





Jefferson County Sheriff's Office Law Enforcement Code of Ethics

AS A LAW ENFORCEMENT OFFICER my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder, and to respect the constitutional rights of all men to liberty, equality and justice.

I WILL keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I WILL NEVER act officiously or permit personal feeling, prejudices, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I RECOGNIZE the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession... Law Enforcement

Read and Sign:	

What's This?





Personal History Statement

<u>Jefferson County Sheriff's Office</u> **Law Enforcement Agency**

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing 'N/A' in the answer blank. Type or print legibly in ink all responses.

Name: First			Last			Social Secu	rity Number
Nicknar	nes or Aliase	s (Separate each n	name with a	a hyphen)			
Height: In	ches	Weight: Pou	unds				
Present Mailing	Address:	Street Number			City	State	Zip Code
Permanent Mail	ing Address:	Street Number			City	State	Zip Code
Telephone:	Home	Busine	ess	Cell			
Date of Birth:	mm/dd/y	Place of B	Birth:	City	State		
	mm/uu/y	33		0			
	U.S. Born s, clubs and a	U.S. Naturaliz	h you are o	ther (Specify)	member or w		
List organization	U.S. Born s, clubs and a	U.S. Naturaliz	h you are o	ther (Specify)	member or w	rith which you	
List organization associated with:	U.S. Born s, clubs and a	U.S. Naturaliz	h you are o	ther (Specify) r have been a	member or w	rith which you	are or have be
List organization associated with:	U.S. Born s, clubs and a	U.S. Naturaliz	h you are o	ther (Specify) r have been a	member or w	rith which you	are or have be
List organization associated with:	U.S. Born s, clubs and a	U.S. Naturaliz	h you are o	ther (Specify) r have been a	member or w	rith which you	are or have be

0. If you are married, are you	ı living with yo	our spouse? Y	es No		
If not, list reason(s):					
l. Have you ever been separa	ated or divorce	d? Y	es No		
If yes, give date and locati	ion of court/jur	isdiction:			
2. Give the following inform	ation about the	parents of your sp	ouse:		
Father		Na	me		Address
Mother					
List every child born to yo	M1.	l		l	
Name		Birthday	Place of I	Birth	Address
1. Are you now supporting a					
Have you ever been involved.	ved as a defend	lant in a paternity p	proceeding or dome	estic relations	case? Yes No
If yes, give date and locati	ion of court/jur	isdiction:			
Name			Address		Telephone
AMILY HISTORY:					
List your parents, brothers,	, and sisters:		1		
		Name	Addı	ess	Telephone
Father					
Mother					
Sibling					
Sibling					
Sibling					
3. Has any member of your in Yes No If	nmediate familyes, complete		ed for and/or convi	cted of a felor	ny offense?
Date	Locatio	on	Charge	D	isposition
Date	Locatio	n	Charge	D	isposition

NAME OF THE PROPERTY OF THE PR			
NANCIAL:			
 Do you have life insurance Do you have a saving according 	e and/or hospitalization insurance? ount? Yes No	? Yes No	
Financial Institution:		City:	State:
Financial Institution:		City:	State:
. Do you have a checking ac	ecount? Yes No		
Financial Institution:		City:	State:
Financial Institution:		City:	State:
. Do you own or have an int	erest in any type of business that	receives revenue from the sale of	of alcohol? Yes No
-	ess name, location, and type of b		
ii yes, provide the busin	iss nume, rocation, and type or t	Justices:	
	wing other real estate? Ves		State:
Do you own or are you bu	lying other real estate? Yes	No	
If yes, give name of agence	ey holding mortgage:		
Bank:		City:	State:
List motor vehicles that yo	ou own or are buying/leasing:		
MAKE	MODEL	YEAR	AMOUNT OWED
. What income other than s	alary, do you have at present? Inc	clude snouse's salary	•
	am, ao jou navo at prosent: Inc	orace operate o outery.	
List Cradit Pafaranaa			
Name of Firm	Amount Owed	Street Address	City/State
	+	 	+

