# APPLICATION FOR EMPLOYMENT

2101 AIRPORT ROAD
FLOWOOD, MS 39232
601-932-5400 FAX 601-420-3375

AN EQUAL OPPORTUNITY EMPLOYER

The City of Flowood accepts application for employment with the Flowood Police Department without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

**IMPORTANT:** This application must be returned to the Flowood Police Department. Any application not returned to the Police Department will be rejected.

Print clearly in black ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification.

Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position you are applying for.

If you have any question regarding information on this application, please contact the Flowood Police Department at 601-932-5400

**POSITION APPLIED FOR:**

1. _____ Police Officer _____ I am a certified police officer in _____
2. _____ Communication Officer _____ I am a certified communication officer.
3. _____ Court Clerk

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**PERSONAL DATA:**

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Present Address | City/State | Zip Code |
|---|---|---|
| | | |
| **Mailing Address** | **City/State** | **Zip Code** |
| | | |

| Home Phone Number | Work Phone Number | Cell Phone Number | E-Mail Address |
|---|---|---|---|
| | | | |

List all addresses for the past five (5) years you had while attending school and military assignment, including landlord's name, and phone number.

| Address | Dates | Landlord | Phone Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List any other name(s) you have been known by including maiden name, nickname and names given in marriage or legal change.

_____

_____

Does any member of your family presently work for the City of Flowood? If so, who and what relationship and department do they work for. _____

**RESIDENCES:**

List all previous residence in chronological order that you have lived at in the last 5 years including addresses you had while attending school and on military assignment.

| Dates | Address | Landlord | Phone Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**EDUCATION:**

| | | |
|---|---|---|
| High School | Address | |
| Highest Year Finished | Dates Attended | Type of Diploma |
| College | Address | |
| Number of Hours | Dates Attended | Degree/Certification |
| College | Address | |
| Number of Hours | Dates Attended | Degree/Certification |
| Graduate, Professional, Business or Trade School | Address | |
| Number of Hours | Dates Attended | Degree/Certification |

**EMPLOYMENT:**

Start with your currently employer.

| Employer's Name | | Phone Number |
|---|---|---|
| Address | | |
| Job Title | Start Date | Ending Date |
| Supervisor's Name | | |
| Reason for Leaving | | |
| Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating company rules? ___Yes ___ No - If Yes please explain. | | |

| Employer's Name | | Phone Number |
|---|---|---|
| Address | | |
| Job Title | Start Date | Ending Date |
| Supervisor's Name | | |
| Reason for Leaving | | |
| Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating company rules? ___ Yes ___ No - If yes please explain. | | |

**EMPLOYMENT CONT.**

| Employer's Name | | Phone Number |
|---|---|---|
| Address | | |
| Job Title | Start Date | Ending Date |
| Supervisor's Name | | |
| Reason for Leaving | | |
| Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating company rules? ___ Yes ___ No - If yes please explain. | | |

| Employer's Name | | Phone Number |
|---|---|---|
| Address | | |
| Job Title | Starting Date | Ending Date |
| Supervisor's Name | | |
| Reason for Leaving | | |
| Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating company rules? ___ Yes ___ No - If yes please explain. | | |

**COURT RECORDS:**
Have you ever been arrested, detained, charged or convicted of a misdemeanor or felony offense? ___ Yes ___ No
If you answered yes please explain below.

| Date of Arrest | Agency | Charge | Disposition |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Explanation: _____

_____

_____

Has any member of your immediate family including **in-laws** ever been arrested or convicted of any misdemeanor or felony crimes, other than a traffic citation? ___ Yes ___ No

| Name | Relationship | Date of Arrest | Charge | Disposition |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been part of any civil or chancery action in Justice Court, County Court, Circuit Court, Chancery Court or Federal Court? (Small Claims, Divorce, Bankruptcy) ___ Yes ___ No If yes provide information:

| Date | Court | Nature of Action | Disposition |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**TRAFFIC HISTORY:**

In the past five (5) years, have you received any traffic citations? ___ Yes ___ No - Has your drivers license ever been suspended or revoked? ___ Yes ___ No - If yes please give explanation below.

| Date | Agency | Charge | Disposition |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Explanation: _____

