

TOWN OF PLANTERSVILLE

Police Department

P.O. Box 507 – Plantersville, MS 38862

PHONE: 662-844-2012 / FAX: 662-840-9565

EMPLOYMENT APPLICATION FORM

Job application is for: (check one)

Part-Time Officer: ()

Full-Time Officer: ()

Date: _____

PERSONAL

1.) Your Name: _____
First *Middle* *Last*

Date of Birth: _____ Social Security Number: _____

Give any other names you have been known by and state the reasons: _____

2.) Your Address: _____
Number *Street*

City *State* *Zip Code*

Phone Number: Home _____ Work _____ Other _____

3.) Marital Status: Single () Married () Divorced ()

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4.) Are you a citizen of the United States? Yes () No ()
(A Birth Certificate, Baptismal or Naturalization Records is required as proof of citizenship prior to selection)

5.) Do you have or have you had any injury or illness which may prevent you from performing the duties of the position you are applying for? Yes () No () If yes, explain _____

6.) Do you wear glasses or contact lenses? Yes () No ()

REFERENCES

7.) List three persons who know you well enough to provide current and post information about you. Do not list relatives or former employers

Name: _____ Address: _____

Home Phone No: _____ Business Phone No: _____

Business Address: _____ Years Known: _____

Name: _____ Address: _____

Home Phone No: _____ Business Phone No: _____

Business Address: _____ Years Known: _____

Name: _____ Address: _____

Home Phone No: _____ Business Phone No: _____

Business Address: _____ Years Known: _____

EMPLOYMENT

8.) Begin with you present or most recent Job and list your complete work record. List dates in proper sequence. When listing Military service, give names and rank of last immediate superior, also list periods of unemployment:

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From: _____ To: _____ Company: _____

Phone Number: _____ Address: _____

Duties: _____

Supervisor's Name: _____ Reasons For Leaving: _____

From: _____ To: _____ Company: _____

Phone Number: _____ Address: _____

Duties: _____

Supervisor's Name: _____ Reasons For Leaving: _____

From: _____ To: _____ Company: _____

Phone Number: _____ Address: _____

Duties: _____

Supervisor's Name: _____ Reasons For Leaving: _____

From: _____ To: _____ Company: _____

Phone Number: _____ Address: _____

Duties: _____

Supervisor's Name: _____ Reasons For Leaving: _____

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Have you ever been discharged or asked to resign from any position or employment? Yes () No ()

If yes, explain in detail giving employer: _____

List below every civil service or public agency competitive examination you have taken. Include any other law enforcement:

Agency	Date of Examination	Accepted?

If you were not employed by any of the above agencies, give reason, if known: _____

RESIDENCE HISTORY

9.) List all addresses where you have lived during the past ten (10) years. Account for all of the time, starting with the most recent address. During military service, list all addresses off base rather than military quarters. List date by month and year. Use back of page if necessary.

From: _____ To: _____ Address: _____

If rental, give name and address of landlord: _____

From: _____ To: _____ Address: _____

If rental, give name and address of landlord: _____

From: _____ To: _____ Address: _____

If rental, give name and address of landlord: _____

From: _____ To: _____ Address: _____

If rental, give name and address of landlord: _____

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EDUCATION HISTORY

10.)List all high schools, colleges, universities, trade and business schools attended. Begin with the most recent and continue in sequence.

NAME OF SCHOOL

STREET ADDRESS
CITY & STATE

DATES ATTENDED
FROM / TO

GRADUATE
YES / NO

If you attended college, number of credits completed: _____ What was your major? _____

What was your minor? _____ Degree received? _____

List any courses or training, including military experience and education that you feel have a bearing on your qualifications for this position: _____

ARREST INFORMATION

11.) Have you ever been charged with a felony or a misdemeanor, including military court martial (*omit traffic violations*)? Yes () No () If yes, complete the following (*list juvenile as well as adult occurrences*):

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Police Agency
Crime Charge

City & State

Date

Disposition of Case

TRAFFIC HISTORY

12.) Do you possess a valid operator's license? Yes () No () From what state? _____

License Number: _____ Type of license (Regular, CDL CDL, etc.) _____

Expiration Date: _____ / _____ / _____
Month Day Year

Was your license ever suspended or revoked? Yes () No () If yes, give date, location and reasons:

_____ List all driving citations you have received as
an adult or juvenile, excluding parking tickets:

Month / Year	Charge	City & State	Disposition
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Describe in brief Narrative any traffic accidents which you have been involved, giving approximate dates
and locations: _____

LIQUOR AND NARCOTICS

13.) Describe in your own words, your use of intoxicating liquors:

Have you ever used any form of drugs or narcotics other than those prescribed by your physicians?

Yes () No () If yes, explain in detail: _____

AUTHORIZATION FOR EMPLOYMENT AND PERSONAL INFORMATION

Plantersville, Mississippi

Dated: _____

TO WHOM IT MAY CONCERN:

I have made application to the Town of Plantersville, Lee County, Mississippi, for employment in the position of _____ with said town.

In connection with my application, I authorize governmental agencies, municipal, county, state, federal and all other such entities to furnish all and complete information to the Mayor or other personnel representatives of said Town of Plantersville concerning any employment, work performance and other matters connected with my employment, services or other relationship that I may have had with said governmental agency.

Further, in connection with my aforesaid application, I also authorize the release of all and complete information to said Mayor or representative of said Town, In regard to personal and character information concerning my behavior.

Your full cooperation with the Town of Plantersville Officials will be appreciated, but you are requested not to disclose any information to any person other than the official representative of said Town.

This the _____ day of _____, 20 ____.

Applicant

Witness:
