

APPLICATION FOR EMPLOYMENT

Read ALL information carefully and fill out all forms COMPLETELY.

This application for employment will be considered active for a period of time not to exceed 120 days. Any applicant who desires to be considered for employment beyond this time should resubmit another application.

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the City.

CONSEQUENCES OF FALSIFICATION

ANY willful misrepresentation or falsification given on ANY FORM herein is just cause for rejecting your application. It will disqualify you from making application in the future for positions with the City of Horn Lake, or your employment with the City may be terminated.

All applications must be notarized before they will be accepted. Review the application to insure that you have completed all sections and provided all information requested.

If applicable, copies of the following documents must be turned in for your application to be processed:

1. Driver's License
2. Birth Certificate
3. Social Security Card
4. High School Diploma / GED (Certified Copies of School Transcripts)
5. Military DD 214 member 1 copy and member 4 copy
6. Military Discharge
7. College Diploma (Certified Copies of School Transcripts)
8. Professional Certificates
9. Certified Copies of Court Abstracts & Police Reports
10. A current photograph

If a current or previous employer requires the use of a pay service to verify employment it will be the responsibility of the applicant to pay for the service. Failure to do so will result in their application not being processed.

Any questions should be directed to Lt. Michael Guice (662) 342-3520 or hlpdeployment@hornlakepolice.com.

Incomplete and illegible applications will not be processed.

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, sex, natural origin, marital or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status. Applications must be complete to be considered for employment.

You may apply for only one position per application completed.

This application must be handwritten! DO NOT TYPE! PLEASE PRINT! If this application packet is NOT LEGIBLE, it WILL NOT be accepted.

Position applied for _____ Date of Application _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Other

If other, please explain: _____

Name: _____
Last, First, Middle

Current Address: _____
Number, Street, City, State, Zip Code

Date of Birth: _____ Social Security Number: _____

Telephone Numbers: Home: () _____

Work: () _____

Cell: () _____

Work hours: _____ Days Off: _____

Email: _____

Drivers License Number: _____ State: _____ Expiration Date: _____

Have you ever been or are you now employed with the City of Horn Lake? Yes _____ No _____

Are you related by blood or marriage to anyone employed by the City of Horn Lake? Yes _____ No _____

If yes, state name of relative, relationship to you and the division/department where they work.

Name of Relative, Relationship, Division/Department

On what date would you be able to begin work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift

Have you previously submitted an application for employment or tested with the Horn Lake Police Department or any other law enforcement agency?

_____ Yes _____ No If yes, list what agency, dates of application, and disposition.

Agency Date Result

Personal History

Please list a name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you:

Are you a United States Citizen? _____ Yes _____ No

Birthplace: _____
City / County/ State / Country

List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.

Have you ever had your name changed? _____ Yes _____ No If yes, provide documentation.

Family

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Full name of present spouse Maiden name Age Date of Birth

Present employment of spouse, address (city/state), phone number

Full name of former spouse (s) Maiden name Age Date of Birth

Personal References

Give **THREE** (3) references that are responsible adults of reputable standing in their community that you have known well for at least **THREE YEARS**. **REFERENCES CANNOT BE RELATIVES, CURRENT OR FORMER EMPLOYERS OR CURRENT OR FORMER SUPERVISORS.**

1. Name _____ Years known _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Business Phone () _____

Business Name _____ Job Title _____

Business Address _____

Best time to contact: Day __ Night __ Time: _____ Day of Week _____ Pager _____

2. Name _____ Years known _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Business Phone () _____

Business Name _____ Job Title _____

Business Address _____

Best time to contact: Day __ Night __ Time: _____ Day of Week _____ Pager _____

3. Name _____ Years known _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Business Phone () _____

Business Name _____ Job Title _____

Business Address _____

Best time to contact: Day __ Night __ Time: _____ Day of Week _____ Pager _____

Residence

Chronologically list **ALL** residences in the past **TEN** (10) years, regardless of the time you resided there beginning with your present address. If in military service, list dates, branch and duty stations, unless you resided off base. List addresses while attending school if away from home. Note: when living with parents by indicating with an asterisk (*).

Dates (From/To)	Street Address	City	County	State	Zip

Education (Please attach copies of certified copies of school transcripts)

High School/GED

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

College/University

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Graduate School

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Trade, business or other schools

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Name	Location	Dates Attended	Year Graduated	Credits/Degree
------	----------	----------------	----------------	----------------

Employment Termination

Have you ever been dismissed, fired or asked to resign from any place of employment or position you have held knowing that you were under investigation or would be fired or terminated if you did not resign?