_____

_____

Have you ever possessed a drivers license from another state? ___ Yes ___ No - If yes please give name license was issued in and the drivers license number.

| Current Drivers License Number | State | Expiration Date |
|---|---|---|
| | | |

Do you currently have liability insurance? ___ Yes ___ No

**MILITARY RECORD:**

| | |
|---|---|
| Have you ever served in the Armed Forces of the United States? ___ Yes ___ No | Branch of Service: |
| Duties: | Rank: |
| Dates Served:<br>From: _____ To: _____ | Type of Discharge: |
| Are you currently a member of the National Guard or other Reserve Unit? ___ Yes ___ No | Reserve Status: |
| Reserve Branch: | |

**MILITARY RECORD CONT.:**

While in the military, did you receive any discipline, court martial, or company punishment? ___ Yes ___ No - If yes please give explanation below.

Explanation: _____

_____

_____

_____

**MILITARY TRAINING/EXPERIENCE:**

Describe any job-related training you received in the United States Military: _____

_____

_____

_____

_____

**REFERENCE:**

Give at least four (4) references, not related to you, who you have know well for at least five (5) years and are not former employers or supervisors.

| Name | Address | Phone Number | Length of Acquaintance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**SOCIAL REFERENCES:**

List three (3) social acquaintance in your own age group that you have known well for at least three (3) years.

| Name | Address | Phone Number | Length of Acquaintance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**FINANCIAL:**

List all outstanding debts of any kind including taxes, child support, alimony, student loans, medical bills.

| Type | Creditor | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | |
|---|---|
| Are you currently past due with any creditor? ___ Yes ___ No - If yes please give explanation below | Creditor: |
| **Explanation:** _____ | |

| | |
|---|---|
| Have you ever had anything repossessed? ___ Yes ___ No If yes please give explanation below. | Creditor who repossessed item: |
| **Explanation:** _____ | |

| | |
|---|---|
| Have you ever had your wages garnished? ___ Yes ___ No If yes give explanation below. | Who had wages garnished? |
| **Explanation:** _____ | |

**LAW ENFORCEMENT HISTORY:**

Complete this section only if you are currently or ever have been a certified law enforcement officer. This does not include private security experience.

| | | | | | |
|---|---|---|---|---|---|
| | Homicide Investigation | | Law Enforcement Management | | Traffic Accident Investigation |
| | Crime Scene Technician | | Forgery Investigation | | Patrol Techniques |
| | Firearms Instructor | | Criminal Investigation | | Pursuit/Defense Driving |
| | Narcotics Investigation | | Officer Survival | | Courtroom Testimony |
| | First Aid | | SWAT/SRT Training | | Supervisory Training |
| | DUI | | Radar | | Other (explain below) |

**Explanation:** _____

_____

**LAW ENFORCEMENT EXPERIENCE:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Patrol | | Detective | | Traffic | | Supervisor | | Management | | Other (explain) |

**Explanation:** _____

_____

**RELEVANT INFORMATION:**

1. Are you a citizen of the United States? _____ Yes _____ No
2. Have you ever been applied or been employed by the City of Flowood? _____ Yes _____ No

   If you have been, please check the box below - give dates and position(s) held:

   ___ Employed - Position: _____ Employed from: _____ to _____

   ___ Position previously applied for: _____ Date: _____
3. Indicate what shifts you are willing to work. ___ 6:00 a.m. to 6:00 p.m. ___ 6:00 p.m. to 6:00 a.m. ___ Any
4. Are you a registered voter? ___ Yes ___ No Where? _____
5. Have you ever been convicted of domestic violence? _____ Yes _____ No

   If you answered yes to the above question give location, date and disposition:

   Where? _____ Date: _____ Disposition: _____
6. Have you ever used any illegal controlled substance? _____Yes _____ No
7. May we contact you at work? ___ Yes ___ No If yes give best time to call: _____
8. Have you ever been bonded? _____ Yes _____ No

**APPLICANT'S STATEMENT:**

I certify that all the answers given within this application are true and complete to the best of my knowledge.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge from employment.

In the event of employment, I understand that I am required to abide by all rules, regulations and policies and procedures of the City of Flowood.

