



PEARL RIVER POLICE DEPARTMENT

APPLICATION PACKET



POSITION(S) APPLIED FOR: (CIRCLE ONE)

****POLICE OFFICER****

****COMMUNICATIONS (Dispatch)****

****RESERVE OFFICER****

NAME: _____

DATE: _____

CONTACT NUMBER: _____

**** NOTE: Some pages require Notary ****

The applicant must complete the enclosed forms accurately, legibly and completely. Do not leave any blank spaces. **PRINT ANSWERS** to questions with a **BLACK BALL POINT PEN OR USE A TYPEWRITER**. It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or omission of requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would have not disqualified them otherwise. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance.

The following documents are **required to begin the application process** and must be returned with the application.

- **A COPY OF YOUR HIGH SCHOOL DIPLOMA, CERTIFIED TRANSCRIPTS, OR G.E.D. CERTIFICATE**
- **A COPY OF YOUR BIRTH CERTIFICATE**
- **A COPY OF YOUR CURRENT/ VALID DRIVER'S LICENSE**
- **A COPY OF YOUR SOCIAL SECURITY CARD**

The following documents **are required if they are applicable to you** and must be returned with the application.

- **DD214 FORM, SHOWING AN HONORABLE DISCHARGE**
- **CERTIFIED COLLEGE TRANSCRIPTS (SEALED)**
- **NAME CHANGE DOCUMENTS (I.E., MARRIAGE LICENSE, COURT ORDER, ETC.)**
- **CITIZENSHIP PAPERS**

TOWN OF PEARL RIVER

CAREERS IN GOVERNMENT

The Town of Pearl River is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical Disability (except where physical requirements constitute a bona fide occupational qualification).

STARTING PAY: An applicant's starting pay will be based on their rank, education, training and experience.

DUTIES AND RESPONSIBILITIES: A police officer performs a wide range of task to promote public safety and security. This includes crime prevention, general enforcement of the law and related work as required. The duties of a police officer include, but are not limited to: patrolling, crime detection, investigation and traffic enforcement.

MINIMUM REQUIREMENTS:

- UNITED STATES CITIZEN
- MINIMUM AGE OF 21
- PRIOR MEMBERS OF THE ARMED FORCES MUST HAVE AN HONORABLE DISCHARGE
- A VALID U.S. DRIVER'S LICENSE
- A HIGH SCHOOL DIPLOMA OR EQUIVALENCY CERTIFICATE
- VISUAL ABILITY CANNOT BE LESS THAN 20/100 IN EACH EYE UNCORRECTED, AND MUST BE CORRECTED TO 20/20 WITH GLASSES, CONTACT LENSES OR SURGERY.

A thorough background investigation will be conducted by the Pearl River Police Department on all applicants who pass the initial phase of the application process. The background investigation includes, but is not limited to the following: polygraph examination, fingerprinting, criminal/driver's license history, employment history and residential history. Upon an offer of employment, a psychological interview and a medical examination will be required.

If you have any questions concerning this application process, please call the Pearl River Police Department at **(985)863-5711**

Once the completed application is turned in **DO NOT CALL** checking on the status of your application, a representative from our agency will contact you with instructions on your next step. All applications, regardless of their status, will be held for a year.

PERSONAL DATA

FIRST NAME: _____ SUFFIX (JR, SR, III): _____

LAST NAME: _____ MIDDLE NAME: _____

SOCIAL SECURITY NUMBER: _____ IN WHICH STATE WAS IT ISSUED: _____

SOCIAL MEDIA ACCOUNT INFORMATION (FACEBOOK & INSTAGRAM): _____

HOME ADDRESS: STREET: _____

CITY: _____

PARISH/COUNTY: _____

STATE: _____ ZIP: _____

How long have you lived at this address?
YEARS: _____
MONTHS: _____

TELEPHONE NUMBERS: AREA CODE & PHONE NUMBER

Home Telephone Number: _____

Mobile Telephone Number: _____

Other Telephone Number: _____

CITIZENSHIP

Are you a citizen of the United States? Yes No

If "No", are you a permanent resident? Yes No

- Are you:
- Natural Born Birth certificate required
 - Naturalized Original Naturalization Paperwork required
 - Resident Alien Alien Registration Card required (Green Card)

PLACE OF BIRTH: CITY: _____

PARISH/COUNTY: _____

STATE: _____ COUNTRY: _____

When will you be available to begin employment? : _____

PERSONAL DATA (cont.)

