

**CONFIDENTIAL**

**APPLICANT PERSONAL HISTORY QUESTIONNAIRE  
CITY OF JACKSONVILLE**



<p><b>FOR HUMAN RESOURCES USE ONLY</b></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)<br><input type="checkbox"/> DD214 (Long Form) Military Discharge (if applicable) | <input type="checkbox"/> Police Academy Certificate/Training Certificates (if applicable)<br><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? ( <b>Police and Fire only</b> )	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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**JACKSONVILLE POLICE DEPARTMENT  
PHYSICAL AGILITY TEST (PAT) DESCRIPTION:**

1. Vehicle Push of Fifty (50) Feet
  - a. The participant stands to the rear of the vehicle and pushes the vehicle forward fifty (50) feet;
2. 440 Yard Run
  - a. The participant begins at the end of vehicle push;
  - b. The participant runs right around the vehicle;
  - c. The participant runs parallel with curb on roadway until reaching the designated traffic cone;
  - d. The participant continues by crossing the roadway to other traffic cone;
  - e. The participant runs parallel with curb on roadway until reaching the next traffic cone at parking lot of Primary Firing Range;
  - f. The participant runs diagonal across parking lot to the sidewalk leading to the Primary Firing Range;
3. Stair Climb
  - a. The participant continues on sidewalk through the gate to the stair case of the Shooting Tower;
  - b. The participant ascends one (1) flight of fifteen (15) steps to the first floor platform;
  - c. The participant ascends one (1) flight of four (4) steps to the second floor platform;
  - d. The participant runs straight across second floor platform and grabs the top rail on south side with both hands for one (1) second and releases;
  - e. The participant returns to the stair case and descends both flights of steps onto the sidewalk;
4. Fence
  - a. Approach and climb over simulated fence obstacle, approximately four (4) feet in height;
5. Window Entry
  - a. Approach and maneuver through the simulated window obstacle;
  - b. Descend onto platform on other side;
  - c. Descend onto ground;
6. Crouching Obstacle
  - a. Approach and duck under an obstacle approximately four (4) feet in height;
  - b. One knee must make full contact with the ground;
  - c. No part of the participant's body may contact the obstacle;
7. Ditch
  - a. Approach and jump over a simulated ditch, approximately three (3) feet in width;
8. Hurdle #1
  - a. Approach and jump over a sixteen (16) inch hurdle;
9. Hurdle #2
  - a. Approach and jump over a twelve (12) inch hurdle;
10. Firearm – Left Hand
  - a. Approach barricade at the fifteen (15) yard line;
  - b. With your left hand take weapon;
  - c. Straighten arm and aim down range at target and pull trigger three (3) consecutive times;
11. Firearm– Right Hand
  - a. Switch to right hand keeping barrel pointed down range;
  - b. Straighten arm and aim down range at target and pull trigger three (3) consecutive times;



12. Dummy Rescue

- a. The participant goes to the dummy lying beside the barricade;
- b. The participant must physically move the dummy in a straight line ten (10) yards;
- c. The participant must ensure that all parts of the dummy are across finish line;
- d. End of exercise.

13. Qualifying Time

- a. The participant must complete all exercises of the Physical Agility Test within a time of four (4) minutes, sixteen (16) seconds.
- b. The participant who fails to do so will be rescheduled for a re-test opportunity within three to ten (3-10) days, unless adverse weather conditions prevent it, and if so, then rescheduled as soon as possible

14. Department Standards:

- a. The participant who fails to meet the above physical agility standards will be disqualified from consideration during the Entry Level Exam period.
- b. The participant will be authorized another opportunity to complete the PAT during the next Entry Level Test cycle. The OPS *may* provide those applicants notification of the next opportunity to attempt the PAT for qualification. The applicant is responsible for keeping the OPS updated on any change in their contact information. ***But, it is the applicant's responsibility to contact the OPS to learn of the next scheduled opportunity.***
- c. The participant having failed to complete the PAT during 2 separate exam cycles will be disqualified for the next 2 Entry Level Exam periods and/or one calendar year from applying for a police officer position. This will allow the applicant an opportunity to improve physically and prepare themselves for any future PATs.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# CITY OF JACKSONVILLE POLICE DEPARTMENT



## WAIVER OF LIABILITY FOR PHYSICAL AGILITY TESTING PARTICIPANT

(Please print)

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Full name) (Address)

on behalf of myself, my heirs, executors, administrators, agents, and assigns, hereby waive all claims, demands, damages, causes of action, or litigation of any nature whatsoever against the City of Jacksonville, Jacksonville Police Department, and/or any agent/employee of the City of Jacksonville/Jacksonville Police Department, arising from any occurrence, accident, injury, or damage while I perform the Physical Agility Test as required for the position to which I have applied with the Jacksonville Police Department. I have reviewed and fully understand the Physical Agility Test requirements and voluntarily accept those terms and the inherent risks associated therewith.

