

Baxter County Sheriff's Office
Application For Employment

Sheriff's Office Use Only
Date Received: _____
Received By: _____

(All questions must be answered in full and all information provided)

Name: _____ Date: _____
Last First Middle

List any other names or alias' that you use or have used in the past, including but not limited to maiden names, married names, birth names, adopted names and etc:

Current Address: _____
Street and/or P.O. Box
_____ City State Zip

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-Mail Address: _____

Note: Employees of the Sheriff's Office must generally be citizens and residents of the State of Arkansas.

Date of Birth: ____/____/____ Social Security #: _____
Month Day Year

Note: Employees in a Law Enforcement position must be at least 21 years of age.
Employees in the Detention Center and clerical staff must be at least 18 years of age.

Place of Birth: _____
City State

Drivers License Number: _____ State of Issue: _____

Have you ever held a drivers license in another state? _____
If yes, what state was the drivers license held in? _____
If yes, what name was the drivers license held under? _____

Note: Employees of the Sheriff's Office must generally have a valid drivers license or be able to obtain one immediately upon employment.

What position are you applying for: _____
Deputy, Reserve Deputy, Jailer, Secretary or Other Specific

Are you applying for: _____ Full Time _____ Part Time _____ Temporary

Have you ever worked for the County of Baxter in the past? _____

If yes, please identify office, position, dates of employment and immediate supervisor.

What rate of pay do you expect for the position? \$ _____ /per hour

Note: All wages and compensation for each county position are determined by the Baxter County Quorum Court. The Quorum Court has established a wage grade and step scale that provides a minimum and maximum starting wage for each county job position.

Why do you desire to work for the Sheriff's Office?:

The Arkansas Commission on Law Enforcement Standards and Training (CLEST) and the Sheriff's Office have established minimum criteria that must be met before an applicant can be considered for employment. In order to determine whether the applicant meets those minimum qualifications, it is necessary that we ask the following questions.:

Have you ever been arrested for **or** convicted of any offense that would constitute a Felony crime in the State of Arkansas or any other state, territory or jurisdiction, regardless of whether the offense or case may have been expunged, sealed or otherwise held in abeyance? _____

If yes, please explain in detail the circumstances of the arrest and/or conviction:

Note: Arkansas law and Sheriff's Office policies prohibit the employment by the Sheriff's Office of any person who has ***pled guilty or nolo contendere*** to and/or has been ***convicted*** of a Felony crime.

EDUCATION:

High School: _____
Name and Location

Did you graduate and do you have a diploma? _____
If yes, can a copy be provided upon request? _____

If you are not a High School graduate, do you have a GED? _____
If yes, can a copy be provided upon request? _____

Note: A High School diploma or GED is required for employment with the Sheriff's Office.

College or University: _____
Name and Location

What type of Degree do you have? _____

Other (Graduate Study, Technical Institute, Business School, ETC):

Please list any specialized skills or qualifications you want us to know about:

Have you served in the Armed Forces? _____

If yes, please give Branch, Dates of Service and Assignments:

Are you currently serving in the Armed Forces? _____

Were you Honorably Discharged? _____

If you were dishonorably discharged, please explain:

EMPLOYMENT BACKGROUND:

(Begin with most recent)

Job 1: Firm Name: _____

Complete Address: _____
Street/P.O. Box City State Zip

Dates of Employment: Beginning: _____ Ending: _____

Phone number of Business: (____) _____ - _____

Job Duties/Responsibilities: _____

Immediate Supervisor: _____

May we contact? _____
Y/N

Reason For Leaving: _____

Job 2: Firm Name: _____

Complete Address: _____
Street/P.O. Box City State Zip

Dates of Employment: Beginning: _____ Ending: _____

Phone number of Business: (____) _____ - _____

Job Duties/Responsibilities: _____

Immediate Supervisor: _____

May we contact? _____
Y/N

Reason For Leaving: _____

Job 3: Firm Name: _____

Complete Address: _____
Street/P.O. Box City State Zip

Dates of Employment: Beginning: _____ Ending: _____

Phone number of Business: (____) _____ - _____

Job Duties/Responsibilities: _____

Immediate Supervisor: _____

May we contact? _____
Y/N

Reason For Leaving: _____

Job 4: Firm Name: _____

Complete Address: _____
Street/P.O. Box City State Zip

Dates of Employment: Beginning: _____ Ending: _____

Phone number of Business: (____) _____ - _____

Job Duties/Responsibilities: _____

Immediate Supervisor: _____

May we contact? _____
Y/N

Reason For Leaving: _____

Job 5: Firm Name: _____

Complete Address: _____
Street/P.O. Box City State Zip

Dates of Employment: Beginning: _____ Ending: _____

Phone number of Business: (____) _____ - _____

Job Duties/Responsibilities: _____

Immediate Supervisor: _____

May we contact? _____
Y/N

Reason For Leaving: _____

Job 6: Firm Name: _____

Complete Address: _____
Street/P.O. Box City State Zip

Dates of Employment: Beginning: _____ Ending: _____

Phone number of Business: (____) _____ - _____

Job Duties/Responsibilities: _____

Immediate Supervisor: _____

May we contact? _____
Y/N

Reason For Leaving: _____

PERSONAL REFERENCES:

(You must give the complete and full name, current mailing address and telephone number of each person)

1 Name: _____
Address: _____
Street/P.O. Box City State Zip
Phone #: (_____) _____ - _____
Relationship: _____ How long have you know this person? _____

2 Name: _____
Address: _____
Street/P.O. Box City State Zip
Phone #: (_____) _____ - _____
Relationship: _____ How long have you known this person? _____

3 Name: _____
Address: _____
Street/P.O. Box City State Zip
Phone #: (_____) _____ - _____
Relationship: _____ How long have you known this person? _____

BAXTER COUNTY GOVERNMENT

NOTICE TO APPLICANTS

1. COUNTY POLICY

It is the County's policy to provide equal opportunity for all qualified person; to prohibit unlawful discrimination in employment practices, compensation practices, personnel procedures and the administration of benefit plans; and to otherwise provide the same or similar treatment and opportunities to all persons similarly situated.

2. CONSTITUTIONALLY PROTECTED CONDUCT

- a. It is the policy of this county not to violate the Constitution or the laws of Arkansas or the United States.
- b. Should any applicant contend that he or she has been unlawfully discriminated against because of the race, color, religion, gender, national origin or disability or that he or she has been unlawfully punished for the exercise of a constitutionally protected liberty right (e.g., free speech, free association, political patronage, access to courts, privacy, etc.) or treated in any other unlawful or unconstitutional manner, the applicant shall request, in the time and manner set forth in this county employment policy, a "liberty right" hearing before the county grievance committee to provide the county's final policymaker with authority an opportunity to learn of the alleged unlawful discrimination or unlawful punishment and to hereby have an opportunity to voluntarily conform the county officials and county employees to the requirements of county policy.

3. GRIEVANCE HEARING PROCEDURE

CAVEAT: The purpose of this Grievance Hearing Procedure is to establish a required procedure to resolve applicant grievances, and to thereby enable the county to voluntarily conform the conduct of county officials and county employees to the requirements of county policy. If the applicant does not follow this affirmatively required county grievance procedure, the county will raise waiver and estoppel as affirmative defenses to any claims against the county filed by the applicant via any administrative or judicial procedures otherwise available to redress grievances.

A. Timely Requests for Grievance Hearing

1. The applicant's grievance hearing request shall be delivered to the County Grievance Committee in care of the County Judge no later than four-thirty o'clock (4:30) p.m. on the third full business day (weekends and holidays excluded) after any claimed deprivation for which a grievance hearing is requested.
2. The Grievance Committee shall respond in writing to all timely submitted Grievance Hearing Requests stating:
 - a. The time and place of the hearing, if the hearing request is granted, and
 - b. The reason for the denial, if the hearing request is denied,

B. Hearing issues and Burdens of Proof

1. Claims of discrimination due to race, color, religion, gender or national origin
 - a. The grieving applicant has the burden of proving by a preponderance of the evidence that he or she is being treated or affected differently than another person who, other than for race, color religion, gender or national origin, is similarly situated with the applicant or the employee.
 - b. Where the applicant meets his or her burden of proof, the supervisory official has the burden of proving by a preponderance of the evidence that the proven inequality of treatment is necessary to effectuate a compelling county objective.
2. Claims of Discrimination due to a Disability
 - a. The grieving applicant has the burden of proving by a preponderance of the evidence that he or she is a qualified individual with a disability who, because of the disability, is being treated or affected differently than another person in regard to job application, procedures, advancement, dismissal, compensation, training or other terms, conditions, or privileges of employment.

GENERAL INFORMATION AND NOTICES

1. Any offer of employment for Deputy, Reserve Deputy, or Jailer will be conditional upon the applicant satisfactorily passing a physical examination, psychological evaluation, fingerprint and background check and, providing proof of U.S. Citizenship. These will be administered after an offer of employment is made. Any person failing to pass any of these requirements will not be eligible for employment or continued employment.
2. Baxter County requires or may require urinalysis drug screening and random screening will be conducted thereafter. In addition, screening may be required anytime reasonable suspicion exists to believe an employee may be under the influence of a controlled substance. Drug screening and breath or blood alcohol testing may also be required whenever any Baxter County employee is involved in a motor vehicle traffic accident or equipment accident while operating any motor vehicle or other equipment owned by the County of Baxter.
3. Knowingly providing false or misleading information on an application for employment will be grounds for discharge from employment at the discretion of the Sheriff.
4. The Office of Sheriff has established general orders, operational policies, procedures and guidelines that all employees must follow and abide by. Failure to comply with those general orders, policies, procedures and guidelines will be grounds for disciplinary action, including discharge from employment at the discretion of the Sheriff.

ACKNOWLEDGEMENT

The applicant hereby states and verifies that the information contained in this application for employment is correct and true to his or her knowledge and belief. The applicant understands that the Office of Sheriff may conduct a full and complete background investigation and may use information provided in this application as a basis for said background, including contacting current and prior employers and personal references. The applicant hereby releases those employers, references, academic institutions, the Office of Sheriff and the Baxter County Government from any and all liability arising from their giving or receiving information about my employment history, academic credentials or qualifications and my suitability for employment with the County. The applicant also certifies that he is in compliance with the Military Selective Service Act.

Signature of Applicant: _____ Date: _____