

Last Name

VAN BUREN POLICE DEPARTMENT

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



Suffix

APPLICATION FOR EMPLOYMENT SUPPLEMENTAL SCHOOL RESOURCE OFFICER

The City of Van Buren is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. The City of Van Buren also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise us if you require an accommodation in the application process.

PERSONAL

Middle Name

First Name

Address:	Number	Street	City	State	Zip	Code	
Telephone Num	ber	Alternate Numbe	er Email	Address (Print neatly)			
Driver's License	Number	State DL	Issued			•	
		ication for employme	ent with the City of Van B	uren?		Y	N
		ed with the City of Vand dates of employn				Y	N
Do you have any relatives that are currently employed by the City of Van Buren? Employee name:				Y	N		
A	llv authorized t	o work in the United	1 States?			Y	$\frac{1}{N}$
You will be req	uired upon employn	ent to submit verification of	fyour legal right to work in the Unit	ed States.			
You will be req	uired upon employmer been convict	ent to submit verification of ed by a state or by the	fyour legal right to work in the Unit ne federal government of a entiary or a state prison?		nent for whi	ich Y	N
You will be req	uired upon employmer been convict	ent to submit verification of ed by a state or by the ent in a federal penito	ne federal government of a		nent for whi	ich Y	N N
You will be req	uired upon employmer been convict een imprisonme	ent to submit verification of ed by a state or by the ent in a federal penito	ne federal government of a		nent for whi		
You will be req	uired upon employmer been convict een imprisonme	ent to submit verification of ed by a state or by the ent in a federal penito	ne federal government of a centiary or a state prison?	crime, the punishn			N
You will be req Have you eve could have be Do you have	uired upon employmer been convict een imprisonme	ent to submit verification of ed by a state or by the ent in a federal penito s license?	ne federal government of a centiary or a state prison?	crime, the punishn		Y	N N
You will be req Have you eve could have be Do you have	uired upon employmer been convicteen imprisonme	ent to submit verification of ed by a state or by the ent in a federal penito s license?	ne federal government of a centiary or a state prison?	crime, the punishn	Did you Y	Y	N N
Have you ever could have be Do you have	uired upon employmer been convicteen imprisonme	ed by a state or by the ent in a federal penitors license? City and State	ne federal government of a centiary or a state prison? EDUCATION Course of	crime, the punishn	Did you Y	Y Y graduate	N ?
Have you ever could have be Do you have	er been convict een imprisonm a valid driver's	ed by a state or by the ent in a federal penitors license? City and State	ne federal government of a centiary or a state prison? EDUCATION Course of	Study Study	Did you Y Did you Y	y graduate	N N
Have you ever could have be Do you have High School Undergradua	er been convict een imprisonm a valid driver's	ed by a state or by the ent in a federal penitors license? City and State City and State	EDUCATION Course of	Study Study	Did you Y Did you Y	graduate N graduate	N N
Have you ever could have be Do you have High School Undergradua	nuired upon employmer been convicteen imprisonme a valid driver's te College	ed by a state or by the ent in a federal penitors license? City and State City and State	EDUCATION Course of	Study Study Study	Did you Y Did you Y Did you Y	graduate N graduate N graduate	N N ? ? ? ? ? ? ? ?

EMPLOYMENT EXPERIENCE

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	То	
Phone Number			
Job Title	Sa	lary	
Supervisor	Staring	Ending	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	То	
Phone Number			
Job Title	Salary		
Supervisor	Staring	Ending	•
Reason for Leaving			
Employer	Dates E	mployed	Work Performed
Address	From	То	
Phone Number			
Job Title	Salary		
Supervisor	Staring	Ending	
Reason for Leaving			
		ll mal jobs/informa hould be printed	tion on a separate sheet. neatly.
employment relationship with the Van Bu	ren Police Dep narge me with o	eartment is of an <i>c</i> our without cause	pplicable law or Civil Service Regulation, a cut will nature, which means I may resign at a cut. In the event of employment, I understand to

Signature of Applicant Date

By my signature below, I certify that all information given is true and complete.

VAN BUREN POLICE DEPARTMENT

RECORDS RELEASE WAIVER

NAME:	RAC	CE; SEX:	
DATE OF BIRTH:	SOCIAL SEC#:		***************************************
i, to ANY duly authorized agent of the Van Burer	do hereby authori Police Department, whet	ze a review of all records, or any p her records are public, private or	part thereof, by and confidential.
The intention of this authorization is to give magine financial or credit institutions; checking and sagencies (including credit reports and/or rating records; military service records, including bac records, real estate and personal property tax of complaints, arrests, trials, convictions, alleg or voice stress tests, records of civil complaints of attorneys or counsel, whether representing interest, and any pertinent medical records the	avings account; loan accougs); public or private utility ckground reports, efficiency records, income tax recorded violations of the law(income to your against me, wherever me or another person in a	nts; and records of commercial and companies; employment and property ratings, complaints filed by or a ds, and other financial records whe cluding criminal, civil, or traffic), rever located and including records and case in which I presently have	nd retail credit e-employment gainst me, salary erever filed, records esults of polygraphs and/or recollections or have had an
I reiterate, the purpose of this authorization is for a background investigation by the Van Bure employment by the Van Buren Police Departm	en Police Department to c		
I understand that any information obtained by indirectly, in whole or in part, upon this releas by the Van Buren Police Department. I understinestigation become the property of the Van	e authorization will be con tand that all materials and	sidered in determining my suitab information pertaining to this ba	ility for employment
I agree to indemnity and hold harmless the pe and against all claims, damages, losses, and ex complying with this request. I further understa information cannot and will not be released to	openses, including reasona and that in the event my a	ble attorney's fees, arising out of	or by reason of
A photocopy of this release form will valid as a writing of my signature.	an original hereof, even the	ough the said photocopy does not	t contain an original
THIS FORM MUST BE SIGNED IN THE PRE	SENCE OF A NOTARY.		
APPLICANT SIGNATURE			
Subscribed and sworn before me this	day of	20	
My commission expires	20		
Notary Slonature			

VAN BUREN POLICE DEPARTMENT PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Van Buren Police Department for the position of
I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them conform to the very highest standards.
Therefore, I release and hold harmless the Van Buren Police Department and their officers, agents, or assignees, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assignees, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.
I hereby waive my right, now and in the future, to examine, review, or otherwise discove the contents of this investigation and all related documents thereto.
Typed/Printed Name of Applicant;
Signature of Applicant:
Witness:
Date: