

**Introduction to Application for Employment**  
**City of Wynne, Arkansas**  
**Police Department**  
**Important Information**  
**READ CAREFULLY BEFORE COMPLETING APPLICATION**

**ALL INFORMATION REQUESTED ON THE APPLICATION FORM MUST BE FURNISHED IN DETAIL. PREPARED RESUMES MAY BE ATTACHED; HOWEVER, ALL REQUESTED INFORMATION MUST BE PROVIDED AS FULLY AND AS ACCURATELY AS POSSIBLE ON THE APPLICATION FORM ITSELF. "SEE ATTACHED RESUME" IS NOT AN ACCEPTABLE RESPONSE TO ANY OF THE REQUESTED INFORMATION. THE APPLICATION FORM MUST BE PRINTED IN BLACK INK (DO NOT TYPE) AND MUST BE SIGNED AND DATED IN THE APPROPRIATE SPACES.**

Applications are kept on file for a period of six (6) months; therefore, if you have completed an application for the city within the last six months, it is not necessary for you to fill out another form. If you aren't sure if you have an application on file, please ask us to check our records before completing a duplicate application. It is important that you read the job description of the position you are applying for.

Completed applications may be submitted by mail to the Wynne Police Department 206 S. Falls Wynne, AR 72396; or they may be submitted in person between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.

**If you do not have a Social Security card, you must obtain one before accepting employment with the Wynne Police Department.**

*The Wynne Police Department is committed to providing a work environment free from the illegal use of drugs and the use of beer, wine, and/or other alcoholic beverages. As part of this commitment, applicants will be required to undergo drug testing prior to employment and will be subject to further drug and alcohol testing throughout their period of employment.*

The Wynne Police Department is an equal opportunity/affirmative action employer. Discrimination because of age, sex, race, color, creed, disability, veteran status, or national origin is prohibited. Any applicant seeking employment with the Department who feels discriminated against has the right to appeal. Such appeals should be submitted in writing to the Chief of Police, Wynne Police Department, 206 S. Falls Wynne, AR 72396.

Information provided on the application form and any attachments is subject to disclosure under the Freedom of Information Act.

If you have any questions or need assistance in completing the application, do not hesitate to ask us. Please notify us if you are disabled and require special accommodations for any portion of the application process, including test or interviews.

## **CERTIFICATION AND CONSENT**

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE  
IF THIS CERTIFICATION AND CONSENT  
IS NOT SIGNED AND DATED.**

**I certify that the information set forth in my application is true and complete to the best of my knowledge. I authorize the Wynne Police Department to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release all employers, schools and/or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal.**

**I hereby consent to submit to pre-employment drug testing. I understand that any offer of employment will be conditional upon passing such test with a negative result. I further understand that a positive test will result in my ineligibility for employment with the Wynne Police Department.**

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**Applicant Signature**

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**Date**

# Authorization

I hereby authorize the Wynne Police Department to obtain a complete report of my driving record.

**Name** (Please Print) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_

**State in Which Issued** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Class of License**

- Class A Commercial
- Class B Commercial
- Class C Commercial
- Class D Operator

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Signature of Applicant

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Date Signed

# Wynne Police Department

## City of Wynne Police Department Hiring Procedures

You are applying for a highly visible, critical public safety job. The fundamental duty of a Police Officer is to safeguard the lives and property of the citizens of Wynne. Proper discharge of these responsibilities requires you to remain calm in the face of danger, be restrained in your actions and constantly concerned with the welfare of others.

A Police Officer is a role model. Both your personal and official life and affairs must be conducted in an exemplary manner. Your actions and conduct must not be influenced by personal biases, feelings, or friendships.

You must make a commitment to the profession as the work requires long hours, many times working weekends, holidays and/or night shifts which mean normal social relations could be restricted. You must be prepared to accept these limitations and it is strongly suggested you discuss potentially disagreeable factors with your family.

