

CITY OF BRANDON POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT Date: _____

MAIL OR DELIVER TO:
ATTN: HUMAN RESOURCES
CITY OF BRANDON
1000 MUNICIPAL DRIVE
P.O. BOX 1539
BRANDON, MS 39043

Position Applied For:
 Patrol Officer Animal Control Officer
 Communications Officer Deputy Court Clerk
 Reserve Police Officer Inmate Security Officer

Notice: Application MUST be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable, so state. APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION, AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

ALL applicants MUST attach items 1, 2, 3, 4

1. Recent picture of yourself
2. A certified copy of your Birth Certificate (no photocopy)
3. A transcript of school record or a Mississippi GED Certificate (No Diploma)
4. A certified copy of your DD-214 (For Military Personnel only)

I. PERSONAL HISTORY

Name in Full _____
Last Name First Name Middle Name

Social Security Number _____ Email: _____

(A) List all other names you have used including nicknames and maiden name of female applicants. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

(B) Have you ever legally changed your name?
 No Yes _____
Date Place Court

(C) Date of Birth _____
Place of Birth _____
Marital Status _____
(D) Driver License No./State _____
Has your privilege to operate a motor vehicle ever been suspended or revoked? No Yes
If yes, explain fully: _____

(E) RACE: American Indian White Hispanic Black Asian SEX: Male Female

(F) Are you a citizen of Mississippi? Yes No For how long? _____
Are you a citizen of the United States? Yes No For how long? _____
If you have been naturalized: Date: _____ Certificate No.: _____

II. RESIDENCES

• Present Address: _____ / _____
Street and Number City County State Zip Code Telephone

• Mailing Address: _____ / _____
Street and Number City County State Zip Code Telephone

• List chronologically ALL of your residences for the past 10 years (include addresses while attending school if away from home)

Dates (from and to) Apt. No. Street Address City State

Do you have any sources of income other than your salary? Yes No

Specify each with amount: _____

Total amount of such income \$ _____

IV. EDUCATION

EDUCATIONAL BACKGROUND: Circle highest school year completed: _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
High School Diploma/ _____
GED Certificate

| Name of High School | Location | Dates From To | Course Pursued | Date Diploma Received |
|---------------------|----------|------------------|----------------|--------------------------|
| | | | | |
| | | | | |

| Name of College or University Attended | Credit Received Quarter Semester | Field of Study or Area of Concentration Major Hours Minor Hours | Dates Attended From To | Type Degree & Date Obtained (mm/yyyy) |
|---|-------------------------------------|---|------------------------------|--|
| Undergraduate | | | | |
| | | | | |
| Graduate | | | | |
| Miscellaneous | | | | |

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

No

Yes

± _____ School _____ Date _____ Type of Action _____

SKILLS AND EXPERIENCE (Check any which apply to you)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Legal Transaction | <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Shorthand, Speedwriting | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Adding Machine/Calculator | <input type="checkbox"/> Fingerspelling |
| <input type="checkbox"/> Keypunch | <input type="checkbox"/> Computer Language | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Other _____ |

List any special ABILITIES, INTEREST, and Hobbies with degree of proficiency : _____

V. REFERENCES

Give three references (not relatives) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women including your family physician, if you have one, who has known you well during the past five years, and three social acquaintances in your own age group.

REFERENCES:

(a) Complete name _____ No. yrs Acq. _____ Occupation _____
Home address _____ Business _____
City _____ State _____ Home Ph. _____ Bus. Ph. _____

(b) Complete name _____ No. yrs Acq. _____ Occupation _____
Home address _____ Business _____
City _____ State _____ Home Ph. _____ Bus. Ph. _____

(c) Complete name _____ No. yrs Acq. _____ Occupation _____
 Home address _____ Business _____
 City _____ State _____ Home Ph. _____ Bus. Ph. _____

SOCIAL ACQUAINTANCES:

(a) Complete name _____ No. yrs Acq. _____ Occupation _____
 Home address _____ Business _____
 City _____ State _____ Home Ph. _____ Bus. Ph. _____

(b) Complete name _____ No. yrs Acq. _____ Occupation _____
 Home address _____ Business _____
 City _____ State _____ Home Ph. _____ Bus. Ph. _____

(c) Complete name _____ No. yrs Acq. _____ Occupation _____
 Home address _____ Business _____
 City _____ State _____ Home Ph. _____ Bus. Ph. _____

VI. MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes No
 Branch of Service: _____ Dates Service From _____ To _____
 Military Occupation: _____ Rank: _____

Type of Discharge:
 Honorable
 Hardship
 Other (explain) _____

Type of release from active duty:
 Expiration of enlistment
 Retired
 Other _____

(a) Have you ever been Reserve Status: None Active Inactive Discharge Date: _____

(b) Are you a member of the National Guard or other Reserve Unit? Yes No
 Branch: Army Navy Air Force Marine Corps Coast Guard
 If you are in a pay status requiring drills, meetings, or camps, give Unit and Location: _____

(c) If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offense(s), type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail.

| Offense | Type of Court-Martial | Disposition of Charge | Fine, Restrictions & Confinement |
|---------|-----------------------|-----------------------|----------------------------------|
| | | | |
| | | | |
| | | | |

VII. COURT RECORD

(a) Have you ever been arrested or charged with any violation including traffic tickets but not parking tickets? Yes No

| Date | Place | Charge | Final Disposition | Detail |
|------|-------|--------|-------------------|--------|
| | | | | |
| | | | | |
| | | | | |