_____ Yes _____ No **IF YES, PLEASE EXPLAIN IN DETAIL ON AN ADDITIONAL SHEET OF PAPER AND ATTACH TO APPLICATION. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED.**

List any job that you have held from which you have been terminated:

Company Name	Address	Employment Dates	Phone Number

Position _____ Supervisor Name _____

Employment

Are you on layoff , subject to recall? _____ Yes _____ No

Have you ever been denied employment? _____ Yes _____ No If yes, explain:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

_____ Yes _____ No

List **entire** employment history, including part-time, temporary and seasonal-regardless of time employed. Begin with your current employer or most recent job and work backwards. If unemployed, list dates of unemployment. If needed, additional information may be attached and submitted on 8 ½" x 11" paper.

List all area codes and zip codes-make sure that all addresses and phone numbers are complete and correct.

Make copies of this form as needed to document employment.

Employer _____ Dates of Employment _____

Street Address _____

City _____ State _____ Zip _____

Phone Number () _____ Supervisor _____

Position _____ Work Duties _____ Rate of Pay _____

Reason for leaving (explain in detail) _____

Employer _____ Dates of Employment _____

Street Address _____

City _____ State _____ Zip _____

Phone Number () _____ Supervisor _____

Position _____ Work Duties _____ Rate of Pay _____

Reason for leaving (explain in detail) _____

Employer _____ Dates of Employment _____

Street Address _____

City _____ State _____ Zip _____

Phone Number () _____ Supervisor _____

Position _____ Work Duties _____ Rate of Pay _____

Reason for leaving (explain in detail) _____

Employer _____ Dates of Employment _____

Street Address _____

City _____ State _____ Zip _____

Phone Number () _____ Supervisor _____

Position _____ Work Duties _____ Rate of Pay _____

Reason for leaving (explain in detail) _____

Employer _____ Dates of Employment _____

Street Address _____

City _____ State _____ Zip _____

Phone Number () _____ Supervisor _____

Position _____ Work Duties _____ Rate of Pay _____

Reason for leaving (explain in detail) _____

Medical / Pharmacological

Are you currently taking any over the counter medication not prescribed by a doctor?

_____ Yes _____ No If yes, explain: _____

Are you currently taking any prescription medications prescribed by a doctor?

_____ Yes _____ No If yes, explain: _____

Have you ever filed any workman's compensation claims? _____ Yes _____ No If yes, please explain: (use separate sheet if necessary) _____

Are you currently using any illicit drugs? _____ Yes _____ No If yes, explain: _____

Have you ever used any illicit drugs? _____ Yes _____ No If yes, explain: _____

Have you ever been addicted or treated for addiction to drugs or alcohol? _____ Yes _____ No

If yes, explain: _____

Do you have any medical or mental disabilities that would hinder your ability to perform the job for which you are currently applying? _____ Yes _____ No If yes, explain: _____

Are you currently or have you ever been treated for a mental illness? _____ Yes _____ No

If yes, explain: _____

Provide any additional information that is required to answer any of the above medical questions in the space below:

Military Record

Have you ever been on active duty in the Armed Forces of the United States? _____ Yes _____ No

If yes, Branch of Military Services _____

Type of Discharge _____ If other than Honorable, explain: _____

Other than Honorable discharge does not automatically preclude you from employment. All factors will be considered. If needed, additional information may be attached and submitted on 8 1/2 " x 11 " paper.

Dates of Active Duty (Month, Day, Year): From _____ to _____

Are you a member of the Active Guard or Reserves? _____ Yes _____ No

If yes, list branch and unit: _____

Branch Unit

Address

Phone

Point of Contact

Can you provide a drill schedule at least three months out? _____ Yes _____ No

Did you ever have any type of disciplinary action taken against you while in the military (this includes Article 15 and Captain's Mast, etc.)

_____ Yes _____ No If yes, explain: _____

****If you received any of the following, you MUST attach a separate sheet of paper, 8 1/2" x 11", with an explanation of the discharge circumstances:

1. Early Out
2. Any discharge other than Honorable
3. Completed less than a regular tour of duty
4. Any disciplinary action
5. Any loss of rank

Court Record

Have you ever been arrested? _____ Yes _____ No

Have you ever been charged with, indicted for, subject to Grand Jury presentation, or investigated for any felony crime?

_____ Yes _____ No

Have you ever been charged with, convicted of, entered a guilty plea, or plea of nolo contendere to any misdemeanor? *This includes misdemeanor citations and traffic charges.*

_____ Yes _____ No

Have you ever had an arrest or conviction expunged? _____ Yes _____ No If yes, explain:

List **ALL** felony/misdemeanor arrests, charges, and traffic citations (including those as a juvenile and those that have been expunged).

Charge	Date	City	County	State	Disposition
--------	------	------	--------	-------	-------------

Charge	Date	City	County	State	Disposition
--------	------	------	--------	-------	-------------

Charge	Date	City	County	State	Disposition
--------	------	------	--------	-------	-------------

Charge	Date	City	County	State	Disposition
--------	------	------	--------	-------	-------------

Charge	Date	City	County	State	Disposition
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Charge	Date	City	County	State	Disposition
--------	------	------	--------	-------	-------------

For any of the above, submit a written statement regarding the circumstances and disposition on a separate piece of 8 1/2" x 11" paper. If more than one incident, use a separate piece of paper for each incident.

