



# VAN BUREN POLICE DEPARTMENT

800 Fayetteville Road  
Van Buren, Arkansas 72956  
479-474-1234

## REQUIRED STEPS TO BE PLACED ON THE VAN BUREN POLICE DEPARTMENT ELIGIBILITY LIST FOR THE POSITION OF POLICE OFFICER

(All eligibility lists shall expire one year after the date of certification)

1. CIVIL SERVICE EXAM	60% REQUIRED TO PASS
2. PHYSICAL AGILITY	PASS/FAIL
3. INTEGRITY INTERVIEW	PASS/FAIL
4. BACKGROUND INVESTIGATION	PASS/FAIL
5. REVIEW BOARD	PASS/FAIL

- ✓ **ALL STEPS ARE PASS/FAIL WITH THE EXCEPTION OF THE CIVIL SERVICE EXAM WHICH REQUIRES A MINIMUM SCORE OF 60% TO PASS. ONCE YOU FAIL A SECTION YOU WILL BE DISQUALIFIED.**
- ✓ **APPLICATIONS MUST BE SUBMITTED PRIOR TO TAKING THE CIVIL SERVICE AND PHYSICAL AGILITY EXAMS.**
- ✓ **WRITTEN CIVIL SERVICE EXAM WILL BE BY APPOINTMENT ONLY. CONTACT THE CRAWFORD COUNTY ADULT EDUCATION CENTER TO SCHEDULE AN APPOINTMENT. [\(479\) 471-0019](tel:4794710019)**
- ✓ **PHYSICAL AGILITY WILL BE BY APPOINTMENT ONLY. CALL [\(479\) 689-0078](tel:4796890078) TO SCHEDULE.**
- ✓ **SCORE YOU RECEIVE ON THE CIVIL SERVICE EXAM DETERMINES YOUR PLACEMENT ON THE ELIGIBILITY LIST.**

**FAILURE TO COMPLETE THE CIVIL SERVICE EXAM AND THE  
PHYSICAL AGILITY EXAM WILL RESULT IN DISQUALIFICATION.**

- ✓ **TESTING & BACKGROUND INVESTIGATION PROCESS MAY TAKE THREE TO FOUR MONTHS.**

### THE FOLLOWING ITEMS NEED TO BE SUBMITTED WITH YOUR APPLICATION:

- **COPY OF BIRTH CERTIFICATE**
- **COPY OF DRIVERS LICENSE**
- **COPY OF HIGH SCHOOL DIPLOMA OR GED**
- **SIGNED AND NOTARIZED PHYSICAL AGILITY WAIVER**
- **SIGNED AND WITNESSED DISCOVERY**

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>
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_____	_____	_____	_____
_____	_____	_____	_____

**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 \_\_\_\_\_



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:

[illegible]

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		Employer			
Yrs.		Address			
Mos.		Duties			
Part-time					
Yrs.					
Mos.					
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		Employer			
Yrs.		Address			
Mos.		Duties			
Part-time					
Yrs.					
Mos.					
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		Employer			
Yrs.		Address			
Mos.		Duties			
Part-time					
Yrs.					
Mos.					
If Part-time, # of hours worked Per week:		Reason for leaving:			



D. Title of next 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 \_\_\_\_\_

No. employees supervised by you: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

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  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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## **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.