

City of Pass Christian Police Department

Application for Employment

An Equal Opportunity Employer

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

IMPORTANT: Submit this application to PoliceDeptApps@pass-christian.com or deliver to **City of Pass Christian City Hall at 200 West Scenic Drive Pass Christian, MS 39571.**

- Type or print clearly in black ink.
- Answer each question fully and accurately. All information on your application is subject to verification.
- This application will become void 90 days after you submit it or when the position is filled.
- Additional pages may be added to this application if necessary.
- If you have any questions regarding information on this application, please contact Pass Christian Recruiting @ 228-452-3300.

Civil service testing is required for full-time police and communication officer positions. Please contact Pass Christian Recruiting to schedule testing at 228-452-3300 or by email at PoliceDeptApps@pass-christian.com after you submit your application.

1. PERSONAL DATA

| | | | | | |
|--|--|--|-------|----------------------|---------------|
| Last | | First | | Middle | |
| Social Security Number: - - | | Driver License Number | | Driver License State | Date of Birth |
| Primary Phone (include area code) - - | | Alternate Phone (include area code) - - | | Email Address | |
| Present Address | | | | | |
| House/Apartment Number/PO Box # | | City | State | Zip Code | County |
| Mailing Address, if different. | | | | | |
| House/Apartment Number/PO Box # | | City | State | Zip Code | County |

2. POSITION APPLIED

| | | |
|---|---------------------|------------------------------------|
| <input type="checkbox"/> Police Officer <input type="checkbox"/> Dispatcher <input type="checkbox"/> Reserve / Part-time Police Officer <input type="checkbox"/> Dispatcher Part-time <input type="checkbox"/> Other: | Date of Application | Date Available to begin employment |
|---|---------------------|------------------------------------|

3. RESIDENTIAL – Chronologically list all locations that you have resided for the last ten years.

| From: Year | To: Year | City | County/Parish | State |
|---------------|-------------|------|---------------|-------|
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4. Employment History– List all present and past employers chronologically for the past five years. All law enforcement experience should be provided, regardless of time. Additional pages may be added if necessary. Please note any periods of unemployment.

| | |
|---|---|
| Current Employer Name <input type="checkbox"/> Unemployed | Phone No. (including area code) - - |
| Address | Start Date Ending Date |
| City | State Zip |
| Job Title | Start Salary \$ Ending Salary \$ \$ \$ |
| Supervisor's Name | Work Performed |
| Reason for Leaving | |
| Were you disciplined, discharged, or asked to resign because of job performance for violating the organization's company rules? <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 |
| Job Title | Start Salary \$ Ending Salary \$ \$ \$ |
| Supervisor's Name | Work Performed |
| Reason for Leaving | |
| Were you disciplined, discharged, or asked to resign because of job performance for violating the organization's company rules? <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 |
| Job Title | | Start Salary \$ \$ | Ending Salary \$ \$ |
| Supervisor's Name | | Work Performed | |
| Reason for Leaving | | | |
| Were you disciplined, discharged, or asked to resign because of job performance for violating the organization's company rules? <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 |
| Job Title | | Start Salary \$ \$ | Ending Salary \$ \$ |
| Supervisor's Name | | Work Performed | |
| Reason for Leaving | | | |
| Were you disciplined, discharged, or asked to resign because of job performance for violating the organization's company rules? <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 |
| Job Title | | Start Salary \$ \$ | Ending Salary \$ \$ |
| Supervisor's Name | | Work Performed | |
| Reason for Leaving | | | |
| Were you disciplined, discharged, or asked to resign because of job performance for violating the organization's company rules? <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 |
| Job Title | | Start Salary \$ \$ | Ending Salary \$ \$ |
| Supervisor's Name | | Work Performed | |
| Reason for Leaving | | | |
| Were you disciplined, discharged, or asked to resign because of job performance for violating the organization's company rules? <input type="checkbox"/> Yes <input type="checkbox"/> No- If Yes, explain. | | | |

5. PROFESSIONAL REFERENCES– List three professional references that have direct knowledge of your work experience.

| Business/Professional References – (Supervisors and Co-Workers are Acceptable) | | | |
|--|------|--------------|--------------|
| | Name | Relationship | Phone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

6. EDUCATION/ADDITIONAL INFORMATION

Do you have a high school diploma or GED? YES NO

| Name of School | City/State | Years Completed | Type of Diploma/Degree |
|---------------------------|------------|-----------------|------------------------|
| High School: | | | |
| College / University Name | | | |

| Skills and Certifications |
|--|
| List any job-related skills you possess: |
| |
| List any certifications you possess: |
| |

7. COURT RECORD

Have you ever been arrested, detained, charged, or convicted of a misdemeanor or felony offense? YES NO

| Date of Arrest | Law Enforcement Agency | Charge | Classification | Final Disposition |
|----------------|------------------------|--------|--|--|
| | | | <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Dismissed |
| Explanation: | | | | |
| | | | <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Dismissed |
| Explanation: | | | | |
| | | | <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Dismissed |
| Explanation: | | | | |

Have you ever been a part of 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 |
|------|-------|------------------|------------------|-------------------|
| | | | | |
| | | | | |
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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 citation? Yes No

| Name | Relationship | Approximate Year | Charge |
|------|--------------|------------------|--------|
| | | | |
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8. **TRAFFIC HISTORY** – In the past (10) years, have you received any traffic or parking citations? YES NO

| Date | Police Agency | Violation | Final Disposition | Explanation |
|------|---------------|-----------|---|-------------|
| | | | <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 | |

Has your driver's license ever been suspended or revoked? YES NO

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

| | | | |
|---|--|--|--|
| Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES | | Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard | |
| Duties: | | Rank: | |
| Dates Served: From: / / To: / / | | Type of Discharge: | |
| Are you currently a member of the National Guard or other Reserve Unit? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Reserve Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Inactive | |
| Reserve Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard | | | |
| While serving in the military, did you receive any discipline, court-martial, or company punishment? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| If yes, Explain: | | | |
| | | | |

10. 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 Pass Christian? Yes No

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

Employed – Position: _____ Employed from: _____ to _____

If you applied to the City of Pass Christian but were not hired, please check the box below:

The position previously applied _____ Date: _____

3. Do you have relatives employed by the City of Pass Christian? Yes No

If yes, please list names, relationships, and occupations:

4. Indicate what shifts you are willing to work: Any Day Swing Midnight

5. Are you 21 years of age or older? Yes No

6. Are you a registered voter? Yes No

If yes: County: _____ State: _____

7. Do you have a valid driver's license? Yes No

8. Have you ever illegally used any controlled substance(s)? Yes No

9. **Did you read, understand, and answer all questions?** Yes No

11. APPLICANT STATEMENT

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 employment, I understand that I am required to abide by all the City of Pass Christian rules and regulations.

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

Signature of Applicant

Date

12. REQUIRED DOCUMENTS**ATTACHED**

- | | |
|---|--|
| 1. Copy of High School Transcripts or General Equivalency Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Copy of DD-214 – For Military service, (Member– 4 format, copy Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Copies of training certificates (examples: police academy, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of birth certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you supply all information requested in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR PERSONNEL OFFICE USE ONLY

Date Returned

Accepted By