All applicants must meet the following requirements:

- A. Be a citizen of the United States;
- B. Be not less than twenty one (21) years of age;
- C. Have graduated from an accredited High School or passed the General Education Development Test indicating high school graduation level;
- D. Have never been convicted of a Felony;
- E. Be of Good Moral Character

If you believe you interest and abilities are compatible with these job requirements, we invite you to carefully read the procedures and complete the attached application and required documents listed on the next page to: Wynne Police Department 206 S. Falls Wynne, AR 72396

# Wynne Police Department

## City of Wynne Police Department Hiring Procedures

### NOTE:

Copies of the following documents listed below must accompany you completed application. (Copies will not be made by City Personnel)

- Birth Certificate/ Proof of Citizenship
- High School Diploma or GED Certificate
- Currently VALID Driver's License
- Social Security Card
- Military Discharge or DD-214 (Active Military Service)

Applications will not be accepted without copies of the above documents. A list of certifications, special classes attended, seminars, etc. may be attached. Please do not attach separate copies of these items. All copies and attachments must be on an 8 ½" by 11" sheet of paper.

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN  
YOU APPLICATION BEING REJECTED BY THE CITY OF  
WYNNE POLICE DEPARTMENT**

# Wynne Police Department

## City of Wynne Police Department Hiring Procedures

The position of a Police Officer requires strength, agility and the ability to manage intense periods of stress. Evaluate and indicate if you believe you can perform in the following situations with proper training.

1. Engage in strenuous running to apprehend a crime suspect who flees on foot.  Yes  No
2. Protect yourself from an aggressor who attempts to inflict bodily harm or take away your weapon. Effect emergency rescue of accident victims and respond to other daily occurrences requiring strength.  Yes  No
3. Handle the stress involved in responding to situations that could be life threatening or operating emergency vehicles in conditions of adverse weather, heavy traffic and/or high speed.  Yes  No
4. Climb obstacles such as fences. Ascend ladders or use other aids to gain access to structures or climb or descend difficult terrain such as cliffs or caves in effecting rescues.  Yes  No
5. Fire pistols, rifles, shotguns, tear gas, etc. and use batons or other defensive weapons.  Yes  No

## **AGREEMENT**

Applicant: Read and Sign before submitting this application

I acknowledge that the job of Police Officer, for which I hereby make application, is a critical public safety position. I therefore agree and understand the employer may investigate my background including but not necessarily limited to work record, medical history, schooling, reputation, credit/financial standing, military service, and any law enforcement records pertaining to criminal arrests, charge of law violation or conviction. I further agree that this information, including that of a privileged or confidential nature, may be received or utilized by the police chief and personnel officer in evaluating my suitability as an applicant. I release employers, agencies and persons named herein from any and all liability resulting from the furnishing of such information.

I agree to furnish additional information requested and submit to written, oral and physical examinations required by the Wynne Police Department/Law Enforcement Standards Commission procedures to complete their pre-employment evaluation. I also agree to submit to a Voice Stress Analysis Test if requested. I understand further consideration is precluded should I fail to provide requested information or for any reason not complete the examination process.

It is agreed and understood that this application for employment does not obligate the Wynne Police Department to employ the applicant. Further, I understand and agree that if employed, my employment is at will only, for no term of definite duration, and is subject to rules, regulations and procedures adopted by the City of Wynne/Wynne Police Department.

This certifies that this application was completed by me (the applicant), the undersigned, and that all entries and information contained herein are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts for this application, or any supplement thereto, will be sufficient grounds for disqualification or dismissal.

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Signature of Applicant

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Date



This packet must be **Handwritten in black ink (do not type)**. **\*\*please Print\*\*** **If this application packet is NOT LEGIBLE, IT WILL NOT BE ACCEPTED**

1. Personal History

Full Name (last, First, Middle)

A. \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth Social Security Number

B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Phone Work Phone Cell Phone

C. \_\_\_\_\_  
Birthplace City, State, County

E. Are you a Citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

F. List any other names that you have ever used, including all married names or nicknames, etc.

\_\_\_\_\_

G. Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated  
\_\_\_\_\_ Widowed

2. Family History

A. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Full name of present spouse Maiden name Age

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Present Employment of Spouse Address (City, State) Phone