Have you ever used another name or had your name changed? Yes No

This includes, but is not limited to, maiden names, former married names, adopted names, nicknames, etc. If "yes", fill in the information in the table below.

Previous Name	Date of Change	Location of Change	Reason for Change

In case of emergency, please list someone we can contact:

Name of Person: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile: _____ Work: _____

How did you learn about this position?

- | | | |
|---|--|--|
| <input type="radio"/> Newspaper | <input type="radio"/> Television | <input type="radio"/> Radio |
| <input type="radio"/> Facebook | <input type="radio"/> Trade Periodical | <input type="radio"/> Department Web Page |
| <input type="radio"/> Employment Office | <input type="radio"/> Job Fair | <input type="radio"/> Police Department Employee |

Have you ever filed an application with the Pearl River Police Department before? Yes No

Position(s) last applied for: _____

Have you been employed by the Pearl River Police Department? Yes No

If so, did you leave in good standing? Yes No

If 'Yes': Date(s) started: _____ Date(s) left: _____ Position: _____

Driver's license number: _____ **State Issued:** _____ **Expires:** _____

PEARL RIVER POLICE DEPARTMENT

SHIFT/DAY OFF ACKNOWLEDGEMENT

I UNDERSTAND AND I AM AWARE THAT THE PEARL RIVER POLICE DEPARTMENT IS A SEVEN DAY A WEEK, TWENTY-FOUR HOUR A DAY OPERATION.

I UNDERSTAND AND AGREE TO BE ASSIGNED TO ANY ROTATION, (8 HOUR, 10 HOUR, 12 HOUR) OR ANY SHIFT (DAY OR NIGHT) AND HOLIDAYS, BUT WILL ALSO BE ASSIGNED DAYS OFF.

I UNDERSTAND THAT THE PEARL RIVER POLICE DEPARTMENT IS MY PRIMARY JOB AND WILL NOT CATER TO SECONDARY EMPLOYMENT.

I FURTHER UNDERSTAND AND AGREE THAT IN THE EVENT OF AN UNUSUAL OCCURRENCE, I MAY BE CALLED IN TO WORK DURING MY REGULARLY SCHEDULED OFF DAY.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____

EMPLOYMENT WAIVER

I, _____, HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT MY EMPLOYMENT WITH THE PEARL RIVER POLICE DEPARTMENT IS CONTINGENT ON THE RESULTS OF THE INVESTIGATION OF MY BACKGROUND.

FURTHERMORE, I FULLY UNDERSTAND THAT IF THIS INVESTIGATION REVEALS ANY INFORMATION THAT WOULD PROHIBIT MY CONTINUED EMPLOYMENT WITH THIS DEPARTMENT THAT MY APPOINTMENT IS SUBJECT TO IMMEDIATE TERMINATION.

I, _____, WITHOUT ANY COERCION, VOLUNTARILY AGREE TO EXECUTE AND SIGN THIS WAIVER.

SIGNATURE: _____

DATE: _____

WITNESS: _____

PEARL RIVER POLICE DEPARTMENT

POLYGRAPH EXAMINATION

I UNDERSTAND AND AGREE TO VOLUNTARILY SUBMIT TO AN EXAMINATION BY A PROFESSIONAL POLYGRAPHER PRIOR TO BEING ACCEPTED FOR EMPLOYMENT BY THE PEARL RIVER POLICE DEPARTMENT.

THE UNDERSIGNED PERSON ALSO UNDERSTANDS AND AGREES THAT HE OR SHE WILL VOLUNTARILY SUBMIT TO AN EXAMINATION BY A PROFESSIONAL POLYGRAPHER AT ANYTIME DURING THEIR EMPLOYMENT WITH THE PEARL RIVER POLICE DEPARTMENT.

THE UNDERSIGNED PERSON ALSO UNDERSTANDS AND AGREES TO RELEASE, ABSOLVE, AND FOREVER HOLD THE PEARL RIVER POLICE DEPARTMENT, ITS OFFICERS, AGENTS AND EMPLOYEES; AND THE PROFESSIONAL POLYGRAPHER, POLYGRAPH FIRM CONDUCTING THE POLYGRAPH EXAMINATION, THEIR AGENTS, OFFICERS AND EMPLOYEES FROM ANY LIABILITY RESULTING FROM THE OPERATION OF THE EQUIPMENT OR THE USE OF THE RESULTS OBTAINED THERE FROM. THIS ALSO APPLIES TO ANY AND ALL SUITS, ACTIONS, OR CAUSES OF ACTION EXECUTORS, OR ADMINISTRATORS HAVE NOW OR MAY EVER HAVE RESULTING DIRECTLY, OR REMOTELY FROM THE UNDERSIGNED PERSON HAVEN TAKEN SAID POLYGRAPH EXAMINATION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____

