

CONFIDENTIAL

**APPLICANT PERSONAL HISTORY QUESTIONNAIRE
CITY OF JACKSONVILLE**



<p>FOR HUMAN RESOURCES USE ONLY</p> <p>Date Application Turned In: _____</p> <p>Test Cycle Scheduled For: _____</p> <p>Application Deadline: _____</p> <p>Position Applied For: _____</p>
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AN EQUAL OPPORTUNITY EMPLOYER

Please fill out this application to the best of your ability. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the JACKSONVILLE POLICE DEPARTMENT. An extensive background investigation will be conducted into your personal history. Applicants for the position of Police Officer will be required to take a physical exam, and oral board exam and drug screening.

Any FALSE, MISLEADING OR INCOMPLETE information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Jacksonville Police Department.

I confirm that I have read and understand the above and that all statements and documents presented to the Jacksonville Police Department are true, correct and made in good faith.

Applicant Signature

Date Signed

Applicant Printed Name

Telephone Number

- USE BLUE OR BLACK INK ONLY.** Complete this form in your own handwriting or printing.
- Be certain that your answers are legible.
- Read each question carefully before answering.
- Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write N/A (Not Applicable) in the space. Do not leave any blank spaces.
- Additional space is provided at the end of this packet for any answers that require clarification or further explanation. All entries will have a space to specify which question you are relating the explanation to.

JACKSONVILLE POLICE DEPARTMENT INSTRUCTIONS & NOTICES FOR JPD APPLICATION PACKET

Please read the following, making sure to follow **ALL** instructions completely. Failure to provide requested documents or to follow these instructions may disqualify you from completing the background. Do not omit, falsify, or misrepresent the truth on any required or requested forms, and documents. All forms should be complete and thorough, and in your own handwriting, using blue or black ink on forms.

REQUIRED DOCUMENTS: (Bring originals with application and copies will be made at the police department)

- | | |
|---|---|
| <input type="checkbox"/> College Diploma (if applicable) | <input type="checkbox"/> Police Academy Certificate/Training Certificates (if applicable) |
| <input type="checkbox"/> DD214 (Long Form) Military Discharge (if applicable) | <input type="checkbox"/> Driver's License |

Prior military applicants must complete the online request pertaining to military records by going to <https://www.archives.gov/veterans/military-service-records/index.html>. Request the UNDELETED records. Place the name and address of the person it should be mailed to as listed below*. Print off the signature pages and bring in the signed signature page with your completed application. This only applies if you don't already have a copy of your DD214 or service records available.

If you cannot provide a copy of any of these documents, you must write a Letter of Excuse pertaining to each document missing, explaining the circumstances and the name, address, and phone number of person(s) who can be contacted to follow up on each document. Also, an approximated time frame for when the document will be available, if at all.

This department will only consider Police Officer applicants who score 70% and above on the Civil Service Commission's Police Entry Level Examination.

The department may contact you at times to clarify information, or ask additional questions to help in the decision making process; therefore, if you change address, phone numbers, or employment status, these must be reported immediately to the background investigator.

*Send requested documents from above to the Jacksonville Police Department, Attn: Office of Professional Standards, 1400 Marshall Road, Jacksonville, AR 72076. Phone 501-982-3191, Fax 501-982-3020

I have read this form and understand what has been requested, and what is required to be considered for a pre-employment background investigation by the Jacksonville Police Department.

Applicant Signature: _____

Printed Name: _____

Date: ____/____/____



City of Jacksonville

Application for Employment

Equal Opportunity Employer

#1 Municipal Dr. Jacksonville, Arkansas 72076 (501)982-4671 FAX (501)982-4670

We consider application for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Previous Names Used	Last Name	First	Middle
Address		City	State Zip
If not a resident at current residence for 2 years, give previous address and phone number:			
Home Number	Cell	Work	Email
Drivers License # and State	How did you hear about this position?	Type of employment? Full-Time Part-Time Seasonal	
Position Applied For:			Date:
Have you ever been convicted of a felony? (A past criminal history does not necessarily disqualify an applicant from employment.) YES NO			
If yes, describe fully:			

