



APPLICATION FOR EMPLOYMENT

200 W. Scenic Dr.

PASS CHRISTIAN, MS 39571

AN EQUAL OPPORTUNITY EMPLOYER

The Pass Christian Police Department accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

IMPORTANT

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.

1. This application will become void 90 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.

2. 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 for employment you are applying for.

If you have any questions regarding information on this application, please contact the Pass Christian Police Department at 228 452-3300

1. PERSONAL DATA

Last Name	First Name	Middle Name
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Social Security Number	Driver License Number-	Driver License State	Date of Birth
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Home Phone include Area Code)	Cellular Phone Area Code).	E-mail Address
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A. Present Address	Home / Apartment Number / PO Box #	City	State	Zip Code	County
B. Mailing Address, if different	Home / Address Number /PO Box #	City	S ate	Zip Code	County

2. POSITION APPLIED FOR

1st	Date of Application	Date Available to Start	List all other names/nicknames that you were known as that would enable us to check your education /experience: 1. _____ 2. _____ 3. _____
2nd			
3rd			

3. Employment **HISTORY** -List chronologically all present and past employers for the **past TEN (10) years**. Include summer, part-time and self-employment. For any unemployed periods, show dates, earnings (if any), and location. If additional space is needed, attach to this application- List ANY police employment to include full-time, part-time or police reserve status.

Current Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start 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? <input type="checkbox"/> YES :1 NO - If Yes, explain - _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start 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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Z-p Code
Job Title		Start Salary \$	Ending Salary \$
Supervisors 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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start. Date	Ending Date
City		State	Zip Code
Job Title		Start 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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			

Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start 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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start Salary S	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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start Salary S	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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start Salary S	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? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			

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

Business / Professional References - (Supervisors and / or Co-Workers are Acceptable)

1.	Name	Business Name	Address city	State	zip	() Phone #
2.	Name	Business Name	Address city	State	zip	() Phone #
3.	Name	Business -Name	Address city	State	zip	() Phone #

1.	Name	<u>years Known</u>	Address city	State	zip	() Phone #
2.	Name	Years Known	Address city	State	zip	() Phone #
3.	Name	Years Known	Address city	State	zip	() Phone #

6. EDUCATION/ADDITIONAL INFORMATION

Name and Address of School	Circle Highest Year Finished or Credit Hours	Dates Attended	Type of Diploma / Degree
High School	09 10 11 12	From _____ To _____	
College	_____ Hours	From _____ To _____	
College	_____ Hours	From _____ To _____	
Graduate, Professional, Business, or Trade School	_____ Hours	From _____ To _____	

INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:	INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:
CHECK APPROPRIATE SKILL	CHECK APPROPRIATE SKILL
<input type="checkbox"/> Typing - Speed _____ WPM <input type="checkbox"/> Shorthand - Speed _____ WPM	<input type="checkbox"/> Certified Mechanic <input type="checkbox"/> Paint & Body <input type="checkbox"/> ZI Radio Maintenance
<input type="checkbox"/> Dictating Machine <input type="checkbox"/> Word Processing <input type="checkbox"/> Telephone Console	<input type="checkbox"/> Electrician <input type="checkbox"/> Carpentry
<input type="checkbox"/> Computer <input type="checkbox"/> Type:	Other Skills/Abilities:
<input type="checkbox"/> Software:	
Other Skills/Abilities:	
Instructor Certifications:	
Specialized Training:	

8. **TRAFFIC HISTORY -IN THE PAST TEN (10) YEARS, HAVE YOU RECEIVED ANY TRAFFIC OR PARKING CITATIONS?** YES NO
 Has your driver's license ever been suspended or revoked? YES NO

Date	Charging Agency	Violation	Final Disposition	Details
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	

Explanations:

9. **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.

Complete Name (No Initials) and Address of All Relatives to include step related	Occupation, including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
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A. Father Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
B. Mother Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
C. Husband/Wife Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
D. Ex-Husband/Wife 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
E. Ex-Husband/Wife 1 - Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
F. Ex-Husband/Wife 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

Complete Name, (No Initials) and Address of All Relatives to include step related	Occupation, Including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
G. Children 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2- Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
6. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
H. Brothers 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

Complete Name, (No Initials) and Address of All Relatives to include step related	Occupation, Including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
1. Sisters 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
J. Brother I Sister-in-Law 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
K. Father-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
L. Mother-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

13 I understand that this application will become void 90 days after I submit it, or when the position for which I apply is filled. or when I accept other employment, whichever comes first.