PEARL RIVER POLICE DEPARTMENT

CONSENT FORM

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE TOWN OF PEARL RIVER POLICE DEPARTMENT, OR TO ANY AUTHORIZED AGENT OF A CRIMINAL JUSTICE AGENCY OR ANY PRIVATE AGENCY UPON REQUEST OF THE TOWN OF PEARL RIVER POLICE DEPARTMENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF MILITARY SERVICE RECORDS, "AUTHORITY TO RELEASE LAW ENFORCEMENT OR CRIMINAL RECORDS OR INFORMATION FROM A LAW ENFORCEMENT AGENCY;" EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF LOANS, THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATING) AND FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME AND THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW, OR OF 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.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION, WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE TOWN OF PEARL RIVER POLICE DEPARTMENT. I ALSO CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION; AND I HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY, WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

I ALSO AGREE TO PAY ANY AND ALL CHARGES OR FEES CONCERNING THIS REQUEST AND CAN BE BILLED FOR SUCH CHARGES AT THE BELOW LISTED ADDRESS.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

APPLICANT'S SIGNATURE

WITNESS

DATE

DATE

DATE OF BIRTH

NOTARY

SOCIAL SECURITY NUMBER

DATE

EDUCATION

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 _____ Other

If you graduated from high school, complete the following information:

Name of School: _____ Dates attended: _____ thru _____

Address: _____ City: _____ State: _____

Telephone number: _____ Date graduated: _____

If you received a Equivalency Certificate, complete the following information:

Name of School or Board of Education: _____

Address: _____ City: _____ State: _____

Year Obtained: _____ State Obtained in: _____

List any degrees that you have received: (such as A.A., A.A.S., B.S, M.P.A., ETC.)

Type of Degree: _____ Area of Study: _____ Year Received: _____

Type of Degree: _____ Area of Study: _____ Year Received: _____

Since high school, have you ever been expelled or suspended from any school or been disciplined by any

school official: Yes No If "Yes", explain:

NOTE: The applicant is responsible for furnishing PRPD with a COPY OF HIS/HER HIGH SCHOOL DIPLOMA and SEALED COLLEGE TRANSCRIPTS (where applicable) at the applicant's own expense.

EDUCATION (cont.)

List below any colleges, universities, vocational/technical schools or graduate schools that you have attended:

Name of School	Complete address of School	Dates Attended: From	Dates Attended: To	Major Course of Study	Did You Graduate?

Please list any technical skills that you have acquired and circle the extent of your proficiency:

Computers: Microsoft Word _____ (Proficiency) Some Knowledge Functional Expert

PTS Solutions _____ (Proficiency) Some Knowledge Functional Expert

LACrash _____ (Proficiency) Some Knowledge Functional Expert

Types of software/hardware used: _____

List any foreign language that you have learned and circle the extent of your proficiency:

Language: _____ (Proficiency) some moderate fluent

Language: _____ (Proficiency) some moderate fluent

List any other specialized training: _____

LAW ENFORCEMENT EXPERIENCE

List all public safety agencies that you have applied with (law enforcement, fire department, correctional, EMS, etc.). Include agency name, date you applied, and how far you got in their hiring process.

1. _____
2. _____
3. _____
4. _____
5. _____

List the number of years and months experience you have as a certified law enforcement officer:

Years: _____ Months: _____

List your Louisiana P.O.S.T. Certificate Number: _____

In the table below, list any and all disciplinary action received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotion or terminations; date of the action; reason for the action (i.e., auto accident, insubordination, violation of policy, etc.); and indicate whether you are currently involved in an open internal affairs investigation.

Name of Agency	Type of disciplinary action	Date of action	If an Internal Affairs investigation; Opened or Closed	Reason for disciplinary action

MILITARY SERVICE

Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, State Guard, or Coast Guard: Yes No

If "Yes", what branch: _____

Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, State Guard, or Coast Guard: Yes No

If "Yes", what branch: _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be specific:

Have you ever served in any branch of a foreign military?

If "Yes", what branch: _____

Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.?

Yes No If "Yes", fully explain on an attached piece of paper.

APPLICANTS WHO HAVE SERVED IN THE MILITARY MUST COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	ENLISTMENT PERIOD	HIGHEST RANK HELD

MILITARY SERVICE (cont.)