Available for work: ____/____/____	Desired salary: \$ _____
Are you legally eligible for employment in the U.S.?	YES NO
<small>**If offered employment, you will be required to provide documentation to verify eligibility.</small>	
Have you ever been employed with the City of Jacksonville before?	YES NO
If so, when? _____	
Are you at least 16 years of age?	YES NO
Are you at least 20 ½ years of age? (Police and Fire only)	YES NO
Do you have any friends or relatives who work for the City of Jacksonville?	YES NO
If YES, name and relationship _____	
Are you currently employed?	YES NO
May we contact your present employer:	YES NO
In case of an emergency, who should we contact?	
Name: _____	Home: _____ Cell: _____
Address: _____	Relation: _____

EDUCATION

School	Name and City/State	Course of Study	From Mo / Yr	To Mo / Yr	Diploma / Degree
High School					
College					
College					
Other (Specify)					

WORK EXPERIENCE (Must be completed even if you supply us with a resume)

Employer	Dates Employed		Job Duties		
Address	From	To			
Phone Number					
Job Title	Pay Rate / Salary				
Supervisor					
Reason for Leaving			Were you fired?	YES	NO
<hr/>					
Employer	Dates Employed		Job Duties		
Address	From	To			
Phone Number					
Job Title	Pay Rate / Salary				
Supervisor					
Reason for Leaving			Were you fired?	YES	NO
<hr/>					
Employer	Dates Employed		Job Duties		
Address	From	To			
Phone Number					
Job Title	Pay Rate / Salary				
Supervisor					
Reason for Leaving			Were you fired?	YES	NO

Comments: (Include explanation of any gaps in employment)

Describe any specialized training, apprenticeship and skills.

ADDITIONAL INFORMATION

Other Qualifications *(Summarize special job-related skills and qualifications acquired from employment or other experience)*

PERSONAL / PROFESSIONAL REFERENCES (DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)

Name	Phone Number	Occupation	Years Acquainted
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein, and any attached resume, are true and complete. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the City of Jacksonville, and further agree that my employment and compensation are at the will of the City of Jacksonville and can be terminated, with or without cause, and with or without notice, at anytime at the option of the City of Jacksonville or myself. I understand and agree that these terms can only be modified in writing and signed by the Human Resources Director of the City of Jacksonville. No supervisor, representative, agent, or other employee of the City of Jacksonville has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the City of Jacksonville, either written or oral, modify the above terms.

I understand and agree to take any physical examination, including drug testing; all such tests will be administered in compliance with the Americans with Disabilities Act.

I understand and hereby authorize persons, school, companies, employers and/or their representatives to furnish verification to the City of Jacksonville, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that have or which may arise, against any and/or all of them, including the City of Jacksonville, as a result of them furnishing information to the City of Jacksonville. I authorize the City of Jacksonville, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the City of Jacksonville to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C Section 1681, et. seq. I understand that the decision for my continued employment and to hire me and will be subject to the results of these inquiries.

I understand this application will be active until this position applied for is filled. After that time, if I wish to be considered for employment, I must re-apply.

A PRE-EMPLOYMENT DRUG SCREEN AND BACKGROUND CHECK WILL BE CONDUCTED UPON JOB OFFER.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE STATEMENT.

Signature of Applicant

Date



"Soaring Higher"

Jacksonville Police Department Grooming Notice

Jacksonville Police Department Policy 5-9 states, in part, the following about tattoos and piercings/body modifications. As of January 1, 2016, any visible tattoo on the face, head, or neck and any piercing/body modification, to include but not limited to, as determined by the Chief of Police, those listed is an automatic disqualification for employment.