I am physically able to complete the Physical Agility Test as described in written form.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL:** Please have this Section completed by your physician if you believe you have a medical condition or injury which may affect your ability to participate in the Physical Agility Test.

I reasonably believe that the above named person is physically able to perform the Physical Agility Test of the Jacksonville Police Department without unreasonable risk of injury.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

(Physician's printed name and office address/phone number)

**CITY OF JACKSONVILLE**  
**POLICE OFFICER**  
**Job Description**

**Exempt:** No  
**Department:** Jacksonville Police Department  
**Reports To:** Sergeant  
**Location:** Police Department  
**Date Prepared:** August 04, 2009  
**Date Revised:** December 14, 2009

**GENERAL DESCRIPTION OF POSITION**

Patrols area assigned, answers calls for service, and enforces traffic laws and regulations.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

1. Answers calls for service. This duty is performed daily.
2. Patrols assigned area. This duty is performed daily.
3. Completes required reports and other documentation. This duty is performed daily.
4. Enforces traffic laws and regulations. This duty is performed daily.
5. Arrest violators. This duty is performed daily.
6. Directs traffic. This duty is performed daily.
7. 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**

Knowledge of a specialized field (however acquired), such as basic accounting, computer, etc. Equivalent of four years in high school, plus night, trade extension, or correspondence school specialized training, equal to two years of college, plus 12 to 18 months related experience and/or training. Or equivalent combination of education and experience.

**RESPONSIBILITY FOR FUNDS, PROPERTY and EQUIPMENT**

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 solve practical problems and deal with a variety of known variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, or diagram formats.

**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 also frequent opportunity for decision-making of major importance, either of which would affect the work operations of small organizational component and the organization's clientele.

**MENTAL DEMAND**

Very close mental demand. Operations requiring very close and continuous attention for control of operations which require a high degree of coordination or immediate response. 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**

Directed. Supervisory and/or professional skills using structured practices or policies and directed as to execution and review. Interpolation of learned things in moderately varied situations where reasoning and decision-making are essential.

**USE OF MACHINES, EQUIPMENT AND/OR COMPUTERS**

Occasional 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**

Extensive contacts with various diversified sectors of the public environment; wherein, the contacts are of extreme importance and failure to exercise proper judgment can lead to substantial losses to the organization.

**EMPLOYEE CONTACT**

Contacts occasionally with others beyond immediate associates, but generally of a routine nature. May obtain, present or discuss data, but only as pertains to an immediate and specific assignment. No responsibility for obtaining cooperation or approval of action or decision.

**REQUIRED CERTIFICATES, LICENSES, REGISTRATIONS**

Basic Law Enforcement Academy Certificate

**PREFERRED CERTIFICATES, LICENSES, REGISTRATIONS**

Radar Operators Certificate, Datamaster Certificate, Standardized Field Sobriety Certificate

**SOFTWARE SKILLS REQUIRED**

Basic: Word Processing/Typing

**ADDITIONAL INFORMATION**

Not indicated.

**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; and frequently required to reach with hands and arms; occasionally required to climb or balance, stoop, kneel, crouch, or crawl, taste or smell. The employee must occasionally lift and/or move more than 100 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 regularly exposed to outdoor weather conditions; frequently exposed to risk of radiation; and occasionally exposed to toxic or caustic chemicals. The noise level in the work environment is usually moderate.

*CITY OF JACKSONVILLE  
Job Description for POLICE OFFICER*

*Printed 03/12/2010 at 2:35 PM  
DBCompensation System - www.dbsquared.biz*

**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



# JACKSONVILLE POLICE DEPARTMENT

COURAGE • INTEGRITY • PROFESSIONALISM

*John C. Franklin*  
Chief of Police

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

Dear Candidate:

Thank you for applying with the Jacksonville Police Department. In preparation for your testing, we would like to notify you of a Law Enforcement practice test that is offered by our testing vendor. This practice test is located at: [www.ergopracticetests.com](http://www.ergopracticetests.com). The practice test lasts about 40 minutes and will give you access to testing tips, interview preparation information and practice questions from the test you will be taking complete with discussion of right and wrong answers. When visiting the site, please make sure to review the Frequently Asked Questions for details of cost, system requirements and technical support.

This practice test is not a requirement for your upcoming live testing and is offered as an option to you in preparation for your testing with the Jacksonville Police Department.

Good Luck,

*L. Dean Scroggins*

L. Dean Scroggins  
Lieutenant #284  
Office of Professional Standards