Have you ever been court-martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?

Yes

No

If "Yes", fill in the table below and explain any offense(s) in detail on an attached sheet of paper.

TYPE OF DISCIPLINARY ACTION	BRANCH OF SERVICE	DATE OF ACTION	DISPOSITION OF ACTION

MARITAL STATUS AND FAMILY INFORMATION

Spouse (if applicable)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Former Spouse (if applicable)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Former Spouse (if applicable)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

MARITAL STATUS AND FAMILY INFORMATION (cont.)

List other family members living in your household.

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

MARITAL STATUS AND FAMILY INFORMATION (cont.)

Give the name of every member of your immediate family. Include father, mother, sisters, brothers (blood, step and half), father-in-law and mother-in-law. If deceased, so note on occupation space. Also List children (blood and step) not residing with you.

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

MARITAL STATUS AND FAMILY INFORMATION (cont.)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City, State

Telephone: Home: _____ Mobile: _____

Employer: _____
Name Address Telephone

Relationship: _____

CHARACTER / SOCIAL REFERENCES

Provide five (5) references (not relatives, those within your household or employers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business professionals or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

Name		Relationship	Phone Number	
Home Street #	Home Street Name	City	State	Zip
Occupation		Business Phone Number		

REFERENCE 2

Name		Relationship	Phone Number	
Home Street #	Home Street Name	City	State	Zip
Occupation		Business Phone Number		

REFERENCE 3

Name		Relationship	Phone Number	
Home Street #	Home Street Name	City	State	Zip
Occupation		Business Phone Number		

REFERENCE 4

Name		Relationship	Phone Number	
Home Street #	Home Street Name	City	State	Zip
Occupation		Business Phone Number		

REFERENCE 5

Name		Relationship	Phone Number	
Home Street #	Home Street Name	City	State	Zip
Occupation		Business Phone Number		

NEIGHBOR/LANDLORD REFERENCES

Provide three (3) current or recent neighbors or landlord references. The neighbor reference may live next door to you or within three (3) houses or apartments in any direction of your residence. Do not list references that are related to you by blood or marriage. All persons may be asked to appraise your character, ability, experience, personality and other qualities. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

Name	Relationship	Phone Number
------	--------------	--------------

Home Street #	Home Street Name	City	State	Zip
---------------	------------------	------	-------	-----

Occupation	Business Phone Number
------------	-----------------------

Length of time known you

REFERENCE 2

Name	Relationship	Phone Number
------	--------------	--------------

Home Street #	Home Street Name	City	State	Zip
---------------	------------------	------	-------	-----

Occupation	Business Phone Number
------------	-----------------------

Length of time known you

REFERENCE 3

Name	Relationship	Phone Number
------	--------------	--------------

Home Street #	Home Street Name	City	State	Zip
---------------	------------------	------	-------	-----

Occupation	Business Phone Number
------------	-----------------------

Length of time known you

EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the **LAST 15 YEARS**. Include military, volunteer experience, self-employment, internships, periods of unemployment, ANY part-time work, and ANY full-time work. **For any gap of unemployment, write UNEMPLOYED under "NAME OF ORGANIZATION" and explain your means of support (i.e. spouse's income, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, Dept. of Human Resources letters, etc. Failure to properly complete the employment history section may result in disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Follow the example**

EXAMPLE JOB

Name of Organization or Company:	Phone #	Date employed:
Bob's Auto Parts	985-555-1212	From: MO/YR To: MO/YR 07/12 to 05/15
Complete Address:		Total Time Employed:
125 Main Street, Pearl River, LA 70452		3 Years
Official Job Title:	Name of Supervisor:	Out of Business?
Delivery Driver	Bob Jones	YES NO
Describe your specific job duties:		
Delivered auto parts, cleaned store		
Specific reason for leaving:		
Better job opportunity		
Fired	Lay Off	Resigned End of Assignment

EMPLOYMENT HISTORY (cont.)

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

EMPLOYMENT HISTORY (cont.)

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

EMPLOYMENT HISTORY (cont.)

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

EMPLOYMENT HISTORY (cont.)

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

Name of Organization or Company:	Phone #	Date employed: From: MO/YR To: MO/YR
Complete Address:		Total Time Employed:
Official Job Title:	Name of Supervisor:	Out of Business? YES NO
Describe your specific job duties:		
Specific reason for leaving:		
Fired Lay Off Resigned End of Assignment		

APPLICATION QUESTIONNAIRE

Instructions: If you answer “YES” to question 3-27, you must explain the “Yes” answer fully on the following answer sheet. Remember to indicate the question number that you are addressing. Failure to follow instructions will result in your application being returned to you.

