

APPLICATION FOR EMPLOYMENT

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 consider.** 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 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 Flowood Police Department at 601-932-5400.

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/Certification
College		Address	
Did You Graduate?	Number of Hours	Dates Attended	Degree/Certification
College		Address	
Did You Graduate	Number of Hours	Date Attended	Degree/Certification
Graduate, Professional, Business or Trade School		Address	
Did You Graduate	Number of Hours	Dates Attended	Degree/Certification

Indicate if you have any of the following skills:

Typing – WPM	Shorthand – WPM	Dictating Machine	Word Processing	Telephone Console
Computer	Type	Software		
Instructor Certifications				
Specialized Skills				
Other Skills/Abilities				

EMPLOYMENT HISTORY – List chronologically all present and past employers for the **past five (5) years**. Include summer, part-time and self-employment. List **ANY** police employment to include full-time, part-time or police reserve status. If additional space is needed, attach to this application.

Current Employer		Phone Number
Address	Start 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 you answer YES , please explain.		
Employer Name		Phone Number
Address	Start 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 you answer YES , please explain.		

EMPLOYMENT HISTORY – CONTINUED

Employer Name		Phone Number
Address	Start 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 you answer YES , please explain.		
Employer Name		Phone Number
Address	Start 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 you answer YES , please explain.		

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 driver license ever been suspended or revoked? _____ YES _____ NO

Date	Police Agency	Charge(s)	Final Disposition

Explanations:

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 Name	Address	Phone Number
Place of Employment	Address	Phone Number
Ex-Husband/Wife Name	Address	Phone Number
Place of Employment	Address	Phone Number
Ex-Husband/Wife Name	Address	Phone Number
Place of Employment	Address	Phone Number
Ex-Husband/Wife Name	Address	Phone Number
Place of Employment	Address	Phone Number
Child's Name	Address	Phone Number
Place of Employment	Address	Phone Number
Child's Name	Address	Phone Number
Place of Employment	Address	Phone Number

RELATIVES – CONTINUED

Brother/Sister-in-Law Name	Address	Phone Number
Place of Employment	Address	Phone Number
Brother/Sister-in-Law Name	Address	Phone Number
Place of Employment	Address	Phone Number
Brother/Sister-in-Law	Address	Phone Number
Place of Employment	Address	Phone Number
Father-in-Law Name	Address	Phone Number
Place of Employment	Address	Phone Number
Mother-in-Law Name	Address	Phone Number
Place of Employment	Address	Phone Number

Military Record

Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch of Service:
Duties:	Rank:
Dates Served:	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:
Reserve Unit:	
If you are in a pay status requiring drills, meeting or camps, give the unit and location:	
While serving in the military, did you receive any discipline, court martial, or company punishment? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes Explain:	

MILITARY TRAINING/EXPERINCE

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

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

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 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 Previously Applied For _____ Date _____

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

If yes please list their names, relationship and occupation?

4. Indicate what shift you are willing to work: Any Days Nights

5. Are you 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(s)? Yes No

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

FINANCIAL:

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

Type	Creditor	Amount

Are you currently past due with any creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please give explanation below	Creditor:
Explanation: _____ _____ _____	

Have you ever had anything repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give explanation below.	Creditor who repossessed item:
Explanation: _____ _____ _____	

Have you ever had your wages garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give explanation below.	Who had wages garnished?
Explanation: _____ _____ _____	

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 spaced.

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 personal 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 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 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 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 _____ 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 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 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