_____ _____

Printed Name of Applicant Date

_____

Signature of Applicant

| **REQUIRED DOCUMENTS** | **ATTACHED** | |
|---|---|---|
| 1. Copy of high school diploma, GED, or high school transcripts | _____ Yes | _____ No |
| 2. Copy of college degree or college transcript. | _____ Yes | _____ No |
| 3. Copy of current drivers license. (Affixed below) | _____ Yes | _____ No |
| 4. A recent photograph of yourself. (Affixed below)) | _____ Yes | _____ No |
| 5. Copy of DD-214 with discharge if you are a veteran. | _____ Yes | _____ No |
| 6. Copies of all certification you already have in any area of public service. | _____ Yes | _____ No |
| 7. Did you supply all information requested in this application? | _____ Yes | _____ No |
| 8. Certified copy of your birth certificate. | _____ Yes | _____ No |

9. In addition to the required copied of documentation, I have also attached the following:

_____

_____

***FOR PERSONNEL OFFICE USE ONLY***

_____ _____

Date Received Accepted by

## AUTHORITY TO RELEASE INFORMATION

**THIS FORM MUST BE NOTARIZED**

Read the following release form carefully and enter your signature, current address, telephone number, and date in the designated spaces.

**TO WHOM IT MAY CONCERN**

I am an applicant for a position with the City of Flowood, Mississippi. The city needs to investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the City of Flowood.

I hereby authorized any representative of the City of Flowood bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the City of Flowood, whether said records are public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Flowood to consider in determining my suitability for employment. It is specific intent to provide access to personnel information, however personal or confidential it may be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of organization, 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 any attempt to comply with it. I direct you to release such information upon request of the duty accredited representative of the City of Flowood regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Flowood's acceptance and processing of my application for employment, I agree to hold the City of Flowood, its agents and employees from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Flowood. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I have waived those rights with the understanding that information furnished will be used by the City of Flowood in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name: _____

Signature: _____

Current Address: _____

_____

Home Telephone: _____ Work Telephone: _____

**STATE OF** _____

**COUNTY OF** _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Sworn to and subscribed before me this _____ day of _____, 20____.

My Commission Expires:

_____ _____

Notary Public

**THIS PAGE IS FOR APPLICANTS FOR THE POSITION OF SWORN POLICE OFFICER**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the occupation of a police officer? ___ Yes ___ No
If no, you are to explain on a separate sheet of paper.

I understand that all appointments are probationary for a period of up to one (1) year, during which time I must demonstrate my fitness for continued employment by the City of Flowood. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statement on this application will the basis for dismissal from the City of Flowood and I agree to these conditions.

I also certify that I have never been convicted of the misdemeanor crime of **Domestic Violence** and that I am not prohibited from carrying a weapon or ammunition for any reason.

_____
Signature of applicant as usually written

_____
Printed Name

_____
Date

**STATE OF** _____

**COUNTY OF** _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who being by me first duly sworn, states upon his/her oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

_____
Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20____.

My Commission Expires:

_____

_____
Notary Public

## PHYSICAL FITNESS REQUIREMENTS

**Applicants must pass a Entry Level Fitness Test**

The entry level fitness test will consist of a 1.5 mile run, agility run, trunk flex and push ups. Applicants must achieve a passing score of 50% on this examination. This will be the same test administered by the training academy for entrance into the academy. Applicants will be given only one (1) opportunity to pass the pre-employment examination.

| AGE GROUPS | 21-29 | | 30-39 | | 40 + | |
|---|---|---|---|---|---|---|
| 1.5 Mile Run | Male | Female | Male | Female | Male | Female |
| | 18:10 | 21:38 | 19:10 | 22:50 | 20:10 | 24:02 |
| Agility Run | 20:40 | 23:30 | 20:90 | 24:40 | 21:85 | 26:05 |
| Trunk Flex | 3 | 4 | 2 | 3 | 1 | 2 |

| Push Ups | Male | Female |
|---|---|---|
| 17-21 | 32 | 13 |
| 22-26 | 30 | 11 |
| 27-31 | 28 | 10 |
| 32-36 | 23 | 9 |
| 37-41 | 22 | 8 |
| 42-46 | 18 | 7 |
| 47-51 | 17 | 6 |
| 52 + | 12 | 6 |

# APPLICANT'S COPY