

HOPE POLICE DEPARTMENT  
APPLICATION COVER

Applicant Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Application Submitted: \_\_\_\_\_

I am applying for the following position(s)(check all that apply):

Police Officer \_\_\_\_\_  
Reserve Police Officer \_\_\_\_\_  
Dispatcher \_\_\_\_\_  
Animal Control Officer \_\_\_\_\_  
Support/Office Staff \_\_\_\_\_

I am currently a Certified Police Officer: \_\_\_\_\_ (yes) \_\_\_\_\_ (State)  
\_\_\_\_\_ (no)

I serve in the Military reserve: \_\_\_\_\_ (yes)  
\_\_\_\_\_ (no)

I am a Military Veteran: \_\_\_\_\_ (yes)  
\_\_\_\_\_ (no)

I consider myself a Spanish speaker \_\_\_\_\_ (yes)  
\_\_\_\_\_ (no)

I have attended college: \_\_\_\_\_ Number of credit hrs  
\_\_\_\_\_ Associates Degree  
\_\_\_\_\_ Bachelors Degree  
\_\_\_\_\_ Post Graduate hrs  
\_\_\_\_\_ Masters Degree

**HPD USE ONLY:**

(Employment process): Preliminary Background: PASS / FAIL

Written Testing Date: \_\_\_\_\_ Reading Exam Grade: \_\_\_\_\_

Writing Exam Grade: \_\_\_\_\_ Oral Interview Invitation: (Yes/No)

Oral Interview Date: \_\_\_\_\_ Oral Board Ranking of Applicant: \_\_\_\_\_

Background Investigation: \_\_\_\_\_ Employment Offer date: \_\_\_\_\_

(Post-Offer Employment Criteria): Psychological Testing Date: \_\_\_\_\_

Physical Testing Date: \_\_\_\_\_ Employed: YES / NO

Notes:

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

**PERSONAL HISTORY STATEMENT**

\_\_\_\_\_  
Law Enforcement Agency

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**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 in ink all responses.

**Personal**

1. Name \_\_\_\_\_  
                    First                    Middle                    Last                    Social Security Number \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Nicknames or Aliases \_\_\_\_\_

2. Height: \_\_\_\_\_ inches      Weight: \_\_\_\_\_ Lbs.

3. Present Mailing Address: \_\_\_\_\_  
  Street & Number      City      State      Zip

Permanent Mailing Address: \_\_\_\_\_  
  Street & Number      City      State      Zip

Telephone Number:      Home: \_\_\_\_\_      Business: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_      Place of Birth: \_\_\_\_\_

5. Citizenship:      \_\_\_\_\_ U.S. Born      \_\_\_\_\_ U.S. Naturalized      \_\_\_\_\_ Other-

Specify \_\_\_\_\_

6. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.

\_\_\_\_\_  
\_\_\_\_\_

7. List hobbies and/or special skills: \_\_\_\_\_

\_\_\_\_\_

**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?

\_\_\_\_\_

27. List credit references:

Name of Firm	Address	Amount Owed

28. What is your total indebtedness at present? \_\_\_\_\_

29. Have your creditors treated you fairly? \_\_\_\_\_ If not, explain: \_\_\_\_\_

30. Have you ever been sued? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details: \_\_\_\_\_

**Residences:**

31. List addresses for the past 10 years starting with **present** address at top of next page:

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. Include all arrests and charges, regardless of outcome of case. Expunged, Sealed, or otherwise disposed of must be disclosed.

48. Have you ever been arrested, detained or charged with a crime 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: On next page.

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

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

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.

<b>Position For Which Applying</b>

	<b>Name of School</b>	<b>Location of School</b>	<b>Dates Attended From To</b>	<b>Grade Completed</b>
--	-----------------------	---------------------------	-------------------------------	------------------------

Elementary School

---

High School

	<b>Name of College</b>	<b>Location of College</b>	<b>Dates Attended From To</b>	<b>Total Years Completed</b>		<b>Degrees Earned</b>
--	------------------------	----------------------------	-------------------------------	------------------------------	--	-----------------------

College Attended

	<b>Name &amp; Location Of School</b>	<b>Dates Attended From To</b>	<b>Certificates Earned</b>
--	--------------------------------------	-------------------------------	----------------------------

Other

---



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

<b>Name of Company</b>	<b>Title of Your Job</b>	<b>Reason for Leaving</b>	<b>Dates of Employment</b>	
			From:	
			To:	
<b>Location of Company</b>			<b>Salary of Job</b>	
<b>Name of Your Supervisor</b>			Starting Salary	
			Last Salary	

<b>Name of Company</b>	<b>Title of Your Job</b>	<b>Reason for Leaving</b>	<b>Dates of Employment</b>	
			From:	
			To:	
<b>Location of Company</b>			<b>Salary of Job</b>	
<b>Name of Your Supervisor</b>			Starting Salary	
			Last Salary	

<b>Name of Company</b>	<b>Title of Your Job</b>	<b>Reason for Leaving</b>	<b>Dates of Employment</b>	
			From:	
			To:	
<b>Location of Company</b>			<b>Salary of Job</b>	
<b>Name of Your Supervisor</b>			Starting Salary	
			Last Salary	

<b>Name of Company</b>	<b>Title of Your Job</b>	<b>Reason for Leaving</b>	<b>Dates of Employment</b>	
			From:	
			To:	
<b>Location of Company</b>			<b>Salary of Job</b>	
<b>Name of Your Supervisor</b>			Starting Salary	
			Last Salary	

**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, dispose and say as follows: I am the person who executed the above authorization; I understand it's meaning, intentions, and effect, ant that the statements therein are true and correct.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Commission Expires:

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

## **EQUAL OPPORTUNITY EMPLOYMENT**

The City of Hope is committed to providing equal employment opportunity without regard to race, color, religion, national origin, sex, age, handicap or veteran status as required by Federal and State laws. The City's commitment extends to all employment-related decisions and terms and conditions of employment. The City expressly prohibits any form of unlawful employee harassment based on race, color, religion, sex, national origin, age, handicap, or disability.

**Arkansas Relay Service for hearing impaired individuals, dial 711.**

**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 60 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 \$51.92 per week for family coverage. (All premiums are subject to review and/or change as required.)  
This insurance has a Medical with a deductible of \$500.00, 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 at the date they become eligible for health insurance. The City of Hope provides term life insurance at no charge to the employee. The amount is equivalent to the employee's annual salary. An employee MUST have effective health insurance coverage through the Municipal health Benefit Fund in order to have life insurance. If the employee leaves employment or drops health insurance coverage, no life insurance will be in effect.

**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.

**2018 Hope Police Department**  
**Approximate Current Base Pay Rates**  
**Sworn Staff and Tele-Communications**

<u>Position</u>	<u>Base Rate</u>	<u>Hol. Rate</u>	<u>OT Rate</u>	<u>Base Salary + Hol</u>
Asst. Chief				50,160 (Base/Hol)
Lieutenant				48,922 (Base/Hol)
Sergeant	18.43	.71	27.64	40,251 (42 hr/wk) <u>1,476 (Annual Hol)</u> 41,727
Senior Corporal	17.00	.65	25.5	37,128 (42 hr/wk) <u>1,352 (Annual Hol)</u> 38,480
Corporal	16.50	.63	24.75	36,036 (42/hr/wk) <u>1,310 (Annual Hol)</u> 37,346
Patrolman	15.97	.61	23.95	34,878 (42 hr/wk) <u>1,268 (Annual Hol)</u> \$36,146
Probationary	15.47	.59	23.20	33,786 (42/hr) <u>1,227</u> 35,013
Certified New Hire	TBD	TBD		
Dispatch Supervisor	14.72	.57	22.08	30,616 (40 hr/wk) <u>1,185 (Annual Hol)</u> 31,801
Dispatcher 2	14.22	.55	21.33	29,577 (40 hr/wk) <u>1,144 (Annual Hol)</u> 30,721
Dispatcher 1	13.72	.53	20.58	28,537 (40 hr/wk) <u>1,102 (Annual Hol)</u> 29,639
Dispatcher New Hire	13.22	.51	19.83	27,497 (40/hr) <u>1,060 (Hol)</u> 28,557

Support Staff not listed  
Animal Control not listed

### **Additional Pay and Benefits**

\*\* Workweek base hours:

1. Sworn Officers - 42 hours
2. All other positions - 40 hours

\*\* Holiday pay is annualized for Sworn and Tele-communicator staff

\*\* Shifts:

1. Patrol: 12 hour
2. Dispatch: 8/10 hour
3. Detective: 42 / wk
4. ACO/Support Staff: 8 hour

\*\* Certificate pay of \$75 per month:

1. Per CLEST certificate above basic (Possible \$300)
2. CJI LE Tech certificate (\$75)

\*\* College Pay (monthly, for all employees):

- \$50 - 30 credit hours
- \$75 - Associates Degree
- \$100 - Bachelor's Degree

\*\* Spanish Language Pay of \$75 per month for all qualified employees

\*\* APERS Retirement Plan ( Employee 5% contribution, Contribute Soc. Sec.)

\*\* Municipal Health Benefit: City pays full cost for employee; ½ cost for family

\*\* Corporal is an automatic rank in Patrol upon 5 years of service.

\*\* Senior Corporal is a promotional rank currently held by Detectives

# 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:** Conditional offer for employment will be made
- Step 9:** Formal background interviews will be conducted based on the ranked selection List.
- 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

Online Application



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

<b><u>Certificate Pay:</u></b>	\$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)
<b><u>Vacation Time:</u></b>	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.
<b><u>Sick Leave:</u></b>	Accumulated at 3.08 hours per week of sick time. Averages 4 weeks per year. Maximum accumulation for sick leave is 720 hours.
<b><u>Insurance:</u></b>	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.
<b><u>Retirement Benefits:</u></b>	City of Hope retirement is contributory system where the employee pays 5% of their gross pay. The City of Hope pays all premiums for this benefit. Employees are vested after 5 years.
<b><u>Tuition Benefits:</u></b>	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.