	YES	NO
1. Will you consent to a thorough investigation of your character?	_____	_____
2. Will you consent to a rigid medical examination by a physician upon conditional offer of employment?	_____	_____
3. Have you ever been rejected for employment, for any reason, by any Law Enforcement Agency? If “Yes”, explain why	_____	_____
4. Have you ever been terminated by any law enforcement agency? If “Yes”, explain why.	_____	_____
5. Have you ever been terminated or asked to resign from ANY job? If “Yes”, list the name of the job(s), dates of termination and reason for termination.	_____	_____
6. Have you EVER been physically arrested or given a copy of charges for violation of any city, municipal, state or federal law?	_____	_____
7. Have you EVER appeared in any court (including juvenile) as a defendant to answer any city, municipal, state or federal law?	_____	_____
8. Have you EVER been detained by any law enforcement representative, been The subject of any criminal investigation or been named as the accused on a warrant? If “Yes”, explain in detail.	_____	_____
9. Have you EVER received any tickets for traffic violations (excluding parking Tickets) on any license that you have held since you began driving? If “Yes”, List type of violation, date received, jurisdiction, and disposition.	_____	_____
10. Have you EVER used, tried, ingested or experimented with marijuana (including as a juvenile or even one experimental use)? If “Yes” write the date of first use and the date of last use.	_____	_____
11. Have you EVER used, tried, ingested or experimented with ANY other type Of illegal narcotic or dangerous drugs (i.e. heroin, cocaine, speed, LSD, anabolic steroid, etc.). If “Yes”, indicate type of drug and when used.	_____	_____
12. Have you EVER sold any type of illegal drug, delivered illegal drugs, shared drugs with another person or directed another person where to buy drugs? If “Yes”, indicate what type of drug and when.	_____	_____

APPLICATION QUESTIONNAIRE (cont.)

	YES	NO
13. Have you ever filed or declared bankruptcy, had any judgments, repossessions, Foreclosures, or collections?	_____	_____
14. Do you know anything that might prevent you from obtaining the position you have applied for? If "Yes", explain.	_____	_____
15. Have you ever been sued?	_____	_____
16. Have you ever had your wages garnished?	_____	_____
17. Are there any unpaid judgments against you?	_____	_____
18. Are you delinquent on any property taxes or other taxes?	_____	_____
19. Have you ever had a charge, complaint, or lawsuit filed against you alleging the use of excessive force?	_____	_____
20. Have you ever been a complainant, victim or been involved in a complaint of domestic violence?	_____	_____
21. Have you ever had a charge, complaint or lawsuit filed against you alleging false arrest?	_____	_____
22. Do you have any visible tattoos and/or brands? Visible is defined as the area that is exposed to public view in short sleeves or the area that are exposed in shorts. If "Yes", provide location and meaning of each one on the answer sheet provided.	_____	_____
23. Are you now, or have you been, engaged in any business as an owner, partner or corporate member?	_____	_____
24. Have you received written reprimands from supervisors or employers for not doing your job correctly or conduct violations?	_____	_____
25. Have you been counseled or received warning for being late or absent from work?	_____	_____
26. Have you ever been suspended from a job for a period of time with or without pay?	_____	_____
27. Have you purposely omitted any information on this application?	_____	_____

APPLICATION QUESTIONNAIRE (cont.)

- | | YES | NO |
|--|-------|-------|
| 28. Are you available to work any hour of the day, day of the week, including holidays and be available during unusual occurrences for call out? | _____ | _____ |
| 29. Did you file Federal and State Income Taxes last year? | _____ | _____ |
| 30. Were you able to understand all of the questions on this application? | _____ | _____ |
| 31. Do you have any friends that work or worked for the Pearl River Police Dept?
If "Yes", explain who? | _____ | _____ |

Thank you for your time and interest in the Pearl River Police Department. Please take your time and answer all questions thoroughly and honestly. Use the following pages to explain in full detail any question that require explanation. Please DO NOT CALL OUR OFFICE CHECKING ON THE STATUS OF YOUR APPLICATION, a representative from the Pearl River Police Department will contact you to tell you the next step.

SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSION, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION.

APPLICANT'S FULL NAME

APPLICANT'S SIGNATURE

APPLICANT'S SOCIAL SECURITY NUMBER

DATE

NOTARY PUBLIC

DATE