



BENTON COUNTY

OFFICE OF EMERGENCY COMMUNICATIONS

Employment Application

SECTION I: Personal Information

DATE:

APPLICANT INFORMATION			
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?		If no, are you authorized to work in the U.S.?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	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?	

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

1. You will need to include all documents listed under section IV with your application. {DD-214 Member 4 (long form) is your military discharge papers – if applicable.}
2. The photo must be of the applicant only – no other subjects in the photo. It needs to be of the head and shoulders (passport style).
3. The affidavit / disclaimer in Section IV, must be read, signed and dated
4. The Authorization to Release Information must be signed in the presence of a Notary Public.

**Please return applications, either in person or my mail to:
Office of Emergency Communications
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2: Has your driver's license ever been revoked or suspended?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. Do you object to wearing a uniform? Yes No
If yes, explain:

4. Are you willing to work nights, weekends, and holidays if necessary (Full Time Applicants Only) 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 Emergency Communications?

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 (FOR THE PAST 10 YEARS, ATTACH ADDITIONAL SHEET IS NECESSARY)	
Company	Phone ()
Address	Supervisor
Job Title	Salary / Rate
Responsibilities	
From	To Reason for Leaving
May we contact your previous 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 previous 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 previous 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 previous 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 previous 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 previous 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

Authorization to Release Information

I, _____, am an applicant with Benton County Office of Emergency Communications (BCOEC) and. In order to process my application, certain information must be made available to BCOEC 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 Coordinator 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 Office of Emergency Communications 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