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.

In the event of employment, I understand that I am required to abide by all the rules and regulations of the Pass Christian Policed Department.

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

Signature of Applicant _____
Date

14. REQUIRED DOCUMENTS

ATTACHED

- | | |
|--|--|
| 1. Copy of High School Diploma or General Equivalency Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Certified Copy of High School Transcripts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Certified Copy of college transcripts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of Current Driver's License (Affix to the space provided below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copy of DD-214 -For <u>military service</u> , (Member - 4 format, Copy Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Copies of all training certifications (example: police academy, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Certified Copy of your Birth Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Current Color Photograph (Affix to the space provided below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Did you supply all information requested in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

All transcripts should be received by the Pass Christian Police Department in a sealed envelope.

Attention all Applicants

**Attach a photocopy of
your driver's license
in this space**

**Attach a
Current
Color
Photograph
Here**

FOR PERSONNEL OFFICE USE ONLY

Date Returned
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, date of birth, social security number and the date in the designated spaces.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Pass Christian Police Department Pass Christian, Mississippi. The Department 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 interest that all relevant information concerning my personal and employment history is disclosed to Pass Christian Police.

I hereby authorized any representative of the Pass Christian Police Department 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 Pass Christian Police Department, 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 Pass Christian Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal 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 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 others 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 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 Pass Christian Police Department 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 Pass Christian Police Department acceptance and processing of my application for employment, I agree to hold the Pass Christian Police Department, its agents and employees harmless 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 Pass Christian Police Department. 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 waive those rights with the understanding that information furnished will be used by the Pass Christian Police Department 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.

Over)-

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 agents 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: _____

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. 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 Pass Christian Police Department. 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 statements on this application will be the basis for dismissal from the Pass Christian Police Department 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, states upon his 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 _____ 120 _____

My Commission Expires:

Notary Public

CITY OF PASS CHRISTIAN

ACKNOWLEDGEMENT OF RECEIPT OF DRUG TESTING POLICY

I, _____, hereby acknowledge that I have received a copy of the City of Pass Christian Drug Testing Policy ("Policy").

You are hereby advised that the City of Pass Christian, MS as your prospective/current employer has implemented a drug and alcohol policy and conducts a testing program, pursuant to Sections 71-7-1, [et. seq.](#), of the Mississippi Code of 1972, Ann. (hereinafter referred to as the Act"), and you are hereby advised of the existence of said Act.

In conjunction with my receiving a copy of the Policy, I further acknowledge the following:

1. I have read the Policy and fully understand the terms contained therein and the consequences for violation any term of the Policy.
2. I understand that my compliance with all terms of the Policy is a condition of my employment with the City of Pass Christian, and I agree to abide to all terms of the Policy.
3. If a Post-Accident drug test is required under the Policy and I am seriously injured and unable to provide a specimen at the time of the accident, then this Acknowledgement shall be considered my authorization for the City of Pass Christian or its designated representative to obtain hospital reports and other documents which would indicate whether there was any controlled substances and/or alcohol in my system.
4. I authorize the collection site, laboratory and/or medical review officer retained by the City of Pass Christian to perform any and all functions which these entities and/or individuals may be required to perform pursuant to the applicable State Laws and Mississippi Department of Health Regulations. Such authorization shall include, but is not limited to, the release of test result information to the City of Pass Christian, verification of the use of prescribed medications, obtaining information from my physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in cases wherein I may be taking a legally-prescribed drugs.
5. To the fullest extent allowed by law, I hereby release and hold harmless the City of Pass Christian and its officials, employees and agents from any liability whatsoever which may arise from the procedures and implementation of this Drug Testing Policy.
6. I am aware that violations of the policy may result in denial of employment and/or disciplinary action, up to and including termination.

7. I am further aware that I have certain rights under State Law regarding drug testing which I am entitled to use if necessary.

8. All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the City of Pass Christian, MS through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by the City of Pass Christian, MS pursuant to the Act and these regulations shall be the property of the employer. The City of Pass Christian, MS shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by the City of Pass Christian, MS on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for the City of Pass Christian, MS to release such information; it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information. The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, the City of Pass Christian, MS shall not be barred from discharging or disciplining the employee.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a statement that the form shall be submitted directly to the employer's designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

Employee's Signature

Date

Witnessed By

Title

Date