

FLOWOOD POLICE DEPARTMENT

2101 AIRPORT ROAD, SUITE B
FLOWOOD, MS 39232
601-932-5400



The Flowood Police Department accepts applications for employment without regard to race, color, religion, creed, 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 or blue ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification.
- This application will become void 1 year after you submit it.
- Any misrepresentation, deceit, or omissions on your application could result in automatic disqualification. All sections in this application are applicable to you regardless of position for employment you are applying for.
- If you have any questions regarding information on this application, please contact the Flowood Police Department at 601-932-5400.
- Required Documentation: Copies of High School Diploma, College Transcripts, Drivers License, Social Security Card, Birth Certificate, DD214 if applicable, and Training Records.

OFFICE USE ONLY

Received by:

Date received:

EDUCATION

High School		Address:	
Did You Graduate?	Highest Year Finished:	Dates Attended:	Diploma/Degree:
College		Address:	
Did You Graduate?	Number of Hours:	Dates Attended:	Degree/Major:
College		Address:	
Did You Graduate?	Number of Hours:	Dates Attended:	Degree/Major:
College		Address:	
Did You Graduate?	Number of Hours:	Dates Attended:	Degree/Major:
Graduate, Professional, Business or Trade School		Address:	
Did You Graduate?	Number of Hours:	Dates Attended:	Degree/Major:

LAW ENFORCEMENT EMPLOYMENT HISTORY – List chronologically ALL current and past law enforcement employers in your lifetime. Include full time, part time, reserve and out-of-state employers. Failure to disclose a previous law enforcement employer will void the application. If additional space is needed, attach a separate sheet to this application.

Current Employer		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving:		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		
Employer's Name		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving:		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		

LAW ENFORCEMENT EMPLOYMENT HISTORY – CONTINUED

Employer's Name		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		
Employer's Name		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY – List chronologically all present and past employers for the past ten (10) years. Include summer, part-time and self-employment. If additional space is needed, attach to this application.

Current Employer		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving:		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		
Employer's Name		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving:		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		

EMPLOYMENT HISTORY – CONTINUED

Employer's Name		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		
Employer's Name		Phone Number
Address	Starting Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Work Performed	
Reason For Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? If YES , please explain.		

REFERENCES – Give at least 3 references, not relatives, who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional persons, who have known you well during the past 5 years, and 3 social acquaintances in your own age group. Attach additional pages if needed.

BUSINESS/PROFESSIONAL REFERENCES

Name	Business Name	Address	Phone Number
Name	Business Name	Address	Phone Number
Name	Business Name	Address	Phone Number

PERSONAL REFERENCES – Known for at least 5 years

Name	Years Known	Address	Phone Number
Name	Years Known	Address	Phone Number
Name	Years Known	Address	Phone Number

COURT RECORDS – Have you ever been arrested, detained, charged, or convicted of a *misdemeanor* or *felony charge*? **Felony** **Misdemeanor**

Date of Arrest	Police Agency	Charge(s)	Final Disposition
Date of Arrest	Police Agency	Charge(s)	Final Disposition
Date of Arrest	Police Agency	Charge(s)	Final Disposition
Date of Arrest	Police Agency	Charge(s)	Final Disposition

Explanation:

COURT RECORDS – CONTINUED

Has any member of your immediate family ***including in-laws***, ever been arrested or convicted of any ***misdemeanor*** or ***felony*** crime, **other than a traffic ticket?**

YES NO

Name	Relationship	Date of Arrest	Charge(s)	Final Disposition

Have you ever been a part to any civil or chancery action in **Justice Court, County Court, Circuit Court, Chancery Court, or Federal Court?** (Example – Small Claims, Divorce, Bankruptcy) YES NO If YES, provide the following information:

Date	Court	Parties Involved	Nature of Action	Final Disposition

TRAFFIC HISTORY – IN THE PAST 5 YEARS, HAVE YOU RECEIVED ANY TRAFFIC OR PARKING CITATIONS? YES NO. Has your drivers license ever been suspended or revoked? YES NO.

Date	Police Agency	Charge(s)	Final Disposition

Explanation:

RELATIVES – All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Include step related persons.

Father's Name	Address	Phone Number
Place of Employment	Address	Phone Number
Mother's Name	Address	Phone Number
Place of Employment	Address	Phone Number
Husband/Wife's Name	Address	Phone Number
Place of Employment	Address	Phone Number
Child's Name	Address	Phone Number
Place of Employment/School	Address	Phone Number
Child's Name	Address	Phone Number
Place of Employment/School	Address	Phone Number
Child's Name	Address	Phone Number
Place of Employment/School	Address	Phone Number

RELATIVES – CONTINUED

Brother/Sister's Name	Address	Phone Number
Place of Employment	Address	Phone Number
Brother/Sister's Name	Address	Phone Number
Place of Employment	Address	Phone Number
Brother/Sister's Name	Address	Phone Number
Place of Employment	Address	Phone Number

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? YES NO	Branch of Service:
Duties:	Rank:
Dates of Service: /	Type of Discharge:
Are you currently a member of the National Guard or other Reserve Unit? YES NO	Reserve Status:
Reserve Unit:	
If you are in pay status requiring drills, meetings, camps, give the unit and location:	
While serving in the military, did you receive any discipline, court martial, or company punishment? YES NO If YES please explain	

MILITARY TRAINING/EXPERINCE

ATTACH A COPY OF YOUR DD – 214 (Member – 4 Format)

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

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

Type	Creditor	Amount

Are you currently past due with any creditor? YES NO If YES please explain below	Creditor:
Explanation:	

Have you ever had any repossessions? YES NO If YES please explain below	Creditor Who Repossessed Item:
Explanation:	

Have you ever had your wages garnished? YES NO If YES explain below	If so, Who had your wages garnished?
Explanation:	

RELEVANT DATA

1. Are you a citizen of the United States?

YES NO

2. Have you ever applied to or been employed by the City of Flowood?

YES NO

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

Employed – Position: _____ Employed from _____ to _____

If you applied to the City of Flowood but were not hired, please check

below: - Position applied for: _____ date: _____

3. Do you have relatives employed by the City of Flowood?

YES NO If YES list names, relationship and occupation:

4. Indicate what shift you are willing to work: ANY DAYS NIGHTS

5. Are you twenty-one (21) years of age? YES NO

6. Are you a registered voter? YES NO

If Yes: County: _____ State: _____

7. Do you have a valid driver license? YES NO

Driver license Number: _____ State: _____

8. Have you ever illegally used any controlled substance? YES NO

If YES explain: _____

Did you read, understand and answer all questions?

YES

NO

AUTHORITY TO RELEASE INFORMATION
THIS FORM MUST BE NOTARIZED

Read the following release form carefully and enter your signature, current address, telephone number, date of birth, social security number and the date in the designated space.

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 qualifications to hold the position for which I applied. It is in the public's best 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 of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that 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 my specific intent to provide access to personnel information, however or confidential it may appear to 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 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 others from liability or damage pursuant to any state or federal laws. I hereby release you, as the 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 duly accredited representative of the City of Flowood regardless of agreement I may have made to you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if I refuse to disclose the information.

In consideration of the City of Flowood's acceptance and processing of my application for employment, I agree to hold harmless 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 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 waive 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 expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name: _____

Signature: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

State of _____

County of _____

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

Sworn to and subscribed before this

My Commission Expires: _____ day of _____, 20____.

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 and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be 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

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 upon his/her oath that the matters and things set forth in the above and forgoing 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