- **Tattoos:** Maintaining a professional appearance is critically important to fostering public trust and confidence in law enforcement, and exceeding the standards of the profession. The following shall be adhered to:
 1. Employees, both uniformed and non-uniformed, will report their existing tattoos that are visible below the elbows and below the knees which would likely be seen in a short sleeved shirt or bicycle shorts. This shall be done via their chain of command to the Chief of Police, describing the tattoos and their location on the body.
 2. Only one (1) "ring style" finger tattoo is permitted on each hand.
 3. No employee shall obtain or display any tattoo on the front or sides of the neck, the head, or the face area. Existing employees, from the date of this policy, that have any prohibited tattoos must keep the tattoo(s) completely covered, without exception, while on duty or during work related functions.
 4. No employee shall exhibit any tattoo that is likely to be seen as gang or drug related, racist, sexist or sexually suggestive or explicit, obscene or profane, vulgar or containing profanity, religiously discriminatory, undermining City or Department values, or containing illustrations, references, symbols, acronyms, etc. that represent criminal, oppressive, prejudicial, or discriminatory beliefs or organizations. The Chief of Police shall have the discretion to request an employee to keep any tattoo covered which he deems unprofessional.
 5. No employee shall obtain any new tattoos that would be visible to the public while on duty or work related functions without written permission from the Chief of Police. A written request will be submitted via the employee's chain of command.
- **Piercings and Body Modifications:**
 1. Facial piercings of the nose, lip, eyebrows, tongue, or another part of the face or neck is unacceptable for all employees. An exception will be a female officer may wear one (1) pair of stud earrings in the lower ear lobe(s), and non-sworn females may wear professional looking pierced earrings.
 2. Body modifications that are visible while on duty or during work related functions are prohibited. Body modifications are defined as any intentional body mutilation, scarring, or branding and include, but are not limited to, the following:
 - a. A split, forked tongue;
 - b. Foreign objects inserted under the skin to create a design, effect, or pattern;
 - c. Scarification;
 - d. Enlarged or stretched out holes in the earlobes (other than normal piercing holes) and dermal punching.
- **Dental Ornamentation:** Officers shall not have dental ornamentation. The use of gold, platinum, silver, or other veneer caps for the purposes of ornamentation is prohibited. Teeth, whether natural, capped, or veneered, shall not be ornamented with designs, jewels, initials, etc.

Applicant Signature: _____

Printed Name: _____

Date: ____/____/____



JACKSONVILLE POLICE DEPARTMENT

COURAGE • INTEGRITY • PROFESSIONALISM

John C. Franklin
Chief of Police

1400 Marshall Rd.
Jacksonville, AR 72076
(501) 982-3191

TATTOO DISCLOSURE FORM

If you wish to be participating in the pre-employment process, you must disclose the following information about any and all tattoos that are visible on your forearms (elbow and below), hands, and lower legs (knee and below) you have by providing the following information:

1. Location
2. A detailed description of tattoo design;
3. An explanation of what each of the tattoo represent to you;

I do not have any applicable tattoos to disclose. _____ **Initials**

I do not have any tattoos on my head/face/neck. _____ **Initials**

IMPORTANT: Return this form completed and with the information requested, if applicable, prior to or upon arriving for the P.A.T.

Signature: _____

Date: ____/____/____

Received by: _____

Date: ____/____/____

**CITY OF JACKSONVILLE POLICE DEPARTMENT
MODIFIED ESSENTIAL FUNCTIONS TEST
DESCRIPTION**

Date and Time for your MEFT: To Be Determined (or following the written exam)

Meet at the Jacksonville Police Department, 1400 Marshall Road, to begin MEFT.

- Stair Climb
- 4 Foot Fence Obstacle
- Window Entry
- Crouching Obstacle
- 3 Foot Ditch Obstacle {simulated}
- 16 Inch Hurdle
- 12 Inch Hurdle
- Shooting Barricade at 15 Yards/Left Hand Trigger Pull 3X's
- Shooting Barricade at 15 Yards/Right Hand Trigger Pull 3X's
- 125 Pound Dummy Extraction
- Completed Course in 3 Minutes or Less

NOTE: The applicant should be dressed in athletic apparel or clothing in which the applicant doesn't mind getting dirty or torn. Running/jogging climbing, jumping, kneeling/squatting or crawling will be required.

Applicant Printed Name

Applicant Signature

Date

Witness Printed Name

Witness Signature

Date



CITY OF JACKSONVILLE POLICE DEPARTMENT



ASSUMPTION OF RISK AND WAIVER OF LIABILITY FORM

All participants in the Jacksonville Police Departments' Modified-Essential Functions Test:

Note: Please initial each paragraph and then sign and date at bottom of form.