(b) Has any member of your immediate family or close relative (including in-laws) ever been arrested for anything other than traffic violations?
 No Yes

| Name | Relation | Date | Place | Charge | Final Disposition |
|------|----------|------|-------|--------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

(c) Have you ever been a party to any civil, quasi-criminal or chancery action in County, Circuit, or Chancery Court? Yes No
(Give date, place, court, names of parties involved, nature of action, and final disposition)

| Date | Court | Parties Involved | Nature of Action | Final Disposition |
|------|-------|------------------|------------------|-------------------|
| | | | | |
| | | | | |
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| | | | | |

VIII. 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. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. Include step-brothers and sisters, half-brothers and sisters, and if you or your wife have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under sections C, H, I and J regarding your future husband or wife and future in-laws, and show clearly that relationship is contemplated.

| Complete Name (No Initials) | Complete Address | Occupation, Name and Address of Firm Where Employed | Date and Place of Naturalization |
|---|------------------|---|----------------------------------|
| A. FATHER Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| B. MOTHER Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| C. WIFE OR HUSBAND Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| D. CHILDREN (a) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| (b) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| E. BROTHERS (a) Name _____ Address _____ | | | |

| | | |
|---|--|--|
| Age _____ Place of Birth _____ | | |
| (b) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| F. SISTERS | | |
| (a) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| (b) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| G. WIVES & HUSBANDS OF BROTHERS & SISTERS | | |
| (a) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| (b) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| (c) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| (d) Name _____ Address _____ Age _____ Place of Birth _____ | | |
| (e) Name _____ Address _____ Age _____ Place of Birth _____ | | |

VIII. RELATIVES (continued)

| Complete Name (No Initials) | Complete Address | Occupation, Name and Address of Firm Where Employed | Date and Place of Naturalization |
|--|------------------|---|----------------------------------|
| H. FATHER-IN-LAW Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| I. MOTHER-IN-LAW Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| J. BROTHERS & SISTERS OF YOUR HUSBAND OR WIFE | | | |
| (a) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| (b) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| (c) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| (d) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| K. OTHERS – (include relation) | | | |
| (a) Name _____ Address _____ Age _____ Place of Birth _____ | | | |
| (b) Name _____ Address _____ Age _____ Place of Birth _____ | | | |

IX. WIFE / HUSBAND

Name Spouse's Employer: _____

Address of Spouse's Employer: _____

Spouse's Position: _____

How Long? _____ Social Security No.: _____

THE CITY OF BRANDON POLICE DEPARTMENT

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE CITY OF BRANDON.

I understand that all appointments are probationary for a period of one year, during which time the employee must demonstrate his fitness for continued employment by the City of Brandon. 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 Brandon Police Department and I agree to these conditions.

(Signature of the applicant as usually written)

ALL APPLICANTS

Attach an unmounted full face photograph of yourself, not larger than 2 ¾ x 2 ½ inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application. NO APPOINTIVE CONSIDERATION WILL BE AFFORDED ANY APPLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED.

X. APPLICANT'S AFFIDAVIT

STATE OF MISSISSIPPI

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/her oath that the matters and things set forth in the above and foregoing application for employment are true and corrected as therein stated.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this _____ day of _____

My Commission Expires:

NOTARY PUBLIC

XI. AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter your signature, address, and the date in the designated places.

THIS FORM MUST BE NOTARIZED

DATE: _____

TO WHOM IT MAY CONCERN:

Having made application to the City of Brandon Police Department, and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the City of Brandon Police Department and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

SIGNATURE: _____
ADDRESS: _____

STATE OF MISSISSIPPI:

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/her oath that the matters and things set forth in the above and foregoing application for employment are true and corrected as therein stated.

Given under my hand and seal of office, this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

**City of Brandon
Notification Form
Regarding Consumer Report**

For employment purpose, we may obtain a consumer report and/or an investigative consumer report about you.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or written five days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name _____

(print)

Social Security Number _____

Current Street Address _____

City, State, Zip _____

Telephone Number _____

STATE OF MISSISSIPPI, 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/her oath that the matters and things set forth in the above and foregoing application for employment are true and corrected as therein stated.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public

My Commission Expires: _____

EQUAL OPPORTUNITY EMPLOYER

DRUG TESTING OF APPLICANTS FOR EMPLOYMENT

As a condition of employment, applicants for jobs with the City of Brandon, including those seeking to be accepted into the City's law enforcement reserve program and volunteer firefighter program, shall be required to submit to an initial test and a confirmation test for the presence of alcohol or drugs or their metabolites. Prior to the collection of a specimen from such an applicant, the applicant will be required to read and sign the following statement, which will be provided on a separate sheet of paper:

Acknowledgement, Consent, and Receipt Regarding the Drug and Alcohol Plan for City of Brandon Applicants

I acknowledge by my signature that I have received, reviewed and fully understand the Drug and Alcohol Plan of the City of Brandon. I agree and consent to submit to specimen collection and drug and alcohol testing according to the terms of the plan. I understand that my refusal to sign this statement or my refusal to submit to required specimen collection and drug and alcohol testing in accordance with the plan or a positive result on a confirmation test for the presence of alcohol or drugs or their metabolites shall be a basis for rejecting my application for employment, the withdrawal of any conditional offer of employment and refusal to hire by the City of Brandon.

An applicant's refusal to submit to a test or a positive result of a confirmation test shall result in rejection of the employment application, the withdrawal of any conditional offer of employment and refusal to hire.