

APPLICANT DISQUALIFICATIONS**Applicant Information**

Applicant's Name _____ SS#: _____ DOB: _____
(last 4 digits only)

Conditions

The applicant must be of good moral character and habits. An investigation of the applicant will be made to satisfactorily establish good moral character, habits, and honesty. In addition to a criminal record check, a credit history and financial condition of the applicant will be reviewed. Credit history will not be the sole basis for disqualification. The list below is intended to give applicants an overview of disqualifications. Applicants are reviewed individually and additional disqualifications may occur.

Grounds For Disqualification

1. An Incomplete Application. Any application missing four (4) or more elements will automatically be disqualified.
2. Any prior felony conviction.
3. Any domestic violence related conviction.
4. Any driving offense or boating offense within the last seven (7) years that was caused by alcohol, controlled substances, drugs, or other illegal substances, including but not limited to, DUI or DWI; or convictions or deferred judgments within the last seven (7) years.
5. More than three (3) traffic convictions within the last year.
6. Bankruptcy within the last three (3) years.
7. Having a history of illegal drug use as an adult that tends to establish a pattern.
8. Used ("tried") marijuana in the past three (3) years.
9. Convicted of illegal possession, including illegal use or experimentation of any controlled substance, narcotics, steroids, etc., during the last 10 years.
10. Sold, produced, cultivated, or transported for sale marijuana or dangerous drugs/narcotics.
11. Discharged from any branch of military service under other than honorable and/or dishonorable conditions.
12. The applicant must be at least 21 years of age.
13. The applicant must be a citizen of the United States of America.
14. If required to register, the applicant is registered with the selective service system to comply with the Military Selective Service Act.
15. The applicant has a valid social security number or has applied for a social security number upon employment and provides proof of employment eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.
16. If the applicant has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
17. If the applicant has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
18. If the applicant has been civilly or administratively adjudicated to have engaged in the activity described in item 16.

| |
|--|
| Possible Grounds for Disqualification |
|--|

1. Any misrepresentation or omission of any material fact on the application, County or Sheriff's Office forms, during the background investigation or in any phase of the selection process.
2. A member of any organization that engages in acts of force or violence, illegal activity, and/or advocates the violent overthrow of the Constitution or Government of the United States of America.
3. Removal for cause in the last 12 months from an eligibility list with a law enforcement agency or fire department.
4. Misdemeanor convictions are investigated on a case by case basis and may disqualify the applicant.
5. Refusal to submit to a polygraph examination.
6. Applicants with active warrants, pending court cases, under court order probation or under any criminal investigation.
7. Tattoos related to any gang affiliation.

I, _____ certify, that I meet the qualifications as outlined above. My statements are true, complete, and correct to the best of my knowledge and belief. I understand that falsification or misrepresentation on this Applicant Disqualifications form may be cause for my application to be rejected or termination, if employed.

Signature: _____ Date: _____

WILLINGNESS SCREENING**Applicant Information**

Applicant's Name _____ SS#: _____ (last 4 digits only) DOB: _____

Thank you for taking the time to continue the hiring process with the Sheriff's Office. Please take the time to read each sentence carefully and initial in the box with your corresponding response for each task. The Sheriff's Office requires your willingness to complete each task as outlined below before your testing will be given. If you are unwilling to perform all of the duties you need not continue in the hiring process. If upon hiring, failure to perform these tasks may result in disciplinary action, including termination of employment. This is not a comprehensive list of the work environment.

If you are a convicted felon or have certain misdemeanor convictions there is no need to continue with this selection process.

Checklist

| | | YES | NO |
|----|---|-----|----|
| 1. | Are you willing to work any shift required? <u>Our current shifts are:</u> Adult Detention: 12 Hour Shifts 6:00am – 6:00pm or 6:00pm – 6:00am Juvenile Detention: 8:00am-4:00pm, 4:00pm- 12:00am, 12:00am-8:00am | | |
| 2. | Are you willing to have your shift assignment changed as needed to provide for the safety and security of the Detention Center? | | |
| 3. | Are you willing to work weekends, holidays, and double shifts? | | |
| 4. | Do you have a current valid Arkansas Driver's License? | | |
| 5. | If you do not have, are you willing to obtain a current valid Arkansas Driver's License? If so, when: _____. | | |
| 6. | Do you have access to a mode of transportation that can get you to/from work on time? | | |
| 7. | Are you willing to report to work during inclement weather? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>Sheriff's Office</u> 525 Ouachita Avenue Hot Springs, AR 71901 </div> <div style="text-align: center;"> <u>Garland County Detention Center</u> 3564 Albert Pike Road (Hwy 270W) Hot Springs, AR 71913 </div> </div> | | |
| 8. | Are you willing to maintain a method of immediate telephone communication? | | |
| 9. | Are you willing to wear the Sheriff's Office uniform in a professional manner while on duty? | | |

| | | | |
|-----|--|--|--|
| 10. | Are you willing to undergo a thorough physical, mental and medical examination as well as a complete personal/professional background investigation and polygraph examination? | | |
| 11. | Are you willing to participate in a variety of training programs which may require overnight traveling? | | |
| 12. | Are you willing to maintain an alcohol and drug free work environment? | | |
| 13. | Are you willing to follow the Detention Center's Policy and Procedure Manual, even if you have a personal preference for how a task may be completed? | | |
| 14. | Are you willing to work in a locked facility/confined space with offenders? | | |
| 15. | Are you willing to work with staff and offenders from a varied social, economic, and ethnic background? | | |
| 16. | Are you willing to be a positive influence and communicate effectively to resolve issues before they escalate? | | |
| 17. | Are you willing to search, restrain, and use force if necessary? | | |
| 18. | Are you willing to work in an environment where you will be required to interact directly with the inmates? | | |
| 19. | Are you willing to work in a potentially hazardous environment? | | |
| 20. | Periodically, are you willing to perform minor maintenance or housekeeping duties as needed? | | |
| 21. | If required, are you willing to carry a weapon and complete and maintain your weapon's qualification? | | |

I, _____ certify, that all the above statements made on this Willingness Screening are true, complete, and correct to the best of my knowledge and belief. I understand that falsification or misrepresentation on this Willingness Screening may be cause for my application to be rejected or, if employed, I may be terminated.

Signature: _____ Date: _____



APPLICATION FOR EMPLOYMENT

**WORKING WITHIN THE SHERIFF'S OFFICE/DETENTION CENTER REQUIRES ATTENTION TO DETAIL.
YOUR COMPLETION OF THIS APPLICATION WILL BE USED AS AN EVALUATION TOOL.**

This application must be filled out in its entirety. Please list complete addresses and phone numbers where requested. If a question does not apply, indicate by writing N/A in the answer blank. All incomplete applications are subject to disqualification. Any incorrect, false, or misleading information provided may result in ineligibility and /or termination.

BELOW IS A CHECKLIST OF ITEMS REQUIRED UPON SUBMISSION OF THIS APPLICATION:

- ☐ Copy of Driver's License
- ☐ Copy of Social Security Card
- ☐ Certified Copy of Birth Certificate
- ☐ Certified Copy of HIGH SCHOOL Diploma (or GED), Degrees, Educational Certificates
- ☐ Training Certificates (if any) related to the position you are applying for
- ☐ DD214 (Long Form [if applicable])
- ☐ 3 X 5 or 4 X 6 Color Photo of Yourself

HOW DID YOU HEAR ABOUT THE POSITION YOU ARE APPLYING FOR?

☐ Friend: _____
(Please List Name(s))

☐ Relative: _____
(Please List Name(s))

☐ Advertisement: _____
(Please List Source)

☐ Other: _____
(Please List Source)

PLEASE INDICATE BELOW THE TYPE OF POSITION YOU ARE APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Detention Deputy | <input type="checkbox"/> Administrative Position |
| <input type="checkbox"/> Maintenance / Housekeeping | <input type="checkbox"/> Internship / Volunteer |
| <input type="checkbox"/> Program Services | <input type="checkbox"/> Other: _____ |

GENERAL:

- 1) Are you currently employed?..... ☐ Yes ☐ No
- 2) May we contact your current employer?..... ☐ Yes ☐ No
- 3) Are you currently in "Lay-Off" status and subject to recall?..... ☐ Yes ☐ No
- 4) Can you travel if a job requires it?..... ☐ Yes ☐ No
- 5) Do you have any friends or family members that work here?..... ☐ Yes ☐ No
 - a) If yes, who: _____
- 6) Have you applied with us before?..... ☐ Yes ☐ No
 - a) If so, when: ____ / ____ / ____
- 7) Date you are available for work: ____ / ____ / ____
- 8) What is your desired salary range? _____

PERSONAL:

Name:

(Last) (First) (Middle) (Maiden / Nickname / Alias)

Address:

(Street Address) (City) (State) (Zip Code)

Method of Contact:

(Home Phone) (Cell Phone) (E-Mail Address)

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
(Month) (Day) (Year)

Arkansas Driver's License Number: _____ Exp: _____

Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other: _____

Marital Status (check one):

☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced ☐ Widowed

Name of spouse or fiancé: _____

If married, are you living with your spouse? ☐ Yes ☐ No If not, why: _____

Have you ever been separated or divorced? ☐ Yes ☐ No If so, when/where: _____

Give the following information concerning your spouse's parents:

| | | | | | |
|-----------------|------------------|--------|---------|-------|----------------|
| (Father's Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |
| (Mother's Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |

List your parents, brothers and sisters:

| | | | | | |
|-------------------------|------------------|--------|---------|-------|----------------|
| (Father's Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |
| (Mother's Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |
| (Brother / Sister Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |
| (Brother / Sister Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |
| (Brother / Sister Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) |

Has any member of your immediate family (including step family) ever been arrested or convicted of a felony?..... ☐ Yes ☐ No

If yes: _____
(Name) (Date) (Location) (Charge) (Disposition)

List below every child born to you:

| | | | |
|--------|-----------------|------------------|-----------------------------|
| (Name) | (Date of Birth) | (Place of Birth) | (With whom do they reside?) |
| (Name) | (Date of Birth) | (Place of Birth) | (With whom do they reside?) |
| (Name) | (Date of Birth) | (Place of Birth) | (With whom do they reside?) |

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: _____

FINANCIAL:

Do you have a checking account?.....☐ Yes ☐ No

(Bank Name) (City) (State) (Zip) (Phone Number)

Do you have a savings account?.....☐ Yes ☐ No

(Bank Name) (City) (State) (Zip) (Phone Number)

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

If yes: _____
(Business Name) (Location) (Type of Business)

Do you own or are you buying your own home?.....☐ Yes ☐ No

If yes, is there a mortgage on the property?.....☐ Yes ☐ No

Do you own, or are you buying other real estate?.....☐ Yes ☐ No

If yes: _____
(Bank or Company who holds the Mortgage) (City) (State) (Zip Code)

What income do you have at present (include spouse's salary): \$ _____

List all vehicles that you own, are purchasing, or leasing:

(Make) (Model) (Year) (Amount Owed)

(Make) (Model) (Year) (Amount Owed)

(Make) (Model) (Year) (Amount Owed)

CREDIT REFERENCES:

| | | | | | | |
|----------------|------------------|--------|---------|------------|----------------|---------------|
| (Name of Firm) | (Street Address) | (City) | (State) | (Zip Code) | (Phone Number) | (Amount Owed) |
| (Name of Firm) | (Street Address) | (City) | (State) | (Zip Code) | (Phone Number) | (Amount Owed) |
| (Name of Firm) | (Street Address) | (City) | (State) | (Zip Code) | (Phone Number) | (Amount Owed) |
| (Name of Firm) | (Street Address) | (City) | (State) | (Zip Code) | (Phone Number) | (Amount Owed) |

What is your total indebtedness at present? _____

Have your creditors always treated you fairly?.....☐ Yes ☐ No

If not, please explain: _____

Have you ever been sued?.....☐ Yes ☐ No

If yes, give details: _____

Have you ever filed for Bankruptcy?.....☐ Yes ☐ No

If so, please provide details of when and why: _____

Have you ever had a foreclosure?.....☐ Yes ☐ No

If so, please provide details of when and why: _____

Have any of your financial accounts ever gone to collections?.....☐ Yes ☐ No

If so, please provide details of when and why: _____

EMPLOYMENT EXPERIENCE:

List all jobs you have held in the last ten (10) years, starting with your current or last job first. If you need more space, you may attach additional sheets. Include military service, temporary and part-time jobs in proper time sequence.

| | | | | |
|----------------------|------------|--|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number (s) | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| | | | | |
|----------------------|------------|--|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number (s) | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| | | | | |
|----------------------|------------|--|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number (s) | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| | | | | |
|----------------------|------------|--|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number (s) | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

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?.....☐ Yes ☐ No

If yes, give details: _____

Have your employers always treated you fairly?.....☐ Yes ☐ No

If no, please explain: _____

Do you have outside employment or side jobs that would interfere with your work at the Garland County Sheriff's Office / Detention Center?.....☐ Yes ☐ No

If yes, please give details: _____

EDUCATION:

| | Name and Address of School | Course of Study | Number of Years Completed | Diploma / Degree or GED |
|-----------------------|----------------------------|-----------------|---------------------------|-------------------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

RESIDENCES:

List your addresses for the last ten (10) years, starting with the most current:

| | | | | | | | |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|
| (From [Date]) | (To [Date]) | (Street Address) | (City) | (State) | (Zip Code) | (Landlord) | (Phone Number) |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|

| | | | | | | | |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|
| (From [Date]) | (To [Date]) | (Street Address) | (City) | (State) | (Zip Code) | (Landlord) | (Phone Number) |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|

| | | | | | | | |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|
| (From [Date]) | (To [Date]) | (Street Address) | (City) | (State) | (Zip Code) | (Landlord) | (Phone Number) |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|

| | | | | | | | |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|
| (From [Date]) | (To [Date]) | (Street Address) | (City) | (State) | (Zip Code) | (Landlord) | (Phone Number) |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|

| | | | | | | | |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|
| (From [Date]) | (To [Date]) | (Street Address) | (City) | (State) | (Zip Code) | (Landlord) | (Phone Number) |
|---------------|-------------|------------------|--------|---------|------------|------------|----------------|

REFERENCES:

List at least five (5) responsible persons, other than relatives, who could provide information about your character, ability, experience, personality and other qualities:

| | | | | | | |
|--------|------------------|--------|---------|-------|----------------|---------|
| (Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) | (Email) |
|--------|------------------|--------|---------|-------|----------------|---------|

| | | | | | | |
|--------|------------------|--------|---------|-------|----------------|---------|
| (Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) | (Email) |
|--------|------------------|--------|---------|-------|----------------|---------|

| | | | | | | |
|--------|------------------|--------|---------|-------|----------------|---------|
| (Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) | (Email) |
|--------|------------------|--------|---------|-------|----------------|---------|

| | | | | | | |
|--------|------------------|--------|---------|-------|----------------|---------|
| (Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) | (Email) |
|--------|------------------|--------|---------|-------|----------------|---------|

| | | | | | | |
|--------|------------------|--------|---------|-------|----------------|---------|
| (Name) | (Street Address) | (City) | (State) | (Zip) | (Phone Number) | (Email) |
|--------|------------------|--------|---------|-------|----------------|---------|

ARREST AND / OR MILITARY DISCIPLINARY:

What branch of the military have you served in – or are you serving in? _____

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 \$250.00?.....☐ Yes ☐ No

If yes, give details: _____

Have you ever received any disciplinary action while in the military?.....☐ Yes ☐ No

If yes, give details: _____

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

| (Date) | (Agency) | (Purpose) |
|--------|----------|-----------|
| | | |
| | | |
| | | |

DRIVING HISTORY / RECORD:

Can you operate a motor vehicle?.....☐ Yes ☐ No

Do you possess a valid operator's license from the State of Arkansas?.....☐ Yes ☐ No

Was your license ever suspended or revoked?.....☐ Yes ☐ No

If yes, give details: _____

Was your license ever restored?☐ Yes ☐ No

If yes, give details: _____

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

Have your driving privileges ever been restricted?.....☐ Yes ☐ No

Has a motor vehicle being driven by you ever been involved in an accident?.....☐ Yes ☐ No

If yes: please give details for each accident:

| (Date) | (Location) | (Cause of Accident) | (Police Investigation: YES / NO) |
|--------|------------|---------------------|----------------------------------|
|--------|------------|---------------------|----------------------------------|

| | | | |
|--------|------------|---------------------|----------------------------------|
| (Date) | (Location) | (Cause of Accident) | (Police Investigation: YES / NO) |
|--------|------------|---------------------|----------------------------------|

| | | | |
|--------|------------|---------------------|----------------------------------|
| (Date) | (Location) | (Cause of Accident) | (Police Investigation: YES / NO) |
|--------|------------|---------------------|----------------------------------|

List any convictions for traffic violations:

| (Date) | (Location) | (Nature of Violation) | (Penalty or Disposition) |
|--------|------------|-----------------------|--------------------------|
|--------|------------|-----------------------|--------------------------|

| | | | |
|--------|------------|-----------------------|--------------------------|
| (Date) | (Location) | (Nature of Violation) | (Penalty or Disposition) |
|--------|------------|-----------------------|--------------------------|

| | | | |
|--------|------------|-----------------------|--------------------------|
| (Date) | (Location) | (Nature of Violation) | (Penalty or Disposition) |
|--------|------------|-----------------------|--------------------------|

| | | | |
|--------|------------|-----------------------|--------------------------|
| (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?

