## **Application for Employment**

167 Maud Ave Mendenhall, MS 39114 (601)847-2641 fax (601)847-6628

The City of Mendenhall is an equal opportunity employer



The City of Mendenhall accepts application for employment with the Mendenhall Police Department 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 Mendenhall Police Department. Any application not returned to the Police Department will be rejected.

Print clearly in <u>BLACK INK ONLY</u>. Answer each question fully and accurately. Incomplete applications will be rejected. All information on your application is subject to verification.

Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections of this application are applicable to you regardless of the position you are applying for.

If you have any questions regarding the information on this application please contact the Mendenhall Police Department at 601-847-2641

Police Officer	I am currently a certified Police Officer			
If Certified, Location		Date		
Communication Office	cer I am currently a	a certified Communicat	d Communications Officer	
PERSONAL INFORMAT	FION:			
ast Name	First Name		Middle Name	
SSN	DOB	DOB Drivers Lice		
Current Address	City		State, Zip code	
Contact				
Home Number	Cell Phone	Alternate Numb	er	
Email				
List all addresses for t	he last five (5) years you h Include Landlord's name a			
List all addresses for t military assignments.	Include Landlord's name	and contact numb	oer	
List all addresses for t military assignments.	Include Landlord's name	and contact numb	oer	
List all addresses for t military assignments.	Include Landlord's name	and contact numb	oer	

## **EDUCATION**

High School		Addres	S		
Highest grade finished	Dates attended		Туре	of diploma	
College	<u></u>	Addres	S		
Number of credit hours	Dates attended	<u> </u>	Degr	ee/Certification	
College	-	Addres	S		
Number of credit hours	Dates attended		Degr	ee/Certification	
Graduate/Professional or	trade school	Addres	S		
Highest grade finished	Dates attended		Degr	ee/Certification	
Have you ever served in t United States?Yes		Branch		Reserve Status	
·		Branch	Type of di		
Have you ever served in t United States?Yes	No Dates served				
Have you ever served in t United States?Yes Rank/Grade	No Dates served er of the National Guard?	Yes _	No	scharge	

## **COURT RECORDS**

ate of Incident/Arrest	Agency	Charge	Disposition
nte of friederity firest	/ igency	Charge	Disposition
xplanation			
Have you ever been part o	of any civil or chancery act	cion in any other courtY	es No If yes ,
explain below			
·			
Date	Court	Action	Disposition
nlanation			
olanation			
Have you ever been convi	cted of domestic violence		YesNo

# **EMPLOYMENT RECORD:** Give a complete job history and explain significant gaps in employment. Begin with your present or last position.

Employer	Phone Number
Address	
Job title	Supervisor
Reason for Leaving	
Date of Hire Ending I	Date
Were you ever disciplined, counseled, warned, discharged or asked to violating company rules? Yes No - If yes please explosions.	
Employer	Phone Number
Address	
Job title	Supervisor
Reason for Leaving	
Date of Hire Ending I	Date
Were you ever disciplined, counseled, warned, discharged or asked to violating company rules? Yes No - If yes please explosions.	

IF MORE SPACE IS REQUIRED, PRINT THIS PAGE AS NEEDED.

## **LAW ENFORCEMENT EXPERIENCE and WORK HISTORY**

Current certifications: - CHECK ALL THAT APPLY (Do not include private security experience)

Law Enforcement Supervision	First Responder/EMT
Homicide Investigations	Crime Scene Inv.
Criminal Investigations	DUI Enforcement
Radar	Less Than Lethal Weapons
Initializer	
Traffic Accident Investigation	
	Supervision Homicide Investigations  Criminal Investigations  Radar  Initializer

	Patrol	Specialty Unit	Investigations	Supervisory	Other (explain)
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### PROFESSIONAL REFERENCES: Please PRINT Clearly.

Name	Address	Phone	Length of Acquaintance
			Acquaintance

## PERSONAL REFERENCES: Please PRINT Clearly.

Give the names of personal references from non-relatives, whom you have known at least three (3) years, and would know you occupational qualifications.

Name	Address	Phone	Length of
			Length of Acquaintance

#### **APPLICANT'S STATEMENT**

I certify that all the answers given within this application are tr	ue and complete to the best of my knowledge.
In the event of employment I understand that any false or mislinterview(s) may result in my immediate discharge from any po	
In the event of my employment, I understand that I am require procedures of the City of Mendenhall .	d to abide by all rules , regulations, and policies and
Printed Name of Application	Date
Signature of Applicant	

#### **REQUIRED DOCUMENTATION:**

- 1. Copy of high school diploma, GED or high school transcripts
- 2. Copy of college degree or college transcripts
- 3. Copy of current valid driver's license
- 4. A recent photo of yourself (affixed below)
- 5. Copy of DD-214 with discharge (if military service)
- 6. Copies of all certifications relatable to this position
- 7. Did you supply all information required in this application?
- 8. Certified copy of your birth certificate
- 9. Any additional documentation

**Attach Color photo here** 

## Mendenhall Police Department 167 Maud avenue Mendenhall, Ms 39114 601-847-2641

**Employment Application Instructions.** 

# **IMPORTANT INFORMATION!**

# PLEASE READ BEFORE RETURNING

Read <u>ALL</u> instructions carefully and answer all questions. If the question does not pertain to you put <u>N/A</u> in the line item. All questions must be answered or have N/A in the line item.

Make copies of the requested documents <u>Before</u> you return your application. We will not make copies when you drop off application.

All <u>ITEMS</u> required on page seven (7) of application are required before application will be processed or considered for employment. Any missing items will result in your application <u>NOT</u> being considered or processed.

Page nine (9) of application must be filled out, signed and notarized prior to returning application, A notary is at the Mendenhall City Hall.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I,	(Printed Name) Ap	oplicant, by this my signature,
authorize the Mendenhall Police	Department or it's ager	at to furnish and to provide fill
and complete all or any profession	onal, medical, personal,	and employment information
hereby requested by the undersig	gned, or to any represent	ative, attorney, investigator, from
the Mendenhall Police Departme	ent as the result of the un	ndersigned applying for the
position of Police Officer or Di	spatcher (Full Time or	Part-Time Position). Said
application occurring on the	day of	20
This authorization also includes	examination of all recor	ds of the following:
Past Employment, Medical Reco	ords, Financial Records,	(Including Financial Statements,
Credit Reports and or Bankruptc	y Filings), References b	oth Professional and Personal
references including opinions wh	nich will aid in the inves	tigation of the employment
application. By the execution of	this Release to the Men	denhall Police Department, I
hereby hold the Mendenhall Poli	ce Department, The City	y of Mendenhall and or it's
investigator or agent completing	background check, harr	nless in the obtaining of the
above listed records or informati	on for employment purp	oose.
	Applicant.	
State of Mississippi		
County of		
Personally appeared before me, the within named person who be Authorization Release of Information	ing by me duly identifie	
My Commission Expires:	Prin	at Name:
SEAL	NO	TARY PUBLIC