

**West Memphis Police Department
Employment Requirements for Police Officers**

Requirements for Position of Police Officer:

Must be a citizen of the United States.

Must have a high school diploma or GED equivalent

Must be at least 21 years of age.

Must possess a valid Arkansas driver's license.

If you meet these requirements, you may complete an application. You must include copies of the following with your application (none of the copies are returnable):

Proof of U.S. citizenship

High school diploma or GED

Certified birth certificate

DD214 Form (if applicable)

Driver's license

Authorization for release of personal information form

Personal Inquiry Waiver form

Standards and training personal history statement

To be considered for employment, you must complete:

1. A criminal history and driver's license check that does not reflect the following:
 - a. Convictions of felony offense.
 - b. Convictions of a misdemeanor offense of battery or domestic battery.
 - c. Convictions of driving under the influence (DWI) within seven (7) years preceding the date of application, or more than one conviction at any time.
 - d. Convictions of the use of illegal narcotics/marijuana.
 - e. Convictions of or guilty pleas to three (3) or more moving traffic violations within one (1) year.
2. Physical agility test.
3. Written test.

The physical agility test will consist of the following:

Applicants should wear physical training attire and tennis/running shoes. The physical agility test consists of the following:

1. Push-ups. The applicant will be required to complete a minimum of 20 push-ups, to the prescribed standard, within one (1) minute.
2. Sit-ups. The applicant will be required to complete a minimum of 20 sit-ups, to the prescribed standard, within one (1) minute.
3. Agility run. The applicant will be required to complete the agility run, to the prescribed standard, within ninety (90) seconds.
4. One (1) mile run. The applicant will be required to complete a one (1) mile run in twelve (12) minutes or less.

Evaluations will be documented on the appropriate forms and retained in the applicant's personnel file for a minimum of one (1) year. Said documents shall be utilized as a resource document when considering the applicant for employment. Any applicant who fails the prescribed test will be allowed to retake the test if the positions are not filled.

After the above elements have been performed, a thorough background investigation will begin.

Selected applicants must:

Have uncorrected vision of 20/100 corrected to 20/20 or better.

Have an oral interview with member of the West Memphis Police Department.

Pass a physical.

Pass a psychological examination.

Be within normal limits of general substance abuse testing (drug screen).

Job Description

Uniform Patrol Officer West Memphis Police Department

A. Definition

Patrol or Patrol Officer, reports directly to his superior officers.

B. Typical Duties and Responsibilities

1. Protection of life and property.
2. Prevention and suppression of crime.
3. Apprehension and prosecution of offenders.
4. Preservation of the peace.
5. Enforcement of regulatory measures.
6. Duties listed on the attached copy as set up and approved by the City Council.
7. Other related duties as assigned.

C. Supervision Received and Given

Oral and written instructions are received from superior officers.
Uniform Patrol Officer does not have supervisory responsibilities.

D. Minimum Acceptable Qualifications

1. Must be 21 years of age. (certified birth certificate required)
2. High school diploma or GED equivalent.
3. Valid driver's license.
4. Meet the qualifications of the local and state standards for police.

E. Essential Knowledge and Abilities

1. Must be of high moral character.
2. Ability to physically and mentally react in a variety of emergency situations.
3. Ability to communicate effectively both orally and in writing.
4. Ability to learn the geographical area of the City of West Memphis, Arkansas.
5. Ability to follow instructions, both oral and written.



City of West Memphis

Police Department

626 E. Broadway → P. O. Box 1868
West Memphis, Arkansas 72303-1868
(870) 735-1210

Authority to Release Information

To Whom It May Concern;

I understand that the **West Memphis Police Department** will conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment, and this investigation will include inquires as to my abilities, character and reputation.

To facilitate this investigation, I do hereby give my consent and authority for any previous employer, educational institution or police agency to furnish information from their records to the **West Memphis Police Department**.

Full Name: _____

(Please Print)

Signature: _____

Date: _____

Current Address: _____

Telephone Number: _____

Witness: _____

Subscribed and sworn to before me, a NOTARY PUBLIC in and for the

In and for the County of _____,

State of _____.

