3. DD-214 (if applicable)
4. College transcript (if applicable)
5. Notarized Authorization to Release Information
6. A photograph of applicant only, taken in the last 6 months—no other subjects in the photo. It needs to be of the head and shoulders only (Passport style).
7. Application must be signed and dated

Please return applications, either in person or my mail to:
Benton County Sheriff Office
1300 SW 14th Street
Bentonville, AR 72712

SECTION II: Questionnaire

1: Have you ever been arrested or charged with any violation or crime, including traffic tickets? Yes No
If yes, explain:

2: Has your driver's license ever been revoked or suspended? Yes No
If yes, explain:

3: Do you object to wearing a uniform? Yes No
If yes, explain:

4: Are you willing to work nights, weekends, and holidays if necessary (Full Time Applicants Only) Yes No
If no, explain:

5: Do you object to working shifts? Yes No
If yes, explain:

6: Are you willing to take a polygraph examination? Yes No
If no, explain:

7: Are you willing to take a psychological evaluation? Yes No
If no, explain:

8: Why do you want to work for the Benton County Sheriff's Office?

SECTION III: Education and Experience

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

PREVIOUS EMPLOYMENT (<i>FOR THE PAST 10 YEARS, ATTACH ADDITIONAL SHEET IS NECESSARY</i>)				
Company		Phone ()		
Address		Supervisor		
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT (CONTINUED)		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

CERTIFICATIONS / TRAINING RELATED TO THE POSITION YOU ARE APPLYING FOR		
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:

SECTION IV: BACKGROUND

PROFESSIONAL REFERENCES	
<i>Please list three professional references. (No family)</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PERSONAL REFERENCES	
<i>Please list three personal references (No family)</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

RESIDENCE HISTORY (For the past 10 years) Attach additional sheets in necessary				
Street Address	City/State/Zip	From	To	Landlord

MILITARY SERVICE	
Branch	From To
Serial Number	Enlistment
Rank at Discharge	Type of Discharge
Are you a member of a Reserve Unit? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, unit name
If other than honorable, explain	

I hereby certify that all statements by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application. I agree and understand that my misstatements of material facts contained herein may cause forfeiture upon my part of all rights to any employment. If employed, I agree to abide by all of the provisions of Benton County Sheriff's Office policies, as well as county policy.

Signature of Applicant _____

Date

ADMINISTRATIVE USE ONLY	
Date application was received:	
Interviewer:	Date:
Comments:	
Type of Actions	APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/>
Background Investigation:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/> Comments:
_____	_____
Sherriff's Office Coordinator	Date

Authorization to Release Information

I, _____, am an applicant with Benton County Sheriff's Office. In order to process my application, certain information must be made available to Sheriff's Office representatives. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); medical institutions and doctors; and any other person, institution, or organization; and all governmental agencies, law enforcement agencies, and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the coordinator or to any representative thereof, the following information, including, but not limited to: any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Pursuant to ARK. CODE ANN. SECTION 12-12-1009, I hereby authorize the Benton County Sheriff's Office representatives to obtain conviction information from any local, state, federal, or foreign agency, registry, or repository. I understand that conviction information shall only be used for the purpose of employment with the department and that conviction information may not be disseminated.

Applicant Signature

Date

AFFIDAVIT

I, _____, being first duly sworn, deposes and says the following: I am the
(APPLICANT'S PRINTED NAME)
person who executed the above authorization. I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature of Applicant

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

Signature of Notary Public

Commission Expiration

NOTARY SEAL: