

# Miller County Sheriff's Office

Sheriff Wayne Easley

## Employment Application

Please check which position you are applying for. If more than one, rank them in order of preference.

Have you previously submitted an application for employment with this agency?  Yes  No

Sign and Notarize page's 12 and 13.

Deputy

Detention Center

9-1-1/Communications

Office/Administration

Auxiliary Deputy (Non-Paid Position)

Copies of documents that need to be attached to this application:

1. Copy of Driver's License
2. Copy of Birth Certificate
3. Copy of Diploma(s)/GED
4. 3x5 color photo of yourself
5. Copy of your Social Security Card
6. Copy of Military Discharges (DD-214)

**Directions:** 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 heading. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly, in blue ink, on all responses. *Applications are kept on record for one (1) year. Incomplete applications and applications without a photograph will not be processed.*

Date: \_\_\_\_\_  
MM/DD/YYYY

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**PERSONAL**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
MM/DD/YYYY

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street & Number City State Zip Code

Permanent Address: \_\_\_\_\_  
Street & Number City State Zip Code

Telephone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

Citizenship:  U.S. Born  U.S. Naturalized  Other \_\_\_\_\_

Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experiences, personality, and other qualities.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List organizations, clubs, and associations of which you are or have been a member of, or associated with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List hobbies and/or special skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marital**

Marital Status (check one):  Single  Married  Divorced  Engaged  Separated  Widowed

Name of spouse or fiancé: \_\_\_\_\_

If married, are you living with your spouse?  Yes  No

If not, state reason: \_\_\_\_\_

Have you ever been separated or divorced?  Yes  No

If yes, give date and location of jurisdiction: \_\_\_\_\_

Give the following information concerning your spouse's parents:

Father: \_\_\_\_\_  
Name Address

Mother: \_\_\_\_\_  
Name Address

List below every child born to you, adopted by you, and stepchildren:

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you supporting all children born to you, adopted by you, and stepchildren?  Yes  No

If no, give details: \_\_\_\_\_

Have you ever been involved as a defendant in a paternity proceeding?  Yes  No

If yes, give date and court jurisdiction: \_\_\_\_\_

List your parents, brothers and sister:

Name	Address	Telephone #
Father: _____	_____	_____
Mother: _____	_____	_____
Bro/Sis: _____	_____	_____
Bro/Sis: _____	_____	_____

Has any member of your immediate family ever been arrested or convicted of a felony?  Yes  No

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

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**Financial**

Do you have life insurance and/or hospitalization insurance?  Yes  No

Do you have a savings account?  Yes  No

Bank	City	State
_____	_____	_____
_____	_____	_____

Do you have a checking account?  Yes  No

Bank	City	State
_____	_____	_____
_____	_____	_____

Do you own or have any interest in any business dealing in alcohol?  Yes  No

If yes, give name, location and type of business:

Name	Location	Type of Business
_____	_____	_____

Do you own or are you buying your own house?  Yes  No

Is there a mortgage on the property?  Yes  No

Do you own or are you buying real estate?  Yes  No

If yes, give name of agency holding the property:

Bank	City	State
_____	_____	_____

List motor vehicles that you own or are buying or leasing:

Make	Model	Year	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What income, other than salary, do you have at present? Include spouse's salary:

\_\_\_\_\_

\_\_\_\_\_

List credit references:

Name of Firm	Amount Owed	Street Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your total indebtedness at present? \_\_\_\_\_

Have your creditors treated you fairly?  Yes  No

If not, explain: \_\_\_\_\_

Have you ever been sued?

If yes, give details: \_\_\_\_\_

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**Residences**

List your addresses for the past ten (10) years, with present address at top:

From	To	Address	City	State	Landlord
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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**Work History and Education**

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: \_\_\_\_\_

Have you ever been discharged or forced to resign because of misconduct or for unsatisfactory service?

If yes, give details: \_\_\_\_\_

Have your employers always treated you fairly  Yes  No

If no, please explain: \_\_\_\_\_

Do you object to wearing a uniform?  Yes  No

Do you object to working nights?  Yes  No

Do you object to working shifts?  Yes  No

List all jobs you have held in the last ten (10) 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:

Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full Time: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Part Time: Years: \_\_\_\_\_ Months: \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

Part Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

Part Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

Part Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Title of present or last position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

Duties: \_\_\_\_\_

Date employed: \_\_\_\_\_ Date separated: \_\_\_\_\_

Full Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

Part Time:    Years: \_\_\_\_\_ Months: \_\_\_\_\_

If part time, number of hours worked per week: \_\_\_\_\_

Reason for leaving \_\_\_\_\_



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**Military**

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any medals and decorations obtained during your service:  
\_\_\_\_\_  
\_\_\_\_\_

Type of discharge: \_\_\_\_\_

If you are presently a member of the National Guard or any Military Reserve, give the unit, location and describe your obligation:  
\_\_\_\_\_

List all schools attended:

Name	Location	From	To	Years Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you either graduate from high school or pass the high school equivalence test?  Graduate  GED

List college degrees received and major field of each. Include incomplete courses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever expelled from any school, or were you ever disciplined by any school official?  
 N/A  Expelled  Disciplined If either expelled or disciplined, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Arrest and Military Disciplinary**

Answer all of the questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you.  
(Exclude minor violations)

Have you ever been arrested or detained by police?       Yes       No

If yes, give details: \_\_\_\_\_

Date	Crime	Agency	Disposition

Have you ever been placed on probation?       Yes       No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been required to pay a fine in excess of \$25,000.00       Yes       No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been reported a missing person or runaway?       Yes       No

If yes, give complete details, including jurisdiction, dates and outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever court-mandated, tried or charged, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action with a member of the armed forces?       Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any disciplinary action taken against you in the National Guard or other Reserve Unit:

\_\_\_\_\_

\_\_\_\_\_

If you have ever been fingerprinted by a police agency other than for an arrest, give details:

Agency	Date	Purpose

Can you operate a motor vehicle? Yes No

Do you possess a valid operator's license? Yes No

If yes, give state and number: \_\_\_\_\_

Was your license ever suspended or revoked? Yes No

If yes, state which and give reason:

\_\_\_\_\_  
\_\_\_\_\_

Was your license ever restored? Yes No When? \_\_\_\_\_

Have you ever been refused an operator's license by any state? Yes No

Have your driving privileges ever been restored? Yes No

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	Location	Police Investigation	Cause of Accident
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

List any conviction for minor traffic violations:

Date	Location	Nature of Violation	Penalty or Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Attitude**

What do you consider to be the current social problems of greatest concern?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your experiences and beliefs concerning alcoholic beverages?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your feelings about the use of deadly force, if it becomes necessary in the performance of official duties?

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**Career Objectives**

In your own handwriting, briefly explain your reasons for applying for this position:

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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: \_\_\_\_\_  
By signing this employment application I certify that I am in compliance with the Military Selective Service Act.

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 Ann §5-53-103

**AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

To the Miller County Sheriff's Office, to whom I am an applicant for employment, I understand that I must provide true and correct information regarding the following:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

In so furnishing, I willingly release the Miller County Sheriff's Office to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is the public's interest that all relevant information concerning my personal employment history be disclosed to the above referenced department. I hereby authorize any representative of the Miller County Sheriff's Office hearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Miller County Sheriff's Office whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for a full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Miller County Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public, private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and my information contained in investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information request, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records of (your name), including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request information, or of the Miller County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For, and in consideration to, the Miller County Sheriff's Office acceptance and processing of my application for *employment*, I agree to hold (business or employer) its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Miller County Sheriff's Office.

I understand that should information or a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, § 552A. The Privacy Act of 1974 with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Miller County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any additional questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant: \_\_\_\_\_

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 Ann §5-53-103