



SALINE COUNTY

GENERAL OR SHERIFF APPLICATION -SAFETY SENSITIVE (REV. 1-10-22)-

APPLICANTS AND EMPLOYEES SHALL BE AFFORDED EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, AGE, SEX, RELIGION, POLITICAL AFFILIATION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, OR MILITARY STATUS. AS A MEANS OF ACCOMMODATION TO PERSONS WITH SPECIFIC DISABILITIES THAT PREVENT YOU FROM COMPLETING THIS APPLICATION, CONFIDENTIAL ASSISTANCE COMPLETING THIS APPLICATION MAY BE OBTAINED UPON REQUEST.

RESUMES ARE NOT ACCEPTED IN LIEU OF APPLICATIONS – MUST BE NOTARIZED

SECTION I: Personal Information

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	
Have you ever served with any other government agency? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If so, who?		When?
Position applying for:		

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 Saline County Human Resource Office at the address below:

Saline County Human Resource Office
200 N Main, Room 112
Benton, AR 72015
Phone 501-303-5658 or 303-5701
Fax 501-315-1338
Email: Christy.Peterson@salinecounty.org
Audrey.Villegas@salinecounty.org

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2: Has your driver's license ever been revoked or suspended?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 a Saline County employee or employed in this department?

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

5. Have you ever been convicted of a felony? Yes No
If yes, explain:

6. Are you a citizen of the United States or are you lawfully eligible to become employed in the United States? Yes No
If no, explain:

7. Can you perform the duties of the job for which you are applying with or without reasonable accommodation or other jobs as assigned? Yes No
If no, explain (do not answer the question until you have read the job description of the position applied for):

8. Is any additional information necessary to enable a check of your employment records such as a change of name, use of an assumed name or nickname?

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 7 YEARS, ATTACH ADDITIONAL SHEET IF 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
Email Address	Phone ()
Physical Address	
Full Name	Relationship
Email Address	Phone ()
Physical Address	
Full Name	Relationship
Email Address	Phone ()
Physical Address	

RESIDENCE HISTORY (For the past 7 years)

Street Address	City/State/Zip	From	To	Landlord

SALINE COUNTY

GENERAL APPLICATION

Employment Application

Authorization to Release Information

I, _____, am an applicant with Saline County. In order to process my application, certain information must be made available to Saline County representatives. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); 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 HR Director or to any representative thereof, the following information, including but not limited to any document, information, record, or file that 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 Saline County Human Resources 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.

I UNDERSTAND AND ACKNOWLEDGE that this position with Saline County, Arkansas is designated by Saline County, Arkansas as a "Safety Sensitive Position" as defined by Act 593 of 2017. I understand that part of the essential job functions of this position requires that I must have the ability to work in a constant state of alertness and in a safe manner.

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.

Applicant Signature _____

Date _____

AFFIDAVIT OF NOTARY

Before me appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

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

Commission Expiration: _____ Notary Public Seal & Signature _____

Saline County is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide as requested, statistical data to federal compliance agencies. This information WILL NOT be used in the employment process and failure to provide the information WILL NOT jeopardize your employment with SALINE COUNTY. **Again, your cooperation in completing this section is completely voluntary. If you wish not to provide the information, please complete the name and position held, check the applicable box and sign at the bottom. ANY INFORMATION GATHERED IS STRICTLY CONFIDENTIAL.**

Name: _____

Position applying for: _____

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male Female

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows: please check the category, which identifies your race/ethnic background.

WHITE: all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK or AFRICAN AMERICAN: all persons having origins of the Black racial groups of Africa.

HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN: All persons having origins in any of the original peoples of the Far East or Southeast Asia.

PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Subcontinent of the Pacific Islands.

AMERICAN INDIAN OR ALASKIAN NATIVE: All persons have origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliations or community recognition.

Persons having origins in two or more races.

I do not wish to disclose this information.

Signature: _____

Date: _____