Name of Firm	Amount Owed	Street Address	City/State

28.	What is your total indebtedness at present?	

0. Have you ever been If yes, provide deta	n sued or filed bankruptcy?	Yes No		
CODENCES				
	r the past 10 years, starting			
	r the past 10 years, starting TO MONTH / YEAR	with present at top: ADDRESS/RESIDENCE	CITY & STATE	LANDLORI
1. List all addresses for FROM	ТО		CITY & STATE	LANDLORI
1. List all addresses for FROM	TO MONTH / YEAR		CITY & STATE	LANDLORI
1. List all addresses for FROM	TO MONTH / YEAR		CITY & STATE	LANDLORI
1. List all addresses for FROM	TO MONTH / YEAR		CITY & STATE	LANDLORI
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FROM MONTH / YEAR	TO MONTH / YEAR		CITY & STATE	LANDLORI
1. List all addresses for FROM	TO MONTH / YEAR		CITY & STATE	LANDLORI

33. If you have ever been disc	harged or forced to resign be	ecause of m	isconduct or unsatisfactory	service, provide details:
34. Have your employers trea	ted you fairly? Yes	No		
If no, provide details:				
35. Do you object to wearing	a uniform?	Yes	No	
36. Do you object to working	the night shift or graveyard?	Yes	No	
37. Do you object to working	shifts or rotating shifts?	Yes	No	
38. List all jobs that you have additional sheets. Include	held in the last ten years fro e military service in proper to	m most receime sequence	ent to oldest. If you need ad ce with temporary part-time	ditional space, you may attach jobs.
A. Title of present or las	et position:		Starting Salary	Ending Salary
Date Employed:	Employer:		Address/ Phone: _	
Date Separated:	Supervisor:		No. of employee	es supervised by you:
Full-Time Part-				
If part-time, number of hours worked per week	Reason for leav			
B. Title of present or las	t position:		Starting Salary	Ending Salary
Date Employed:	Employer:		Address/ Phone:	
				es supervised by you:
Full-Time Part-				
If part-time, number of	Duties:			
hours worked per week	Reason for leav	ring:		
C. Title of present or las	t position:		Starting Salary	Ending Salary
Date Employed:	Employer:		Address/ Phone: _	
Date Separated:	Supervisor:		No. of employee	es supervised by you:
Full-Time Part-				
If part-time, number of hours worked per week	Reason for leav			

Have you previously submitted an application for employment with this agency? Yes No If yes, approximate date:	Data Canamatada			:			
If part-time, number of hours worked per week Reason for leaving:	Date Separateu: _		Superviso	or:	No. o	f employees sup	ervised by you:
If part-time, number of hours worked per week Reason for leaving:	Full-Time	Part-Time	Duties:				
If yes, approximate date:							
Were you ever in the U.S. Military or any other military organization? Yes No Branch of Service:	Have you previous	ly submitted an	application f	for employment with this a	gency?	Yes	No
Branch of Service:	If yes, approximate	e date:					
Branch of Service:	LITARY SERVICE	<u>:</u>					
Date of Discharge: Service Number: Highest Rank:	. Were you ever in th	e U.S. Military	or any other	military organization?	Yes	No	
. List Medals and Commendations: Type of Discharge: If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation of the National Guard or any military reserve, give the unit, location and describe your obligation. DUCATION: List all school attended: SCHOOL NAME CITY/STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED ON TO MONTH/YEAR YEAR YEAR COMPLETED ON TO MONTH/YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	Branch of Service	:		Unit:		Date of Enlistm	ent:
Type of Discharge: If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation of the National Guard or any military reserve, give the unit, location and describe your obligation. DUCATION: I. List all school attended: SCHOOL NAME CITY/STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED TO (MONTH/YEAR) YEAR COMPLETED TO (MONTH/YEAR) AND TO (MONTH/YEAR) TO (MONTH/YEAR) AND TO (MONTH/YEAR)	Date of Discharge	:	_ Service N	umber: Hig	hest Ran	k:	
If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation. **Description:** **Desc							
If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation. UCATION: List all school attended: SCHOOL NAME CITY/STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED OUTPUT TO (MONTH/YEAR) YEAR COMPLET							
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DUCATION: List all school attended: SCHOOL NAME CITY/STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED WEAR COMPLETED TO (MONTH/YEAR) YEAR CO							
If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation. **DUCATION:** **List all school attended:** **SCHOOL NAME** CITY/STATE LOCATED** FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED **TO MONTH/YEAR) TO MONTH/YEAR TO M	Type of Discharge	:					
DUCATION: List all school attended: SCHOOL NAME CITY/STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED							
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List all school attended: SCHOOL NAME CITY / STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED OF THE PROPERTY							
SCHOOL NAME							
List all school attended: SCHOOL NAME CITY / STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED OF THE PROPERTY							
List all school attended: SCHOOL NAME CITY / STATE LOCATED FROM (MONTH/YEAR) TO (MONTH/YEAR) YEAR COMPLETED OF THE PROPERTY							
SCHOOL NAME	OUCATION:						
SCHOOL NAME	L List all school atte	nded:					
Did you graduate from high school or pass the high school equivalency test? Ves No			ELOCATED	FROM (MONTH/YEAR)	TO (N	ONTH/YEAR)	YEAR COMPLETED
Did you graduate from high school or pass the high school equivalency test? Ves. No.							
Did you graduate from high school or pass the high school equivalency test? Ves. No.							
Did you graduate from high school or pass the high school equivalency test? Ves No							
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Did you graduate from high school or pass the high school equivalency test? Ves. No.							
Did you graduate from high school or hass the high school equivalency test? Ves No							
5. Did you graduate from high school or pass the high school equivalency test? Yes No							
Did you graduate from high school or pass the high school equivalency test?							

t yes, provide details:	
EST AND MILITARY DISCIPLINE:	
answer all of the following questions completisqualify you. (Exclude minor traffic infractions)	etely and accurately. Any falsification or misstatements of fact may be sufficient to tions.)
Have you ever been arrested or detained by a	any member of law enforcement? Yes No
Crime Charges:	Police Agency:
Date:	Disposition:
Crime Charges:	Police Agency:
	Disposition:
Have you ever been placed on probation?	
If yes, provide details:	
Have you ever been required to pay a fine in	excess of \$25.00? Yes No
Have you ever been reported as a missing pe	erson or runaway? Yes No
If yes, provide details:	rison of runaway: 105 ino
Punishment or any other disciplinary action	ges or the subject of Summary Court, Deck Court, Captain's Mast, Corporal as a member of the armed forces? Yes No
-	

54.	If you have ever been fingerprinted by a police ag answers will be checked with the FBI and other ag		de details below. Your
	Agency	Date	Purpose
55.	. Can you operate a motor vehicle? Yes	No	
56.	. Do you possess a valid operator's license from the	e State of Arkansas? Yes	No
	Operator's License Number:	Date Issued:	
57.	Do you possess a driver's license issued by a state	e other than Arkansas? Yes	No
	If yes, give state and license number:		
58.	. Has your license ever been suspended or revoked?	? Yes No	
	If yes, state which and give details:		
59.		No When?	
50.	. Have you ever been refused an operator's license	by any state? Yes	No
61.	Have your driving privileges ever been restricted If yes, provide details:	? Yes No	
2.	. Has a motor vehicle driven by you ever been invo If yes, give complete details for each accident when		No

53. List any disciplinary actions taken against you in the National Guard or any other reserve unit:

63. List any convictions for minor traffic violation	iS:
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LOCATION	APPROXIMATE DATE	NATURE OF	PENALTY OR
		VIOLATION	DISPOSITION

	What do you consider to be the current social problem of greatest concern?
-	
-	
5.	What are your experiences and beliefs concerning the use of alcoholic beverages?
-	
-	
-	
6.	What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?
-	
-	
-	
7.	What are your feelings about the use of deadly force if it became necessary in the performance of official duties?
-	

CAREER OBJECTIVES:

MY COMMISSION EXPIRES