

BENTON COUNTY

DIVISION OF PUBLIC SAFETY

Volunteer Application

SECTION I: Personal Information

APPLICANT INFORMATION		DATE:
Last Name	First	DOB
Street Address		Apartment/Unit #
City	State	ZIP
Mailing Address (If Different)		
Phone		Work Phone
Alternate phone		E-mail Address
DL Number		Social Security Number
Emergency Contact Name		Emergency Contact Number
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever served with any other government agency? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If so, who?		When?
Position applying for:		
Agency: (Check one) Auxiliary Communications <input type="checkbox"/> Fire Services <input type="checkbox"/>		
Emergency Management <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Search and Rescue <input type="checkbox"/>		

Please read the application carefully and complete each item. Incomplete applications will be rejected.

1. The affidavit / disclaimer in Section IV, must be read, signed and dated
2. The Authorization to Release Information must be signed in the presence of a Notary Public.
3. Return application to the Department or agency for which you are applying.

**Benton County Division of Public Safety
215 E. Central Ave.
Bentonville, AR 72712**

SECTION II: Questionnaire

1: Have you ever been arrested or charged with any violation or crime, including traffic tickets? Yes No
If yes, explain:

2: Has your driver's license ever been revoked or suspended? Yes No
If yes, explain:

3. Why do you wish to become an emergency service volunteer?

4. Are you willing to work nights, weekends, and holidays if necessary? Yes No
If no, explain:

5. Do you object to working shifts? Yes No
If yes, explain:

6. Are you willing to take a polygraph examination? Yes No
If no, explain:

7. Are you willing to take a psychological evaluation? Yes No
If no, explain:

8. Why do you want to work for the Division of Public Safety?

SECTION III: Education and Experience

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT (<i>FOR THE PAST 10 YEARS, ATTACH ADDITIONAL SHEET IS NECESSARY</i>)				
Company			Phone ()	
Address			Supervisor	
Job Title			Salary / Rate	
Responsibilities				
From	To	Reason for Leaving		
May we contact your supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company			Phone ()	
Address			Supervisor	
Job Title			Salary / Rate	
Responsibilities				
From	To	Reason for Leaving		
May we contact your supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company			Phone ()	
Address			Supervisor	
Job Title			Salary / Rate	
Responsibilities				
From	To	Reason for Leaving		
May we contact your supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

PREVIOUS EMPLOYMENT (CONTINUED)

Company		Phone ()
Address		Supervisor
Job Title		Salary / Rate
Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone ()
Address		Supervisor
Job Title		Salary / Rate
Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone ()
Address		Supervisor
Job Title		Salary / Rate
Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

CERTIFICATIONS / TRAINING RELATED TO THE POSITION YOU ARE APPLYING FOR

Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:

SECTION IV: BACKGROUND

PROFESSIONAL REFERENCES

Please list three professional references. (No family)

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PERSONAL REFERENCES

Please list three personal references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

RESIDENCE HISTORY (For the past 10 years) Attach additional sheets in necessary

Street Address	City/State/Zip	From	To	Landlord

MILITARY SERVICE	
Branch	From To
Serial Number	Enlistment
Rank at Discharge	Type of Discharge
Are you a member of a Reserve Unit? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, unit name
If other than honorable, explain	

I hereby certify that all statements by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application. I understand that my association with Benton County Government will be that of a volunteer and not as a paid employee. If approved for service, I agree to abide by all of the provisions of Benton County and the Division of Public Safety policy.

Signature of Applicant

Date

Benton County Government does not discriminate on the basis of race, color, sex, age, national origin, religious or political affiliation or opinion, disability, or marital status.

ADMINISTRATIVE USE ONLY

Department Instructions:

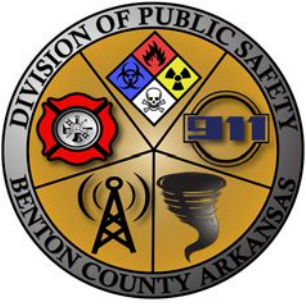
- 1. Interview applicant to determine eligibility.**
- 2. Approve or decline applicant.**
- 3. Maintain a copy of application for your records.**
- 4. Return original to the Division of Public Safety for background check and final disposition.**

DEPARTMENT ADMINISTRATIVE ACTION

Interviewer :	Date:	Comments:
Action: APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> Reason:		
_____ Signature		
_____ Date		

COUNTY ADMINISTRATIVE ACTION

Date Application Received:	Background Investigation: PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
Action: APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> Reason:	
_____ Signature	
_____ Date	



BENTON COUNTY

DIVISION OF PUBLIC SAFETY

Employment Application

Authorization to Release Information

I, _____, am an applicant with Benton County Division of Public Safety (BCDPS). In order to process my application, certain information must be made available to BCDPS representatives. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); medical institutions and doctors; any other person, institution, or organization; and all governmental agencies, law enforcement agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Department Director or to any representative thereof, the following information, including but not limited to any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Pursuant to ARK. CODE ANN. SECTION 12-12-1009, I hereby authorize the Benton County Division of Public Safety representatives to obtain conviction information from any local, state, federal or foreign agency, registry or repository. I understand that conviction information shall only be used for the purpose of employment with the department and that conviction information may not be re-disseminated.

Applicant Signature

Date

AFFIDAVIT

I, _____, being first duly sworn, deposes and says the following: I am the person who executed the above authorization. I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature _____

Subscribed and sworn to before me this _____ day of _____.

Commission Expiration

Notary Public