

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

<p>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: </p>

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?

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, ARKANSAS 71802-0667
PHONE 870-777-6701

APPLICATION FOR EMPLOYMENT

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State/Zip _____

Telephone # _____

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

Certification: I hereby certify that all the information given in this application for employment is true to the best of my knowledge

Applicant's Signature _____

Date: _____



High School	Name of School	Location of School	Dates Attended From To	Grade Completed
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College Attended	Name of School	Location of School	Dates Attended From To	Degrees Earned
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Other Training	Name of School	Location of School	Dates Attended From To	Certificates Earned
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Have you ever worked for the City of Hope in the past? _____ Include in Employment

Do you have any relatives currently working for the City of Hope? _____

Please List

EMPLOYMENT RECORD: List below every job that you have held. Start with your present or most recent job. List any promotions separately. Include any service in the Armed Forces.

<u>NAME OF COMPANY</u>	<u>TITLE OF YOUR JOB</u>	<u>DATES OF EMPLOYMENT</u>
<u>LOCATION OF COMPANY</u>	<u>DUTIES OF YOUR JOB</u>	<u>FROM:</u>
<u>NAME OF SUPERVISOR</u>	<u>REASON FOR LEAVING</u>	<u>TO:</u>
		<u>SALARY:</u>

<u>NAME OF COMPANY</u>	<u>TITLE OF YOUR JOB</u>	<u>DATES OF EMPLOYMENT</u>
<u>LOCATION OF COMPANY</u>	<u>DUTIES OF YOUR JOB</u>	<u>FROM:</u>
<u>NAME OF SUPERVISOR</u>	<u>REASON FOR LEAVING</u>	<u>TO:</u>
		<u>SALARY</u>

<u>NAME OF COMPANY</u>	<u>TITLE OF YOUR JOB</u>	<u>DATES OF EMPLOYMENT</u>
<u>LOCATION OF COMPANY</u>	<u>DUTIES OF YOUR JOB</u>	<u>FROM:</u>
<u>NAME OF SUPERVISOR</u>	<u>REASON FOR LEAVING</u>	<u>TO:</u>
		<u>SALARY</u>

<u>NAME OF COMPANY</u>	<u>TITLE OF YOUR JOB</u>	<u>DATES OF EMPLOYMENT</u>
<u>LOCATION OF COMPANY</u>	<u>DUTIES OF YOUR JOB</u>	<u>FROM:</u>
<u>NAME OF SUPERVISOR</u>	<u>REASON FOR LEAVING</u>	<u>TO:</u>
		<u>SALARY</u>

<u>NAME OF COMPANY</u>	<u>TITLE OF YOUR JOB</u>	<u>DATES OF EMPLOYMENT</u>
<u>LOCATION OF COMPANY</u>	<u>DUTIES OF YOUR JOB</u>	<u>FROM:</u>
<u>NAME OF SUPERVISOR</u>	<u>REASON FOR LEAVING</u>	<u>TO:</u>
		<u>SALARY</u>

Authorization for the Release of Information

As an applicant for a position with the Hope 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 Hope Police Department to conduct an extensive background check on every applicant.

With this recognition in mind, I hereby authorize the Hope 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 Hope 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 education 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: _____

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

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,

AFFIDAVIT

STATE OF ARKANSAS

_____, being first duly sworn on oath, states as follows:

1. My name is _____, I am applying for an employment position with _____. 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 employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with _____.

I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

Subscribed and sworn to before
me this _____ day of

Notary Public, State of
My Commission _____

2016 Hope Police Department
Approximate Current Base Pay Rates

Position	Base Rate	Annualized Hol. Rate	OT Rate	Base Salary + Hol
Chief				\$65,600 (Base/Hol)
Asst. Chief				\$48,601 (Base/Hol)
Lieutenant				\$47,363 (Base/Hol)
Sergeant < 5 years	17.21	.66	25.81	37,586 (42 hr/wk) <u>1,372 (Annual Hol)</u> 38,958
Sergeant > 5 years	17.71	.68	26.56	38,678 (42 hr/wk) <u>1,414 (Annual Hol)</u> 40,092
Patrolman/Det. < 5 years	15.25	.58	22.87	33,306 (42 hr/wk) <u>1,206 (Annual Hol)</u> 34,512
Patrolman/Det. > 5 years	15.78	.60	23.67	34,463 (42/hr/wk) <u>1,248 (Annual Hol)</u> 35,711
Academy New Hire	14.25	.55	21.37	29,640 (40 hr/wk) <u>1,144 (Annual Hol)</u> \$30,784
Certified New Hire	TBD	TBD		
Dispatcher < 5 years	13.00	.50	19.50	27,040 (40 hr/wk) <u>1,040 (Annual Hol)</u> 28,080
Dispatcher > 5 years	13.50	.52	20.25	28,080 (40 hr/wk) <u>1,081 (Annual Hol)</u> 29,162
Dispatcher New Hire	TBD			
Dispatch Supervisor	14.00	.54	21.00	29,120 (40 hr/wk) <u>1,123 (Annual Hol)</u> 30,243

Other Positions

I.T. \$33,625 Salary
Admin Asst \$13.65 per hour
Records Clerk \$12.60 per hour

Additional Pay and Benefits

**** Workweek base hours:**

1. Sworn Officers - 42 hours
2. All other positions - 40 hours
- 3.

**** Shifts:**

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

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

1. Per CLEST certificate above basic (Possible \$300)
2. CJI LE Tech certificate (\$75)
3. Other Departmental certificate programs (sworn and non-sworn).

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

\$50 - 30 credit hours
\$75 - Associates Degree
\$100 - Bachelors Degree

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

**** APERS Retirement Plan (City Contribution varied; Employee 5%)
Contribute to Social Security**

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

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.

Law Enforcement Officer
Description of Benefits
(as of January 01, 2014)

Certificate Pay:

\$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)

Vacation Time:

Accumulated at 2.31 hours per week of vacation. Average 15 days per year. After 15 years it is 18 days per year. Maximum accumulation vacation time is 3 years accrual.

Sick Leave:

Accumulated at 3.08 hours per week of sick time. Averages 4 weeks per year. Maximum accumulation for sick leave is 720 hours.

Insurance:

The insurance has medical, dental, vision and prescription drug benefits. There is a sixty day waiting period for insurance eligibility. 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 current weekly premium is \$51.92. (Premiums are subject to periodic rate changes)

Retirement Benefits:

City of Hope is a member of the Arkansas Public Employees Retirement System. This is contributory system in which all employees are required to contribute 5% of their gross pay toward their retirement. The City of Hope deducts the employee portion from their payroll check on a weekly basis and remits all premiums for this benefit. Employees are vested after 5 years.

Tuition Benefits:

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 and is requested before attending.

Employee Statement

I understand that this application is not intended to create any contractual or other legal rights. If hired, it does not alter the at-will employment status nor does it create an employment contract. I understand that the application must be completed in full and that omissions may be grounds for rejection.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations or omissions may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of _____ or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the (city manager) and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____

Date of Signature: _____

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.