CAREER OBJECTIVES:

Explain briefly your reasons for applying for this position:

SKILLS / TRAINING:

Describe any specialized training and/or skills related to the position for which you are applying for:

I hereby certify that all statements made in this questionnaire are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

By signing this employment application, I certify that I am in compliance with the Military Selective Act.

(Printed Name)

(Signature)

NOTARIZATION:

SWORN AND SUBCRIBED 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

GARLAND COUNTY SHERIFF'S OFFICE



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Garland County Sheriff's Department (hereinafter called "Garland County") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Garland County, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Garland County. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or Garland County policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Garland County should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Garland County will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Administrative Director of the Garland County Sheriff's Department.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

GARLAND COUNTY SHERIFF'S OFFICE



Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Garland County Sheriff's Office (herein called "County") and its designated representatives and agents, for the purpose of assisting the County in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the County hires me or contracts for my services, my consent will apply, and the County may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the County.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

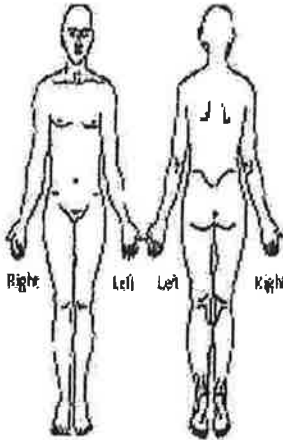
| TYPE OF BUSINESS: | CONTACT: |
|--|--|
| <p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p> | <p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p> |
| <p>4. Creditors Subject to Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p> |
| <p>5. Creditors Subject to Packers and Stockyards Act, 1921</p> | <p>Nearest Packers and Stockyards Administration area Supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p> |

SUPPLEMENTAL TATTOO INFORMATION

Fill out ONE form for EACH of your tattoos. Make photocopies of this form as needed for each additional tattoo. In cases of "sleeves" or marals multiple photos encompassing the whole tattoo are required. If the tattoo is in a "sensitive" area please take the necessary steps to ensure the photo is appropriate. If an appropriate photo is not possible, DO NOT include a photo, but complete the rest of the form in its entirety. This forms instructions will also be followed in the event you've had a tattoo covered up or removed.

APPLICANTS NAME: _____ EXAM ID#: _____

GIVE A COMPLETE DESCRIPTION OF THE APPEARANCE OF THE TATTOO, INDICATE BELOW WHERE ON YOUR BODY IT IS LOCATED, WHEN AND WHERE YOU GOT THE TATTOO, WHY YOU GOT IT, AND WHAT MEANING IT HAS FOR YOU. ATTACH A 4" x 6" PHOTO OF THE TATTOO PRINTED ON PHOTO PAPER BELOW. COMPLETE THE FORM IN ITS ENTIRETY BEFORE SIGNING AND DATING BELOW.



**ATTACH 4" x 6" PHOTO OF TATTOO
INSIDE THIS BOX**

Photo MUST be:

- 1) In color
- 2) In focus – NOT blurry
- 3) On photo-quality paper –
NOT regular printer paper

SIGN: _____ **DATE:** _____

Authorization for Release of Confidential Information
Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a ~~check or money order for \$10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. Please allow 7-10 business days for processing.~~

This information should be addressed to:

(Please include a contact person's name and phone number.)

Name of Person Making the Request:

Ashley Langston

Company Name:

Garland County Sheriff's Office

Address:

525 Ouachita Ave. Hot Springs, AR 71901

Telephone Number:

(501) 622-3663

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race

Age

DOB

Child's Full Name, DOB, and Social Security #

Child's Full Name, DOB, and Social Security #

Child's Full Name, DOB, and Social Security #

Child's Full Name, DOB, and Social Security #

Please provide the last ten (10) years)

Present Address:

Past Addresses:

From: _____ To: _____

From: _____ To: _____

Street Address

Street Address

City, State, Zip

City, State, Zip

Past Addresses:

Past Addresses:

From: _____ To: _____

From: _____ To: _____

Street Address

Street Address

City, State, Zip

City, State, Zip

Applicant's Signature

County of _____ State of Arkansas acknowledges before me this _____ day
of _____ 20 ____ . My commission expires: _____

Notary Public