

**Hope Police Department
P.O. Box 1346
Hope, AR 71802
870-777-3434**

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____ Date Applied: _____

**I am interested in the following position(s):
(Please Check all fields below that you are available to work)**

Services Division:

Communications Operator _____

Full Time _____ *Days* _____

Part Time _____ *Nights* _____

Weekends _____

Office Assistant _____

Patrol Division:

Patrol Officer _____

Reserve Officer _____

I am a certified officer in the state of _____.

| |
|------------------|
| For HPD Use ONLY |
|------------------|

2009 City of Hope Police Department Pay Plan
Starting Pay

| <u>Position</u> | <u>Base Rate</u> | <u>Holiday Pay</u> | <u>OT Rate</u> | <u>Base Annual Wages</u> |
|------------------------------------|------------------|--------------------|----------------|--------------------------|
| Chief | | | | Salary \$55,098.16 |
| Lieutenant | | | | Salary \$41,980.12 |
| Sergeant (< 5 years) | 15.10 | .58 | 22.65 | \$32,614.00 |
| Sergeant (> 5 years) | 15.60 | .60 | 23.40 | \$33,696.00 |
| Patrol / Detective (< 5 years) | 13.37 | .51 | 20.06 | \$28,870.40 |
| Patrol / Detective (> 5 years) | 13.89 | .53 | 20.84 | \$29,993.60 |
| Academy New Hire | 12.37 | .48 | 8.55 | \$26,728.00 |
| Dispatcher | 10.30 | .40 | 15.45 | \$22,256.00 |

Note: **** Above pay calculations assume a 40 hour work week.**
**** Patrol Officers work a 12 hour shift and average a 42 hour work week.**
12 Hour Shift Pay results in an additional 104 hours per year, base pay + \$1390.48
totaling \$30,260.88 annually.
Certificate Pay: \$75per month for each certificate above basic.
Longevity Pay: .50 cents hourly after 5 years of service (Sworn personnel only)
College Pay: \$50.00 for 30 hours of college; \$75.00 for Associate Degree; \$100.00 for
 Bachelors Degree (all employees)
Language Pay: Spanish \$50.00 per month (all employees)
Retirement: 5% employee contribution; 12.54% City contribution
Heath Insurance: Provided to employee (Cost to City approx \$405. per month)
 ½ provided to employee family (1/2 Cost to employee = \$247.50)
New Promotions: are subject to 6 month probation period in rank.
 New promotion salaries are determined by the Chief of Police and
 Are typically based on .50 increase from pervious pay.
Certified New Hire: Pay established by Chief of Police
Non-Certified New Hire: pay increases to base patrolman pay upon completion of field
 training
 Shifts: **Patrol-** 12 hour shifts (2184 annual hours)- 6AM-6PM
Detective – 8 hour shifts (2080 annual hours)
Dispatch – 8 hour shifts

Note: Pay for all other positions are determined by the Chief of Police at time of hire.

STATE OF ARKANSAS
COMMISSION
ON
LAW ENFORCEMENT STANDARDS
AND TRAINING
PERSONAL HISTORY STATEMENT

Marital

8. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

9. Names of Spouse or Fiancé(e) _____

10. If married, are you living with your spouse? Yes No

If not, state reason: _____

11. Have you ever been separated or divorced? Yes No If yes give date and location of court or jurisdiction. _____

12. Give the following information concerning your spouse's parents:

| | Name | Address |
|--------|------|---------|
| Father | | |
| Mother | | |

13. List below every child born to you:

| Name | Birth date | Place of Birth | With Whom Resides |
|------|------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

14. Are you now supporting all children born to you, adopted by you and stepchildren?
 Yes No If no, give details _____

15. Have you ever been involved as defendant in a paternity proceeding? Yes No
If yes, give date and court or jurisdiction: _____

References:

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities:

| Name | Address | Telephone |
|------|---------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Family History:

17. List your parents, brothers, and sister:

| | Name | Address | Telephone |
|---------|------|---------|-----------|
| Father | | | |
| Mother | | | |
| Bro/Sis | | | |
| Bro/Sis | | | |
| Bro/Sis | | | |
| Bro/Sis | | | |
| | | | |

18. Has any member of your immediate family ever been arrested for or convicted of a felony arrest? Yes No If yes, complete the following:

Date **Location** **Charge** **Disposition**

Financial:

19. Do you have life insurance and/or hospitalization insurance? ____ Yes ____ No

20. Do you have a savings account? ____ Yes ____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Do you have a checking account? ____ Yes ____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. Do you own or have an interest in any type of business dealing in alcohol?

____ Yes ____ No If yes, give name, location and type of business:

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

Is there a mortgage on the property? ____ Yes ____ No

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? ____ Yes ____ No

If yes, give name of agency holding mortgage;

Bank or Company _____ City and State _____

25. List motor vehicles that you own or are buying or leasing:

| Make | Model | Year | Amount Owed |
|------|-------|------|-------------|
| | | | |
| | | | |

26. What income other than salary do you have at present? Include Spouse's salary?

| From Mo. Yr. | To Mo. Yr. | Address/ Residence | City & State | Landlord |
|-----------------|---------------|--------------------|--------------|----------|
| | Present | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Work History:

32. Are you now or have you ever been engaged in any business as an owner, or corporate board member? _____ Yes _____ No If yes, give details below:

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details: _____

34. Have your employers always treated you fairly? _____ Yes _____ No If no, explain: _____

35. Do you object to wearing a uniform? _____ Yes _____ No

36. Do you object to working nights? _____ Yes _____ No

37. Do you object to working shifts? _____ Yes _____ No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

| | | |
|--|------|------|
| Date employed | | |
| Date separated | | |
| Full Time | Yrs | Mos. |
| Part Time | Yrs. | Mos. |
| If part-time # of hours worked per Week: | | |

Name and title of supervisor _____

Employer _____ Address _____

Duties _____

Reason for leaving: _____

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

| | | |
|--|------|------|
| Date employed | | |
| Date separated | | |
| Full Time | Yrs | Mos. |
| Part Time | Yrs. | Mos. |
| If part-time # of hours worked per Week: | | |

Name and title of supervisor _____

Employer _____ Address _____

Duties _____

Reason for leaving: _____

C. Title of present or last position _____ Start Salary _____ Last Salary _____

| | | |
|--|------|------|
| Date employed | | |
| Date separated | | |
| Full Time | Yrs | Mos. |
| Part Time | Yrs. | Mos. |
| If part-time # of hours worked per Week: | | |

Name and title of supervisor _____
 Employer _____ Address _____

 Duties _____

Reason for leaving: _____

D. Title of present or last position _____ Starting Salary _____ Last Salary _____

| | | |
|--|------|------|
| Date employed | | |
| Date separated | | |
| Full Time | Yrs | Mos. |
| Part Time | Yrs. | Mos. |
| If part-time # of hours worked per Week: | | |

Name and title of supervisor _____
 Employer _____ Address _____

 Duties _____

Reason for leaving: _____

39. Have you submitted an application for employment with this agency?

_____ Yes _____ No Approximate date: _____

Military Service:

40. Were you ever in the U.S. Military Service or any other military organization?

_____ Yes _____ No

Branch of Service _____ Unit _____ Date of Enlistment _____

Date Of Discharge _____ Service # _____ Highest Rank _____

41. List medals and decorations: _____

42. Type of Discharge: _____

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: _____

44. List all schools attended:

| Name of School | Location City and State | From Mo. & Yr. | To Mo. & Yr | Year Completed |
|-----------------------|----------------------------|-------------------|----------------|----------------|
| Grade School | | | | |
| | | | | |
| | | | | |
| High School | | | | |
| | | | | |
| | | | | |
| College or University | | | | |
| | | | | |
| | | | | |
| | | | | |

45. Did you either graduate from high school or pass the high school equivalency test?
____ Yes ____ No

46. List college degrees received and major field of each. Include incomplete courses:

47. Were you ever expelled from any school or were you ever disciplined by any school official? ____ Yes ____ No If yes, explain: _____

Arrest and Military Disciplinary:

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever arrested or detained by police? ___ Yes ___ No If yes, give

details: Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

49. Have you ever been placed on probation? ___ Yes ___ No If yes give details:

50. Have you ever been required to pay a fine in excess of \$25.00? ___ Yes ___ No

If yes, give details: _____

51. Have you ever been reported as a missing person or a runaway? ___ Yes ___ No

If yes give complete details, including jurisdiction, dates, and outcome: _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, or company punishment, or any other disciplinary action while a member of the armed forces? ___ Yes ___ No

If yes, explain: _____

53. List any disciplinary action taken against you in the National Guard or other reserve unit? _____

54. If you have ever been fingerprinted by a police officer other than for an arrest, give details below. Your answers will be checked by the F.B.I. and other agencies.

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

55. Can you operate a motor vehicle? Yes No

56. Do you possess a valid operator's license from the State of Arkansas?

Yes No Operator's License Number _____ Date issued _____

57. Do you possess an operator's license issued by any state other than Arkansas?

Yes No If yes, give state and number _____

58. Was your license ever suspended or revoked? Yes No If yes, state

which and give reasons: _____

59. Was your license ever restored? Yes No When? _____

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

61. Have your driving privileges ever been restricted? Yes No If yes,

give details: _____

62. Has a motor vehicle being driven by you ever been involved in an accident?

Yes No If yes, give complete details for each accident whether collision or non-collision:

Date _____ Police Investigation? ____ Yes ____ No

Location _____ Cause of accident _____

Date _____ Police Investigation? ____ Yes ____ No

Location _____ Cause of accident _____

Date _____ Police Investigation? ____ Yes ____ No

Location _____ Cause of accident _____

63. List any convictions for minor traffic violations:

| Location | Approx. Date | Nature of Violation | Penalty or Disposition |
|----------|--------------|---------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attitudes:

64. What do you consider to be the current social problems of greatest concern?

65. What are your experiences and beliefs concerning the use of alcoholic beverages?

66. What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?

67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

Career Objectives

68. Explain briefly your reason for applying for this position: _____

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

Signature in full

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES _____

Notice- False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.

City of Hope
P.O. Box 667
Hope, AR 71802
Phone (870) 777-6701

Application for Employment

| |
|--|
| Last Name |
| First Name |
| Middle Name |
| Social Security No. |
| Street Address |
| City |
| State and Zip Code |
| Telephone No. |
| Date of Birth |
| Certification By Applicant |
| I Certify that all information given in this application for employment is true to the best of my knowledge. |
| Applicant's Signature: |

The City of Hope is an Equal Opportunity Employer and does not discriminate against Applicants for employment because of Race, Color, Religion, Sex, or National Origin.

| |
|------------------------------------|
| Position For Which Applying |
| |

| | Name of School | Location of School | Dates Attended From To | Grade Completed |
|-------------------|---------------------------|---------------------|---------------------------|---|
| Elementary School | | | | |
| High School | | | | |
| College Attended | Name of College | Location of College | Dates Attended From To | Total Years Completed Degrees Earned |
| Other | Name & Location Of School | | Dates Attended From To | Certificates Earned |

Recent Job. List any promotions separately. Include any service in the Armed Forces.

| | | | | |
|--------------------------------|--------------------------|---------------------------|----------------------------|--|
| Name of Company | Title of Your Job | Reason for Leaving | Dates of Employment | |
| | | | From: | |
| Location of Company | | | To: | |
| | | | Salary of Job | |
| | | | Starting Salary | |
| Name of Your Supervisor | | | Last Salary | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|----------------------------|--|
| Name of Company | Title of Your Job | Reason for Leaving | Dates of Employment | |
| | | | From: | |
| Location of Company | | | To: | |
| | | | Salary of Job | |
| | | | Starting Salary | |
| Name of Your Supervisor | | | Last Salary | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|----------------------------|--|
| Name of Company | Title of Your Job | Reason for Leaving | Dates of Employment | |
| | | | From: | |
| Location of Company | | | To: | |
| | | | Salary of Job | |
| | | | Starting Salary | |
| Name of Your Supervisor | | | Last Salary | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|----------------------------|--|
| Name of Company | Title of Your Job | Reason for Leaving | Dates of Employment | |
| | | | From: | |
| Location of Company | | | To: | |
| | | | Salary of Job | |
| | | | Starting Salary | |
| Name of Your Supervisor | | | Last Salary | |

City of Hope Police Department
Civilian Employee Benefit Package

Paid Holidays: 10 Per Year

New Year's Day—Jan. 1
Martin Luther King Birthday---Third Monday in Jan.
President's Day----Third Monday in February
Memorial Day--- Last Monday in May
Independence Day--- July 4
Labor Day--- First Monday in September
Veteran's Day--- Nov. 11
Thanksgiving Day--- Fourth Thursday in Nov.
Christmas Day--- Dec. 25
One additional day as designated by the City Manager

Sick: 120 Hours Annually= 15 Days Per Year
Maximum accumulation for sick time is 1,040 hours.

Vacation:

| | | |
|---------------|-----------------|------------------|
| 0-3 Years | 1.54 Hrs weekly | 12 Days per Year |
| 3-15 Years | 2.31 Hrs weekly | 15 Days per Year |
| Over 15 Years | 2.77 Hrs weekly | 18 Days per Year |

Maximum accumulation for vacation is 3 years.

Health Insurance: After 30 days of employment the City of Hope will pay the full premium for a full-time employee. Full-time employees wanting family coverage will cost the employee approximately \$57.00 per week for family coverage. This insurance has a Medical with a deductible of \$200.00, Dental with a deductible of \$50.00, and Vision with a deductible of \$50.00, each deductible is for a calendar year.

Life Insurance: Full-time employees are eligible for life insurance after being employed for 30 days. The City of Hope provides term life insurance at no charge to the employee. The amount is equivalent to the employee's annual salary.

Funeral Leave: An employee scheduled to work 40 hours a week may be granted no more than 3 days per instance with pay.

Retirement Benefits: The City of Hope participates in the Arkansas Public Employees Retirement System. This is a contributory system where the employee pays 5% of gross income. After 5 years of employment that employee is fully vested.

Training and Education Leave: The City of Hope will reimburse any employee that chooses to attend classes or courses, (completing the course with a B or above average) which would enhance their every day job with the Hope Police **Department**.

**City of Hope Police Department
Employment Information Packet**

January 01, 2005

Law Enforcement Officer
Description of Benefits
(as of January 01, 2005)

| | |
|------------------------------------|--|
| <u>Certificate Pay:</u> | \$75.00 a month for each certificate (above Basic) accumulated. Officers may earn up to \$300.00 a month for receiving all certificates. (General, Intermediate, Advance, Senior) |
| <u>Vacation Time:</u> | Accumulated at 2.31 hours per week of vacation. Averages 15 days per year. After 15 years it is 18 days per year. Maximum accumulation vacation time is 360 hours. |
| <u>Sick Leave:</u> | Accumulated at 3.08 hours per week of sick time. Averages 4 weeks per year. Maximum accumulation for sick leave is 720 hours. |
| <u>Insurance:</u> | The insurance has medical, dental, and vision benefits. Insurance is paid by the City of Hope for all full time employees. Family benefits are paid ½ by City and ½ by employee. The weekly premium is approximately \$57.00. Prescription card will be provided after 6 months of employment. |
| <u>Retirement Benefits:</u> | City of Hope retirement is contributory system where to employee pays 5% of their gross pay. The City of Hope pays all premiums for this benefit. Employees are vested after 5 years. |
| <u>Tuition Benefits:</u> | Any college courses taken, (that pertains to your current position), the city will reimburse tuition only, on the condition that the course is completed with an ending grade of a B or above. |

Hope Police Department

Hiring procedures for Police Officer Applicants

- Step 1:** Obtain application packet from the Hope Police Department.
- Step 2:** Return completed application along with all documents requested to the Hope Police Department Lieutenant of Patrol
- Step 3:** A preliminary background investigation will be conducted to determine suitability for employment.
- Step 4:** If invited, applicant will participate in a preliminary interview
- Step 5:** Upon being chosen, applicant will participate in entrance level examinations.
- Step 6:** Upon successful completion of entry-level examinations applicant will participate in a formal oral interview board.
- Step 7:** Upon successful completion of oral interview, the applicants will be ranked in order of selection.
- Step 8:** Formal background interviews will be conducted based on the ranked selection list.
- Step 9:** Conditional offer for employment will be made
- Step 10:** Applicant will participate in post offer employment examinations (i.e. physical, psychological examination)

Applicants can expect this process to take up to one year to complete. Application will be held on file for one year. After one year, the application will be destroyed,

HOPE POLICE DEPARTMENT

Police Applicant **Required Documentation** **&** **Minimum Requirements**

1. Photo copy of Birth Certificate
2. Photo copy of Arkansas Motor Vehicle Operator License
3. Photo copy of High School Diploma or GED Certificate
4. Photo copy of College Transcripts if applicable
5. Photo copy of Military Discharge (DD-214)
6. Photo copy of Naturalization or Citizenship Documentation if not a U.S. born citizen
7. At time of appointment must be a minimum of 21 years of age
8. Must be free of any felony convictions

**HOPE POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, am an applicant for employment with the Hope Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Hope. This information is for my benefit. This release is valid for a period of one year from its date.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or military records; any other person, institution, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign) wherever said individuals or organizations are situated, to release to the Chief of Police of the City of Hope or to any representative thereof, 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.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Chief of Police or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information to include any internal affairs investigations, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. Should there be any question as to validity of this release, you may contact me as indicated below.

Date: _____

Signature

Address: _____

Telephone: _____

Affidavit: I, _____, being first duly sworn, depose and say as follows: I am the person who executed the above authorization; I understand it's meaning, intentions, and effect, and that the statements therein are true and correct.

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Commission Expires:

Notary Public: _____