B. List ALL Children and Step-Children

Full Name	Address	Phone	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

5. List all Persons who reside at you residence:

a. Full Name \_\_\_\_\_ Age \_\_\_\_\_

b. Full Name \_\_\_\_\_ Age \_\_\_\_\_

c. Full Name \_\_\_\_\_ Age \_\_\_\_\_

d. Full Name \_\_\_\_\_ Age \_\_\_\_\_

**3. Education**

School Name	Location	Attended	Year of	Credit Hours
<b>High School</b>				
<b>GED</b>				
<b>College University</b>				

## 4. Employment

On the following pages you will find employment reference sheets. It is very important the employment information be accurate. Please list your **ENTIRE** employment history. Include **ALL PART-TIME, TEMPORARY,** and **SEASONAL EMPLOYMENT** regardless of time employed. **IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT.**

**BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT JOB, AND WORK BACKWARDS.**

Employment history must cover from **HIGH SCHOOL GRADUATION TO PRESENT.**

**MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.**

If additional employment reference sheets are needed, please make photocopies prior to filling out any forms.

### EMPLOYMENT TERMINATION

A. Have you ever been dismissed, fired, or asked to resign from any employment or position you have held, knowing that you would be fired if you did not resign?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

MAY WE CONTACT YOUR CURRENT EMPLOYER \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

- If the response is "NO" you will be required to provide proof of employment and dates of employment.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment.

Name of Employer  
or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number (\_\_\_\_)- \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for  
leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer  
or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number (\_\_\_\_)- \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for  
leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer  
or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number (\_\_\_\_)- \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for  
leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer  
or Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number (\_\_\_\_)- \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for  
leaving: \_\_\_\_\_  
\_\_\_\_\_

**5. DRUG HISTORY**

A. Are you currently using any kinds of drugs or controlled substances not prescribed by a Physician? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, Explain Below:

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

**6. MILITARY RECORD**

A. Have you ever been on active duty in the Armed Forces of the US?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

B. Branch of Service: \_\_\_\_\_

C. Type of Discharge \_\_\_\_\_ IF OTHER THAN HONORABLE EXPLAIN,  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Dates of Active Duty (Month, Day, Year)  
 FROM \_\_\_\_\_ To \_\_\_\_\_

E. Have you ever been, or are you currently, a member of a **RESERVE UNIT**  
 \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR \_\_\_\_\_  
 Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

F. Are you currently in the Military? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, what is your anticipated release date? \_\_\_\_\_

F. If you were in the military, were you ever court-martialed? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you ever have ANY type military disciplinary action taken against you while in the military ( this includes Article 15, Captain’s Mast, etc. )? \_\_\_\_\_ Yes \_\_\_\_\_ NO

**TRAFFIC CITATIONS**

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION


**7. MISCELLANEOUS**

A. List all relatives employed by the City of Wynne Government, including the Wynne Police Department.

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B. Are you currently, or have you ever been, an employee of the City of Wynne or Cross county Government? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, list what agency, dates of employment, position, and designate whether or not you were a permanent employee, temporary, reserve, or volunteer. \_\_\_\_\_

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**B. Have you previously submitted an application for employment for the Wynne Police Department or any other law enforcement agency?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list below:

AGENCY	DATE	POSITION	RESULT

**8. REFERENCES:**

A. List three(3) references who are responsible adults or reputable standing in their community, who you HAVE KNOWN WELL FOR AT LEAST THREE YEARS, AND WHO KNOW YOU. References CANNOT be relatives, former employers, or present employers. You MUST include their full names,

COMPLETE home address and business address (including city, state, zip), and correct home or business telephone number (including area code) where **they** may be contacted **Monday through Friday during normal business hours.**

1. Full Name (Last, First, Middle) \_\_\_\_\_ Years Known \_\_\_\_\_

Current address \_\_\_\_\_

Employment address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

2. Full Name (Last, First, Middle) \_\_\_\_\_ Years Known \_\_\_\_\_

Current address \_\_\_\_\_

Employment address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

3. Full Name (Last, First, Middle) \_\_\_\_\_ Years Known \_\_\_\_\_

Current address \_\_\_\_\_

Employment address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Thank you for applying with the City of Wynne Police Department. You will be contacted if any further information is needed.