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, understand and acknowledge that, prior to a conditional offer of employment; the Jacksonville Police Department requires completion of a Modified-Essential Functions Test. This Test involves strenuous physical activity which may include, but is not limited to, the following: walking; running; climbing; use of various equipment; and/or aerobic/cardio vascular type activities. I hereby affirm that I am in good physical condition, do not suffer from any condition or disability which would limit or prevent my participation in these activities, and am physically able to submit to the Jacksonville Police Departments' Modified-Essential Functions Test.

{Initial: _____}

In consideration of my participation in the Jacksonville Police Departments' Modified-Essential Functions Test, I, the undersigned, on behalf of me, my heirs, and assigns, hereby fully release the City of Jacksonville, the Jacksonville Police Department, and their employees, sponsors, test facility providers, and any party associated; acting in concert therewith, from any liability, claim, demands, and causes of action resulting from my participation in the Modified-Essential Function Tests with the Department.

{Initial: _____}

I fully understand that participation in the Modified-Essential Functions Tests is inherently dangerous: with that knowledge, I hereby release the City of Jacksonville, the Jacksonville Police Department, their employees, sponsors, facility providers, and any party acting in concert therewith, from any liability now or in the future from any illness, soreness, injuries, and/or trauma, including serious injury and/or death, however caused, occurring immediately before, during or thereafter my participation in the Modified-Essential Functions Tests.

{Initial: _____}

EMERGENCY INFORMATION

Participant's Name: _____ Birthdate: ____/____/____

Street Address: _____ City/State: _____ Zip Code: _____

Allergies: _____

Medications: _____

Other Medical Conditions: _____

Name of Physician: _____ Phone: _____

Name of Medical Insurance: _____ Phone: _____

Policy Number: _____ Name of Policy Holder: _____

CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

UNDERSTANDING AND AGREEMENT WITH TERMS AND CONDITIONS OF THIS FORM

- My signature below certifies that I have carefully read this document and I understand it.
- I understand that I am giving up substantial rights by signing below.
- I have read the attached description of the Modified-Essential Functions Test and I am physically capable of completing the test.
- However I give consent to provide me with medical assistance and/or treatment if the need arises and I understand that I will be financially liable for costs incurred from such treatment.
- I am voluntarily participating and I agree to assume all risks involved with said participation.

Applicant Printed Name

Applicant Signature

Date

Time

Witness Printed Name

Witness Signature

Date

Time

CITY OF JACKSONVILLE
POLICE TRANSPORT/SPECIALIZED OFFICER
Job Description

Exempt: No
Department: Jacksonville Police Department
Reports To: Support Services Sergeant / On Duty Supervisor
Location: Jacksonville Police Department
Date Prepared: April 19, 2012
Date Revised: February 20, 2013

GENERAL DESCRIPTION OF POSITION

The Transport Officer, TSO, is responsible for receiving all prisoners arrested and ensuring the prisoners are transported to Pulaski County Regional Detention Facility for processing. While performing court duties they are responsible for properly releasing prisoners as per the orders of the court. TSO's are also responsible for the prisoners' property while they are in the holding facility, administering alcohol tests, answering phones after hours when in the building, securing the building after hours, coordinating with the Pulaski County Regional Detention Facility and the Jacksonville District Court for prisoner transport for court and their return at the conclusion of court.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Receiving and searching prisoners introduced into the holding facility.
2. Transporting all prisoners to Pulaski County Regional Detention Facility.
3. General care for prisoners in the custody of the holding facility.
4. Faxing prisoner related paperwork to applicable agencies.
5. Working with the district court on prisoner related paperwork.
6. Maintaining all prisoner property.
7. Releasing prisoners and completing release paperwork properly.
8. Locking up the building after hours.
9. Answering phones when in the holding facility.
10. Maintaining all supplies in the holding facility, and replenishing them as required.
11. Inspecting cells and booking area at the court building and the holding areas at the Police Department.
12. Conducting breath tests, calibrating the BAC Machine, and keeping the machine in good working condition and repair.
13. Keeping the AFIS fingerprint machine in good working order and call for repairs as necessary.
14. Perform any other related duties as required or assigned.
15. Perform any other related duties as required or assigned.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty mentioned satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

EDUCATION AND EXPERIENCE

High school, plus specialized schooling and/or on the job education in a specific skill area; e.g. data processing, clerical/administrative, equipment operation, etc, plus 0 to 6 months related experience or training, or equivalent combination of education and experience.