My commission expires: _____

(Note to Applicant: This form must be signed and notarized **before** returning to the Personnel Department.)

An Equal Opportunity Employer



City of West Memphis

Police Department

*626 E. Broadway ♦ P. O. Box 1868
West Memphis, Arkansas 72303-1868
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Personal Inquiry Waiver

To: _____

I respectfully request and authorize you to furnish **WEST MEMPHIS POLICE DEPARTMENT** any and all information that you May have concerning me, my work record and my reputation. This information is to be used to assist the department in determining my Qualification for the position I am seeking with the **WEST MEMPHIS POLICE DEPARTMENT**.

I hereby release you, your organization or others from any liability or Damage which may result from furnishing the information requested above.

Full Name: _____
Signature

Date: _____

Applicant's Photograph

Applicant: Please attach a photograph **before** returning application.

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 US born US 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

Name of Spouse or Fiancee: _____

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	Birth date	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 a 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	Telephone
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:

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? _____ yes _____ no

20. Have you a savings account? _____ yes _____ no

Bank _____ City, State _____

Bank _____ City, State _____

21. Have you a checking account? _____ yes _____ no

Bank _____ City, State _____

Bank _____ City, 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, 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, State _____

25. List motor vehicles that you own or are buying or 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:

_____	Amount Owed _____
Name of Firm	
_____	_____
Street Address	City and State

_____	Amount Owed _____
Name of Firm	
_____	_____
Street Address	City and State

_____	Amount Owed _____
Name of Firm	
_____	_____
Street Address	City and State

_____	Amount Owed _____
Name of Firm	
_____	_____
Street Address	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

WORK HISTORY:

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

_____ yes _____ no If yes, give details below: _____

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactorily 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:		
Date Separated:		
Full time	Yrs	Mos
Part time	Yrs	Mos
If part time, # of hours worked per week:		

Name and title of supervisor _____ # employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

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

Date employed:		
Date Separated:		
Full time	Yrs	Mos
Part time	Yrs	Mos
If part time, # of hours worked per week:		

Name and title of supervisor _____ # employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

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

Date employed:		
Date Separated:		
Full time	Yrs	Mos
Part time	Yrs	Mos
If part time, # of hours worked per week:		

Name and title of supervisor _____ # employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

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

Date employed:		
Date Separated:		
Full time	Yrs	Mos
Part time	Yrs	Mos
If part time, # of hours worked per week:		

Name and title of supervisor _____ # employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

39. Have you previously submitted an application for employment with this agency? ____ yes ____ no

MILITARY SERVICE

40. Were you ever in the US 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 of 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 School				
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 falsification 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 charge: _____ Police Agency _____
Date: _____ Disposition of case: _____
Crime charge: _____ 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: _____

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: _____

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 _____ Purpose _____

Agency _____ Date _____ Purpose _____

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 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 Cod 5-53-103.

Application For Employment

*City of
West Memphis*

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Date of Application _____

Position Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____ | _____ | _____
Area Code

If employed and you are under 18,
Can you furnish a work permit? _____ Yes _____ No

Have you filed an application here before? _____ Yes _____ No If Yes, give date _____

Have you ever been employed here before? _____ Yes _____ No If Yes, give date _____

Are you employed now? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work _____ Full-time _____ Part-time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify applicants from employment.)

If Yes, please explain _____

An Equal Opportunity Employer M/F/V/H

Veteran of the U.S. military service? _____ Yes _____ No If Yes, Branch _____

Hobbies and/or special skills: _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers. _____

=====

Special Employment Notice to Disable Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

=====

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
2. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
3. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
4. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, medical examination or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of West Memphis.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____
 _____ Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hr Rate/Salary _____ Department _____

By _____
 _____ Name and Title Date

Applicant Data Record

City of
West Memphis

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. Your cooperation is voluntary.

(Please Print)

Date _____

Position Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____
Area Code

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants, and other protected status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Date of Birth _____

Check one: _____ Male _____ Female

Check on of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual