

# **BLYTHEVILLE POLICE DEPARTMENT RESERVE OFFICER APPLICANT PACKET**



RESERVE OFFICER APPLICANT INFORMATION PACKET  
AFTER SUBMITTING YOUR APPLICATION ONLINE YOU WILL NEED TO PROVIDE  
THE ATTACHED DOCUMENTS SIGNED AND NOTARIZED PRIOR TO  
PARTICIPATING IN ANY APPLICANT ASSESSMENT PROCESS

Received Date: \_\_\_\_\_

Application Number: \_\_\_\_\_

## BLYTHEVILLE POLICE DEPARTMENT

### Application for Volunteer Reserve Police Officer

(PRE-APPOINTMENT QUESTIONNAIRE)

PERSONAL INFORMATION		DATE:	
Name:		FIRST	MIDDLE
LAST			
Address:		CITY	STATE
STREET			ZIP
Phone Number:	E-Mail:		

**SPECIAL QUESTIONS: The information below is required as a bona fide qualification for the position of Reserve Police Officer. They are dictated by law / other legally permissible reason.**

Are you 21 years of age or older?  Y  N      Do you have a valid Drivers License  Y  N

Are you a U.S. Citizen?  Y  N      Do you have a High School Diploma or Equivalent  Y  N

Have you been convicted of a Crime other than traffic offenses?  Y  N      If Yes Explain:

I understand and agree that I may be required to take one or more physical and psychological examinations, drug test or screen, and polygraph tests, as a condition of appointment as a Reserve Police Officer. I agree to consent to take sure test(s) at such time as designated by the city and to release the city, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes      No

Have you ever applied for Reserve Police Officer here before?  Y  N      Have you ever been a Reserve Police Officer before?  Y  N      If so what agency?

EDUCATION	NAME AND LOCATION OF ACCREDITING SCHOOL	DID YOU RECEIVE A DEGREE?
<b>Current or Most Recent Former EMPLOYER</b>		
<b>DATES</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>POSITION</b>
		<b>CURRENT EMPLOYER</b>
		<b>FORMER EMPLOYER</b>

REFERENCE: Please list 3 persons not related to you, whom you've known at least one year

NAME:	ADDRESS	BUSINESS	YEARS KNOWN

Do you have any limitations that would prevent you from performing the job functions of a Police Officer? Yes      No

If Yes, What Accomodations will you need? .

# Blytheville Police Department Applicant Assessment Process

## Minimum Qualifications

- Must be a U.S. citizen
- Must be a minimum of age 21
- Must possess a current and valid driver's license
- Must be a high school graduate or possess a GED equivalency
- Must have a minimum visual acuity of 20/100 uncorrected; corrected to 20/20
- Must have registered with the U.S. Selective Service System, or otherwise be exempt from such registration
- Must have the ability to read, write and speak the English language

## Disqualifiers

- Any felony conviction including pardons and or expungement of record.
- Misdemeanor convictions or arrests involving crimes of domestic abuse, theft or moral turpitude.
- Discharge from any of the Armed Forces of the United States for unsuitability, unfitness or other misconduct
- Membership in a subversive organization
- Use of an alias with the purpose to defraud, mislead or evade
- Any intentional misrepresentation, falsification or omission of any material fact during the selection process
- Refusal to submit to medical, psychological, drug or polygraph (if required) tests / screens / examinations
- Failure of any medical, psychological, drug, or polygraph tests / screens / examinations
- Refusal to sign any document or release as required by the Blytheville Police Dept. assessment process

## Discretionary Disqualifiers

The following disqualifiers may, upon review by the Blytheville Police Department, make you ineligible to work for the department:

- An inability to perform the essential functions of the position.
- Excessive traffic violations: DUI, reckless moving citations.
- Commission of a felony.
- Any discharge from the United States armed forces other than an honorable discharge.
- Debts - demonstrated an unwillingness to honor fiscal contracts or just debts.
- Any other conduct or pattern of conduct of moral turpitude that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.

## Applicants must satisfactorily complete all of the following Minimum requirements:

- Skills Assessment Test(s)
- Background investigation
- Interview with department executive staff
- Passing recommendation from a medical examination
- Passing recommendation from a psychological examination
- Hand Dexterity (manipulate / handle a firearm)

# **Blytheville Police Department Applicant Assessment Process**

## **Written / Skills Test(s)**

The applicant may be administered any number of written or skills tests and in any order. Pass / Fail levels on any written or skills test(s) will be announced prior to the testing period.