You **MUST** provide certified copies of all arrest reports, incident reports, affidavits, court orders and dispositions and court abstracts pertaining to any of the above incidents with this application. Failure to do so will result in your application not being processed.

Are you currently subject to any protective order, temporary protective order, restraining order, temporary restraining order, or any other court order?

_____ Yes _____ No If yes, explain and attach a copy of the order: _____

Drivers License

List all drivers license(s) ever held in any other state:

Name	Dates Held	State	Number	Reason for surrender
------	------------	-------	--------	----------------------

Name	Dates Held	State	Number	Reason for surrender
------	------------	-------	--------	----------------------

Name	Dates Held	State	Number	Reason for surrender
------	------------	-------	--------	----------------------

Have you ever had a drivers license(s) suspended or revoked? _____ Yes _____ No

If yes, explain: _____

Law Enforcement / Communications

Describe any specialized training, skills or qualifications you possess? (attach copies of certificates, etc. if applicable)

Have you ever attended a police academy and failed to graduate? _____ Yes _____ No

If yes, explain and list which academy: _____

Are you currently a certified law enforcement officer in the State of Mississippi?

_____ Yes _____ No If yes, list certificate number and include copy of your certificate.

B.L.E.O.S.T. Professional Certificate Number: _____

Are you now, or have you ever been a certified law enforcement officer in any other state?

_____ Yes _____ No If yes, list information below:

State	Agency/Position Held	Dates	P.O.S.T. Certificate Number
-------	----------------------	-------	-----------------------------

Are you APCO, EMD, or NCIC Terminal Operator Certified?

_____ Yes _____ No (Please attach copies of certificates)

Do you possess state certification as a telecommunicator in this or any other state?

_____ Yes _____ No If yes, attach a copy of certificate

Telecommunications Professional Certificate Number: _____

Have you ever been involved in any civil lawsuit involving your position as a Law Enforcement Officer/Communications Officer?

_____ Yes _____ No

If yes, explain: _____

Have you ever received any disciplinary actions during your employment as a Law Enforcement Officer/Communications Officers?

_____ Yes _____ No If yes, explain: _____

Miscellaneous

Are you willing to submit to a drug screen test, physical, polygraph, and/or psychological examination as terms of your employment with the City of Horn Lake?

_____ Yes _____ No

Are there any special considerations you might request regarding employment?

_____ Yes _____ No If yes, explain _____

Have you ever submitted to a polygraph examination or drug screen? _____ Yes _____ No

If yes, explain: _____

Do you read or write any language other than English? _____ Yes _____ No

If yes, please list:

Are you presently involved or have knowledge that you might become involved in a criminal proceeding or civil lawsuits?

_____ Yes _____ No

If yes, explain: _____

Have you ever been involved in a work related automobile accident? _____ Yes _____ No

If yes, explain: _____

INSERT PHOTOGRAPH HERE

MISSION STATEMENT

We are committed to our duty to protect life and property while guaranteeing the protection of individual liberty and affording dignity and respect to every individual. We endeavor to reduce crime, the fear of crime, and social disorder through proactive police strategies, problem solving policing and a network of collaborative partnerships with all citizens and organizations within our community.

Statement to Applicant

This application for employment will be considered active for a period of time not to exceed 120 days. Any applicant who desires to be considered for employment beyond this time should resubmit another application.

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the City.

Any willful misrepresentation or falsification given on any form is just cause for rejecting your application. It will also disqualify you from making application in the future for positions with the City of Horn Lake, or your employment with the City will be terminated.

Upon employment by the Mayor and Board of Aldermen, the prospective employee will be required to submit and pass a drug screen and a physical examination at a facility designated by the City of Horn Lake as part of a conditional offer of employment. Should the prospective employee fail to meet any component of the conditional offer of employment, then said conditional offer of employment is null and void. Should the prospective employee meet all of the components of this conditional offer and begin employment with the City, then such prospective employee shall be deemed an employee of the City, with all right and benefits of a City employee and subject to the policies of the City from and after the first date of employment.

Applicant's Statement

I certify that answers given in this application are true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with this organization is of an "At Will" nature, which means that the employer may discharge the employee without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand the components of the conditional offer of employment and if requested I hereby agree to a polygraph and/ or psychological examination.

This form MUST be notarized by a notary before your application will be accepted. You must sign this form in front of your notary.

Signature of Applicant

Date

Witness my signature this the _____ day of _____, _____.

Signature of Notary

(SEAL)

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Horn Lake., Mississippi, 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 educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports and /or ratings), psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, complaints, or grievances filed by or against 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 City of Horn Lake. I also certify that no person(s) will be held liable for releasing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain writing of my signature.

This form MUST be notarized by a notary before your application will be accepted. You must sign this form in front of the notary.

Signature of Applicant

Date

Witness my signature this the _____ day of _____, _____.

Signature of Notary

(SEAL)