RESPONSIBILITY FOR FUNDS, PROPERTY and EQUIPMENT

Annual Budget Authority: \$7,324,484
 Funds, Property & Equipment Responsibility: \$ 50,000

SUPERVISORY RESPONSIBILITIES

None.

COMMUNICATION SKILLS

Ability to effectively communicate information and respond to questions in person-to-person and small group situations with customers, clients, general public and other employees of the organization.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply and divide numbers. Ability to perform these mathematical skills using money and other forms of measurement.

CRITICAL THINKING SKILLS

Ability to utilize common sense understanding in order to carry out written, oral or diagrammed instructions. Ability to deal with problems involving several known variables in situations of a routine nature.

SUPERVISION RECEIVED

Under general supervision where standard practice enables the employee to proceed alone on routine work, referring all questionable cases to supervisor.

PLANNING

Limited responsibility with regard to general assignments in planning time, method, manner, and/or sequence of performance of own work operations.

DECISION MAKING

Performs work operations which permit frequent opportunity for decision-making of minor importance and which would not only affect the operating efficiency of the individual involved, but would also affect the work operations of other employees and/or clientele to a slight degree.

MENTAL DEMAND

Close mental demand. Operations requiring close and continuous attention for control of operations. Operations requiring intermittent direct thinking to determine or select the most applicable way of handling situations regarding the organization's administration and operations; also to determine or select material and equipment where highly variable sequences are involved.

ANALYTICAL ABILITY / PROBLEM SOLVING

Moderately repetitive. Activities with slight variation using a definite set of processes or directions with some degree of supervision. Choice of learned things in situations which conform to clearly established patterns and modes.

USE OF MACHINES, EQUIPMENT AND/OR COMPUTERS

Regular use of complex machines and equipment (desktop/laptop computer and software, road and production machines and equipment, etc.)

ACCURACY

Probable errors of internal scope should ordinarily be detected within the department or office in which they occur, but may affect the work of others within the unit, requiring additional expenditure of time to trace errors and make all necessary corrections. Errors would require a moderate amount of time to correct.

PUBLIC CONTACT

Regular contacts with patrons where the contacts are initiated by the employee. Involves both furnishing and obtaining information and, also, attempting to influence the decisions of those persons contacted. Contacts of considerable importance and of such nature, that failure to exercise proper judgment may result in important tangible or intangible losses to the organization.

EMPLOYEE CONTACT

Contacts of considerable importance within the department or office, such as those required in coordination of effort, or frequent contacts with other departments or offices, generally in normal course of performing duties. Requires tact in discussing problems and presenting data and making recommendations, but responsibility for action and decision reverts to others.

REQUIRED CERTIFICATES, LICENSES, REGISTRATIONS

Jail Standards School Certification, Part Time 2 / Specialized Police Certification, BAC Datamaster basic, and advanced certifications, ACIC level 1 Certification

PREFERRED CERTIFICATES, LICENSES, REGISTRATIONS

Not indicated.

SOFTWARE SKILLS REQUIRED

Basic: 10-Key, Database, Word Processing/Typing

ADDITIONAL INFORMATION

This position is of a detention officer responsible for doing paperwork on inmates, and supervising inmates held in our holding facility, responsible for their care while they are here, and ensuring transportation to the Pulaski County Regional Detention Facility.

PHYSICAL ACTIVITIES

The following physical activities described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions and expectations. While performing the functions of this job, the employee is continuously required to talk or hear; regularly required to stand, walk, sit, use hands to finger, handle, or feel, reach with hands and arms, taste or smell; and occasionally required to climb or balance, stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move more than 100 pounds; regularly lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision; distance vision; color vision; peripheral vision; and depth perception.

ENVIRONMENTAL CONDITIONS

The following work environment characteristics described here are representative of those an employee encounters while performing essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the functions of this job, the employee is occasionally exposed to work near moving mechanical parts, toxic or caustic chemicals, outdoor weather conditions, risk of electrical shock. The noise level in the work environment is usually moderate.

RECEIPT OF JOB DESCRIPTION

I have received a copy of this job description on _____ and certify that I can perform the essential functions of this position with or without reasonable accommodation.

Applicant's Signature

Applicant's Printed Name

Date