The general instructions are as follows: The questions are of the multiple-choice kind. Applicants are given four answers for each question and they must decide which one of them is the best answer. The Assessment Process administrator will provide complete instruction and examples prior to administering the test.

**Spelling Test:** Applicants are given 25 basic words that would be used in law enforcement.

**Grammar :** Applicants choose the correct punctuation and or wording for a series of pre-written sentences

**Keyboarding:** Applicants are given a pre-written paragraph and a time limit to correctly type as many words as they can. The applicant will also enter data into a computer fillable form based on pre-written data. The tests are graded on standard words per minute typed with errors.

## **Residency Requirement**

The applicant must reside within Mississippi County Arkansas as a condition of appointment as a Reserve Police

## **Equipment**

Firearms, Uniforms, Radios, Ballistic Vest, and Other Equipment may be issued by the Department or may be required to be furnished by the Auxiliary Officer depending on the availability of equipment and funds.

## **Training**

Applicants sponsored for Auxiliary Officer Status are required to complete a 110 Hour State Standard Accredited Auxiliary Officer course.

Auxiliary Officers are required to successfully fire a State Standard Accredited Law Enforcement firearms course.

## **Service Requirement**

A minimum of 80 hours of in-service time (e.g. training sessions, monthly meetings, patrol duties, Community Events) is required each year.

# Blytheville Police Department

201 West Walnut Street Blytheville, AR 72315

Telephone (870) 763-4411

## General Waiver of Responsibility Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** I the undersigned in consideration of being permitted to participate in any way in the Blytheville Police Department applicant assessment process that includes but is not limited to an extensive background investigation and physical fitness ability and agility examinations do hereby authorize their officers, employees or other agents to investigate and compile a complete history of my former employment history, credit history, arrest record, criminal history, school record etc. I hereby release any and all law enforcement agencies, places of credit, schools, former or present employers, etc. and all persons acting under them, from all liability for damages whatsoever for furnishing any information concerning me from their files to the Blytheville Police Department. I the undersigned further agree that I shall not hold the City of Blytheville, Arkansas, the Blytheville Police Department, or any of its employees responsible for any injury or damage I may receive or cause to myself during or as a result of a Background Investigation, Physical Fitness Ability / Agility and or other examinations conducted by the Blytheville Police Department. I the undersigned, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Blytheville Police Department, City of Blytheville, its officers, employees, agents and or those assisting them from liability from any and all claims including the negligence of The Blytheville Police Department / City of Blytheville its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Blytheville Police Department applicant assessment process that includes but is not limited to an extensive background check and physical fitness ability/agility examinations.

**Assumption of Risks:** Participation in the Blytheville Police Department applicant assessment process carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries or damages. I hereby assert that my participation is voluntary and that I knowingly assume all such risks agree to **INDEMNIFY AND HOLD** The Blytheville Police Department and City of Blytheville or those who provide information from their files to them **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Blytheville Police Department applicant assessment process. The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I the undersigned have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that in fact the signature that appears on this document is my own and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability.

Applicant's DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant's Drivers License # \_\_\_\_\_ Drivers License State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribe and sworn to before me, a Notary Public, in and for the County of Mississippi, State of Arkansas, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Authorization for the Release of Information**

**TO WHOM IT MAY CONCERN:**

**As an applicant for a position with the Blytheville Police Department, I recognize that two essential characteristics for anyone entering the law enforcement profession are honor and integrity. I further recognize the need for the Blytheville Police Department to conduct an extensive background check on every applicant.**

**With this recognition in mind, I hereby authorize the Blytheville Police Department and its authorized representatives in possession of this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, juvenile court, psychological, or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.**

**I hereby direct you to release such information upon request of the Blytheville Police Department. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its 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 attempt to comply with it.**

**I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:**

**Applicant's Full Name (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number: (\_\_\_\_\_) \_\_\_\_\_**

**Applicant's Notarized Signature:** \_\_\_\_\_

**Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_ .**

**Signature of Notary Public:** \_\_\_\_\_

**NOTARY SEAL**

**Printed Name of Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**AFFIDAVIT**

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**STATE OF ARKANSAS**

\_\_\_\_\_, being first duly sworn on oath, states as follows:

My name is \_\_\_\_\_. I am applying for a volunteer appointed position with the Blytheville Police Department. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence or an arrest based on a domestic violence charge. I understand that as a condition of appointment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for appointment to the Blytheville Police Department Auxiliary Force. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

\_\_\_\_\_  
**Signature**

**Subscribed and sworn to before**

me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, County of \_\_\_\_\_ State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_