



WHITE COUNTY SHERIFF'S OFFICE

Phillip E. Miller ★ Sheriff

NOTICE

The White County Sheriff's Department strives to provide the citizens of White County with the most professional law enforcement service and protection possible. Thank you for your interest in joining us to serve this great community. Please follow the directions inside and make sure all information is provided accordingly.

In compliance with Arkansas law, you must possess a high school diploma or GED to apply for employment in law enforcement.

A copy of the following **MUST** be submitted with your completed application: **High School Diploma or GED; Birth Certificate or Certificate of Naturalization; Social Security Administration number (SSA Card); valid Drivers License, and Military Separation-DD214 (if applicable).** Applications with missing or incomplete information or required documents will be disqualified.

This department is an equal opportunity employer. If you have any questions concerning this information, please feel free to call my office and someone will be happy to assist you.

A handwritten signature in black ink, appearing to read "Phillip E. Miller", with a long horizontal flourish extending to the right.

Phillip E. Miller
Sheriff

STATE OF ARKANSAS
COMMISSION
ON
LAW ENFORCEMENT STANDARDS
AND TRAINING
PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT

Law Enforcement Agency

Month Day Year

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 Middle Last Social Security Number

Nicknames or Aliases _____

2. Height _____ inches Weight _____ lbs.

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

Permanent Mailing Address: _____
Street and Number City State Zip Code

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

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.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

9. Names of Spouse or Fiancée _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If Yes, give date and location of court or jurisdiction. _____

12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you.

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No

15. Have you ever been involved as defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or 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	TELE-PHONE
Father			
Mother			
Bro./Sis.			
Bro./Sis.			
Bro./Sis.			

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

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? _____ Yes _____ No

20. Have you a savings account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you a checking account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. Do you own or have an interest in any type of business dealing in alcohol?

_____ Yes _____ No. If yes, give name, location and type of business.

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

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? _____ Yes _____ No
If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? If not, explain:

30. Have you ever been sued? Yes No. If yes, give details:

RESIDENCES:

31. List Addresses for past 10 years starting with present address at top:

FROM MO. YR.	TO MO. YR.	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, give details below:

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

34. Have your employers always treated you fairly? Yes No. If no, explain: _____

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

36. Do you object to working nights? Yes No

37. Do you object to working shifts? Yes No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position		Starting Salary	Last Salary
Date Employed:		Name and title of supervisor	
Date Separated:		No. employees supervised by you:	
Full-time	Yrs.	Mos.	Employer Address
Part-time	Yrs.	Mos.	Duties
If Part-time, # of hours worked per week:		Reason for leaving:	
B. Title of next to last position		Starting Salary	Last Salary
Date Employed:		Name and title of supervisor	
Date Separated:		No. employees supervised by you:	
Full-time	Yrs.	Mos.	Employer Address
Part-time	Yrs.	Mos.	Duties
If Part-time, # of hours worked Per week:		Reason for leaving:	
C. Title of next position		Starting Salary	Last Salary
Date Employed:		Name and title of supervisor	
Date Separated:		No. employees supervised by you:	
Full-time	Yrs.	Mos.	Employer Address
Part-time	Yrs.	Mos.	Duties
If Part-time, # of hours worked Per week:		Reason for leaving:	

D. Title of next position _____ Starting Salary Last Salary

Date Employed:	<input type="text"/>	Name and title of supervisor	<input type="text"/>
Date Separated:	<input type="text"/>	No. employees supervised by you:	<input type="text"/>
Full-time	Yrs. <input type="text"/> Mos. <input type="text"/>	Employer Address	<input type="text"/>
Part-time	Yrs. <input type="text"/> Mos. <input type="text"/>	Duties	
If Part-time, # of hours worked Per week: <input type="text"/>		Reason for leaving:	

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

MILITARY SERVICE

40. Were you ever in the U.S. Military Service 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 decorations:

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:

44. List all schools attended:

Name of School	Location (City and State)	From Mo. & Yr.	To Mo. & Yr.	Year Completed
Grade				
High School				
College or University				

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

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

47. Were you ever expelled from any school or were you ever disciplined by any school official?

Yes No. If yes, explain: _____

ARREST AND MILITARY DISCIPLINARY

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

48. Have you ever been arrested or detained by police? Yes No. If yes, give details below:

Crime Charged _____ Police Agency _____
Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____
Date _____ Disposition of Case _____

49. Have you ever been placed on probation? Yes No. If yes, give details below: _____

50. Have you ever been required to pay a fine in excess of \$25.00? Yes No. If yes, give details below:

51. Have you ever been reported as a missing person or as a runaway? Yes No. If yes, give complete details, including jurisdiction, dates, and outcome: _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces?

