

APPLICATION FOR EMPLOYMENT BACKGROUND

343 Distribution Drive

GLUCKSTADT, MS 39272

AN EQUAL OPPORTUNITY EMPLOYER

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| The City of Gluckstadt accepts applications for employment with the Gluckstadt 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. |

* Print clearly in black or blue ink. Application must be handwritten and legible. Answer each question fully and accurately. **Incomplete applications** **will not be considered**. All information on your application is subject to verification. NOTE: “N/A” means “Not Applicable”.
* This application will become void 180 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.
* 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 Gluckstadt Police Department at 601-372-7747.
1. Personal Data

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| Last Name First Name Middle Name Last 4 of SSN |
| Date Application Issued: | Deadline for Return: | Contact Phone Number: |

1. Education/Additional Information

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| Name and Address of School |  | Dates Attended | Type of Diploma/Degree |
| High School | Circle Highest Year Completed09 10 11 12 | From | q Diplomaq G.E.D. |
| To |
| College | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Hours Completed | From | q None |
| To |
| College | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Hours Completed | From | q None |
| To |
| Graduate, Professional, Business, Basic Law Enforcement Training Academy, or Trade School | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours | From | q None |
| To |
| Indicate if you have any of the following skills: |
| Check Appropriate Skill |
| Other Skills/Abilities: |
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| Instructor Certifications: |
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| Specialized Training: |

3. Employment History - List **ALL** police employment to include full-time, part-time or police reserve status. List chronologically all other 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 print and attach additional sheets to this application. Omitted information will deem your application incomplete.

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| Current Employer Name 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? q YES q NO – If Yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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1. Military Record

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| --- | --- |
| Have you ever served in the Armed Forces of the United States? q NO q YES | Branch of Service: |
| Duties: | Rank: |
| Dates Served: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | Type of Discharge: |
| Are you currently a member of the National Guard or Reserve Unit? q NO q YES | Reserve Status: |
| Reserve Branch: |
| If you are in a pay status requiring drills, meetings or camps, give the unit and location: |
| While serving in the military, did you receive any discipline, court martial, or company punishment? q NO q YES |
| If “YES”, Explain: |
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| Describe any training related to the job you are applying for you received while in the Armed Forces: |
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| ATTACH A *COPY* OF YOUR LATEST DD-214 (Member – 4 Format) |

4. Residences – Beginning with your current address, list chronologically **ALL** of your previous residences you have resided at since your 18th birthday, including addresses you had while attending school and on military assignment. Include any residence that you resided in for thirty (30) days or more. Omitted addresses will deem your application incomplete.

|  |  |
| --- | --- |
| Dates |  |
| From | To |
| Month | Year | Month | Year | Street Address (including zip code) | City | County/Parish | State |
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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)

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| 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 # |
| Personal References – (Known for at Least 5 Years) |
| 1. |  | Name |  | Years Known |  | Address |  | ( ) |
| City | State | Zip | Phone # |
| 2. |  | Name |  | Years Known |  | Address |  | ( ) |
| City | State | Zip | Phone # |
| 3. |  | Name |  | Years Known |  | Address |  | ( ) |
| City | State | Zip | Phone # |

6. Court Record – Have you ever been arrested, detained, charged, or convicted of a *misdemeanor* or *felony criminal offense*? q YES q NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Arrest | Date of Offense | Date of Conviction | Police Agency | Charge | Final Disposition |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony | q Guilty q Not Guiltyq Reduced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony | q Guilty q Not Guiltyq Reduced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony | q Guilty q Not Guiltyq Reduced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony | q Guilty q Not Guiltyq Reduced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_q Misdemeanor q Felony |
| Explanations: |
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7. Traffic history – In the past ten (10) years, have you received any traffic or parking citations?

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

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| --- | --- | --- | --- | --- |
| Date | Charging Agency | Violation | Final Disposition | Details |
|  |  |  | q Guilty q Not Guiltyq Paid Fine |  |
|  |  |  | q Guilty q Not Guiltyq Paid Fine |  |
|  |  |  | q Guilty q Not Guiltyq Paid Fine |  |
|  |  |  | q Guilty q Not Guiltyq Paid Fine |  |
| Explanations: |
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8. Civil Court History - 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) q YES q NO If Yes, provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Jurisdiction | Parties Involved | Nature of Action | Final Disposition |
|  |  |  |  |  |
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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. Use additional sheets if needed.

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| --- | --- |
| Complete Name (No Initials) and Addressof All Relatives to include step related | Place of Employment + Occupation |
| A. Father q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment / q Retired  |
| B. Motherq Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment / q Retired |
| C. Spouseq Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment / q Retired |
| D. Father-in-Lawq Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment / q Retired |
| E. Mother-in-Law q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment / q Retired |
| F. Ex-Husband / Ex-Wife / Biological Parent of Child q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
|  |  |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |

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| G. Children q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| G. Siblings / Step-Siblings (Brothers & Sisters) q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |

|  |  |
| --- | --- |
| G. Father-in-Law q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| H. Mother-in-Law q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| I. Brothers-in-Law / Sisters-in-Law q Deceased / q Not Applicable Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
| q Deceased Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (City, ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Place of Employment |
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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 ticket? q YES q NO

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| --- | --- | --- | --- | --- |
| Name | Relationship | Date | Charge | Final Disposition |
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#### 13. Applicant’s Statement

I understand that this application will become void 180 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, regulations and policies of the City of Gluckstadt and the Gluckstadt Police 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. General Equivalency Certificate or certified copy of High School Transcripts q Yes q No q Ordered
2. Certified Copy of College transcripts q Yes q No q Ordered
3. Copy of Current Driver’s License ***(Affix to the space provided below)*** q Yes q No q Ordered
4. Copy of Current First Aid/CPR Certificationq Yes q No q Ordered
5. Copy of Most Recent DD-214 – For military service, (Member – 4 format, Copy Only) q Yes q No q Ordered
6. Certified Copy of your Birth Certificate q Yes q No q Ordered
7. Did you supply all information requested in this application? q Yes q No

All transcripts should be received by the City of Gluckstadt in a sealed envelope from the learning institution.

Transcripts may be ordered and sent via mail directly to 343 Distribution Drive, Gluckstadt, MS 39272

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| --- |
| FOR OFFICIAL 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 City of Gluckstadt, Mississippi Police Department. 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 interest that all relevant information concerning my personal and employment history is disclosed to the City of Gluckstadt.

I hereby authorized any representative of the City of Gluckstadt 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 Gluckstadt, 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 Gluckstadt 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 City of Gluckstadt 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 Gluckstadt’s acceptance and processing of my application for employment, I agree to hold the City of Gluckstadt, 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 Gluckstadt. 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 City of Gluckstadt 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 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.

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| --- | --- |
| Print Name: |  |
|  |  |
| Signature: |  |
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| Current Address: |  |
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| --- | --- | --- | --- |
| Date of Birth: |  | Social Security Number: |  |
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|  |
| Home Telephone:  | ( ) | Work Telephone: | ( ) |

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| --- | --- |
| 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 at-will and I must demonstrate my fitness for continued employment by the City of Gluckstadt. 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 City of Gluckstadt and I agree to these conditions.

I 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant’s Printed Name)

|  |  |
| --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_ .

My Commission Expires:

 Notary Public