



CHIEF DONALD THOMAS

(662)454-3381

BELMONT POLICE DEPARTMENT

APPLICATION FOR POLICE OFFICER

DATE OF APPLICATION _____

NAME _____ D.O.B _____ SEX _____ RACE _____

S.S. NO. _____ DL NO. _____ STATE _____ EXPIRATION DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ MARRIED _____ CHILDREN _____

ARE YOU ON A LAYOFF AND SUBJECT TO RECALL _____ WHOM _____

WOULD YOU SUBMIT TO A POLYGRAPH TEST? _____

WOULD YOU SUBMIT TO A DRUG SCREEN AT ANY TIME? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ CITY _____ STATE _____

HAVE YOU EVER HAD A TRAFFIC CITATION? _____ CITY _____ STATE _____

HAVE YOU EVER USED ANY ILLEGAL DRUGS? _____

ARE YOU A CERTIFIED POLICE OFFICER? _____ CERTIFICATE NO. _____

PLACE OF CERTIFICATION _____ PRESCIENT _____

CITY _____ STATE _____

ARE YOU WILLING TO TAKE A PHYSICAL AT YOUR EXPENSE IF YOU ARE HIRED? _____

GIVE THREE REFERENCES:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PRESENT EMPLOYER _____ ADDRESS _____ PHONE _____

EDUCATION _____ COLLEGE _____

SCHOOLS ATTENDED _____ LOCATION _____

ARE YOU WILLING TO WORK: FULL _____ PART _____ SHIFT _____ TEMP _____

AMOUNT OF WAGES EXPECTED FOR STARTING PAY(HOURLY)\$ _____

ALL ANSWERS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. ALL MISLEADING ANSWERS
COULD RESULT IN AUTOMATIC DISMISSAL IF HIRED.

SIGNATURE _____ DATE _____



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MEDICAL RECORD

NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ S.S.# _____

EMERGENCY# _____ CONTACT _____ RELATION _____

BLOOD TYPE _____ R.H. _____ ORGAN DONOR (Y OR N) _____

MEDICATION TAKING _____

FAMILY DOCTOR _____ DR. PHONE # _____

EXISTING ILLNESS OR ALLERGIES: _____

DISABILITIES: _____

PAST SURGERIES: _____

ANY OTHER MEDICAL HISTORY – HEART PROBLEMS, HIGH BLOOD PRESSURE ETC.

SIGNATURE

DATE



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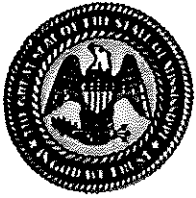
BELMONT POLICE DEPARTMENT

I, _____ DO AGREE TO WORK ON A 6 MONTH PROBATION PERIOD IF HIRED FOR A POLICE OFFICER FOR THE CITY OF BELMONT. I UNDERSTAND I CAN BE TERMINATED AT ANYTIME DURING THIS 6 MONTH PERIOD FOR ANY REASON AT THE DISCRETION OF THE CHIEF OF POLICE OR THE MAYOR AND BOARD OF ALDERMAN.

NAME

DATE

WITNESS



CHIEF DONALD THOMAS

(662)454-3381

BELMONT POLICE DEPARTMENT

DATE _____

TIME _____

I, _____, AGREE TO SUBMIT TO A POLYGRAPH TEST. I UNDERSTAND I AM NOT UNDER ARREST AN AM NOT UNDER ANY PRESSURE OR BEING FORCED TO TAKE THE TEST IN ANY WAY.

DATE OF BIRTH _____

S.S. # _____

(SIGNED)