Yes No. If yes, explain below: _____

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

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

Agency _____	Date <input type="text"/>	Purpose <input type="text"/>
Agency <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>
Agency <input type="text"/>	Date <input type="text"/>	Purpose <input type="text"/>

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 an operator's license issued by any state other than Arkansas? Yes No
 If yes, give state and number.

58. Was your license ever suspended or revoked? Yes No. If yes, state which and give reasons:

59. Was your license ever 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, give details:

62. Has a motor vehicle being 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? Yes No
 Location: Cause of Accident

Date: Police Investigation? Yes No
 Location: Cause of Accident

63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

ATTITUDES

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

Signature in Full

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.

AUTHORIZATION TO RELEASE INFORMATION

I, _____ AM AN APPLICANT FOR EMPLOYMENT WITH THE WHITE COUNTY SHERIFF'S OFFICE. IN ORDER TO PROCESS MY APPLICATION, CERTAIN INFORMATION MUST BE MADE AVAILABLE TO THE SHERIFF OF WHITE COUNTY. THIS INFORMATION IS FOR MY BENEFIT. THIS RELEASE IS VALID FOR A PERIOD OF ONE (1) YEAR FROM ITS DATE.

I HEREBY AUTHORIZE, REQUEST AND DIRECT EDUCATIONAL INSTITUTIONS, REFERENCES, EMPLOYERS (PAST AND PRESENT), FINANCIAL INSTITUTIONS OF ANY KIND, CREDIT BUREAU OR CONSUMER REPORTING AGENCIES, MEDICAL INSTITUTIONS AND DOCTORS, MILITARY RECORDS, ANY OTHER PERSON, INSTITUTION, OR ORGANIZATION, ALL GOVERNMENTAL AGENCIES AND INSTRUMENTALITIES (LOCAL, STATE, FEDERAL OR FOREIGN), WHATEVER SAID INDIVIDUALS OR ORGANIZATIONS ARE SITUATED, TO RELEASE TO THE SHERIFF OF WHITE COUNTY, OR TO ANY REPRESENTATIVE THEREOF, ANY DOCUMENT, INFORMATION, RECORDS OR FILES 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.

FURTHER, I HEREBY RELEASE YOU, AS THE CUSTODIAN OF SUCH RECORDS AND ALL SAID INDIVIDUALS AND ORGANIZATIONS, 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 ANY ATTEMPT TO COMPLY WITH IT.

FURTHER, I APPOINT THE SHERIFF OF WHITE COUNTY OR HIS REPRESENTATIVE AS MY AGENT AND ATTORNEY-IN-FACT FOR THE SOLE PURPOSE OF COLLECTING INFORMATION FOR PROCESSING MY APPLICATION AND DIRECT THAT HE BE PERMITTED TO INSPECT ALL OF SAID FILES AND INFORMATION, AND BE PERMITTED TO MAKE COPIES THEREOF AT HIS DIRECTION. THIS REQUEST CAN BE TREATED AS IF I WERE MAKING THE REQUEST IN PERSON. SHOULD THERE BE ANY QUESTIONS AS TO THE VALIDITY OF THIS RELEASE, YOU MAY CONTACT ME AS INDICATED BELOW.

DATE _____

SIGNATURE

ADDRESS

TELEPHONE

I, _____, BEING DULY SWORN, DEPOSE AND SAY THAT I AM THE PERSON WHO EXECUTED THE ABOVE AUTHORIZATION; I UNDERSTAND ITS MEANING, INTENTION, AND EFFECT AND THAT THE STATEMENTS THEREIN MADE ARE TRUE AND CORRECT.

SIGNATURE

COUNTY OF WHITE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

For the purpose(s) of Arkansas Child Maltreatment Central Registry background status, I, the listed applicant, hereby request that the **Arkansas Child Maltreatment Central Registry, Slot S 566, PO Box 1437, Little Rock, Arkansas 72203**, release to the listed requestor any information permitted by Arkansas Statute their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment.

Arkansas law permits Central Registry to charge a fee for child maltreatment background checks, and other information. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash or temporary checks.** If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. **Please allow 10-15 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.**

This information/result(s) should be addressed to:

Name of Person Making the Request: _____

Company Name: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

Pursuant to Arkansas Statutes, I understand that the name of any confidential informants, information not permitted by Arkansas Statute, or other information which does not pertain to the applicant as alleged perpetrator, will not be released, and that any released information is confidential and may not be re-disclosed to any person, except as specifically permitted by law (See A.C.A. §12-18-909).

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race Age DOB

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

(Please provide the last ten (10) years)

Present Address:

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas Acknowledges before me this _____ day of _____ 200____. My commission expires: _____

Notary Public

Notary Seal