



FAULKNER COUNTY SHERIFF

Sheriff Tim Ryals

Chief Deputy Matt Rice

Personal History Statement

1. The Personal History Statement must be complete, signed and notarized.
2. It is the applicant's responsibility to make sure those persons being listed as references know that they are being listed.
3. Please take time completing the Personal History Statement and review it completely before returning it.
4. Please attach a 4"x 6" or smaller current photograph of yourself.
5. An incomplete, incorrect, or illegible application **WILL NOT** be considered for current employment opportunities.
6. Applications for FULL TIME employment **MUST** be turned into WorkForce.
7. Applications for PART TIME employment and/or the RESERVES **MUST** be turned into the Faulkner County Sheriff's Office.

Minimum Qualifications for Employment

- At least 21 years of age for Deputy
- At least 18 years of age for Detention Officer, Dispatcher, and Office Staff
- High School Graduate or GED
- Never been convicted of a felony crime
- A United States Citizen
- Must pass a Psychological Profile Examination
- Must pass a Physical Examination
- Have a current, valid Arkansas Driver's License
- Must pass a drug screen
- Will be subjected to an extensive background check

What position are you applying for?

Deputy _____

Reserve Deputy _____

Detention Officer _____

Dispatcher _____

Office Staff _____

Other _____ List Position Name _____

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR FAULKNER COUNTY EMPLOYMENT

Date of Application _____

Last Name _____ First Name _____ Middle Name _____ Driver's License Number _____

Street Address (Include City, State and Zip Code) _____ Telephone Number (Include Area Code) _____

Are you at least 18 years of age? Yes No
Proof of age will be required upon employment.

Have you worked for a county or municipality before? Yes No Where: _____ When: _____

Position/general work area for which you are applying:

Rate of pay expected: _____ Date you can start work: _____

Full Time Part Time Temporary

List friends/relatives employed by the County:

Why do you want to work for the county?

EDUCATION

SCHOOL	NAME	LOCATION	COURSE	DEGREE
High School				
College or University				
Graduate Study				
Technical Institute				
Business School				
Other				

If you have any special skills or qualifications that you want us to know about, please describe them here:

Are there any known workplace accommodations you would like for the country to consider at this time? Yes No
If yes, please explain: _____

U. S. MILITARY RECORD:

Have you ever served in the United States Armed Forces? Yes No

If yes, please give dates of service: From _____ to _____ Branch: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

EMPLOYMENT BACKGROUND

Start with present or most recent job and work backwards. Omit Military Service. Please list each employer for the past **10 years**. Attach additional sheet if necessary.

J O B 1	Firm Name: _____ Address: _____ Type of Business: _____ Employed From: _____ to _____ Annual Salary _____ Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
J O B 2	Firm Name: _____ Address: _____ Type of Business: _____ Employed From: _____ to _____ Annual Salary _____ Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
J O B 3	Firm Name: _____ Address: _____ Type of Business: _____ Employed From: _____ to _____ Annual Salary _____ Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
J O B 4	Firm Name: _____ Address: _____ Type of Business: _____ Employed From: _____ to _____ Annual Salary _____ Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the county to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all those employers, references and academic institutions and the county from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the county. I understand that any false or misleading statements will be sufficient cause for rejection of my application if the county has not hired me and for immediate dismissal if the county has employed me. In the event of my employment with the county, I will comply with all official policies of the county set forth in any county policy manual or other communications distributed by the county.

Signature of Applicant

Date