

Waveland Police Department
1602 McLaurin Street
Waveland, MS 39576
mikep@waveland-ms.gov

Application for Employment

**Michael Prendergast
Chief of Police**

Name Of Applicant: _____

Date Applicant Received: _____

Full Time: Yes Or No Part Time: Yes Or No

The City Of Waveland Police Department is an equal opportunity employer. There will be no discrimination against any applicant or employee because of race, creed, color, religion, national origin, sex, age, veteran status or disability.

Note. The last page of this application contains the instructions and a check list of all information needed.

Place of Birth _____
City County State

Drivers License No.: _____ State _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

U.S. Citizen? Yes ___ No ___

List all states in which you have held a drivers license in.

Military Record

Have you served in the U.S. Armed Forces? Yes _____ No _____
(Including National Guard)

Date of Service: From _____ To _____ Military Service No. _____

Branch of Service _____ Unit Designation: _____

Highest Rank Held: _____ Type of Discharge: _____

Were you ever disciplined while in the military service (including court-martial's, captain's masts, company punishment, etc.)? Yes _____ No _____

Charge	Agency	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details.

Work History

Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Reason for leaving _____

2. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Reason for leaving _____

3. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Reason for leaving _____

4. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Reason for leaving _____

Have you ever been arrested and/or convicted of a misdemeanor, or traffic offense?

_____ Yes _____ No

List to the best of your memory all citations, or arrests you have received as an adult or juvenile,

excluding parking tickets.

Month & Year Charge City & State Disposition

Month & Year	Charge	City & State	Disposition

Have you ever been arrested and/or convicted of a felony offense? Yes No

Month & Year Charge City & State Disposition

Month & Year	Charge	City & State	Disposition

Do you have any charges, including traffic, that have ever been non-adjudicated or expunged?

Yes No

If yes, on a separate sheet of 8 ½ X 11 paper explain and obtain original paperwork.

Have you ever been involved in a traffic accident? Yes No

If yes, on a separate sheet of 8 ½ X11 paper give a brief narrative of any traffic accidents in which you have been involved, give approximate dates and locations.

Have you ever been involved as a party in civil litigation?

Yes No If yes, give details.

Has your driver's license ever been suspended or revoked?

Yes _____ No _____ If yes, give date, location and reasons.

Are there any issues or circumstances which would prevent you from being assigned to a day shift, night shift, or swing shift(2pm-2am)? Yes _____ No _____

Are there any issues or circumstances which would prevent you from being available for call out during an emergency situation? Yes _____ No _____

Do you object to being fingerprinted? _____ Yes _____ No

Do you object to being photographed? _____ Yes _____ No

Educational History

School or Collage Attended	City & State	Dates Attended		Graduated		Major
		From	To	Yes	No	

Law Enforcement Experience

Department _____ City/State _____

Status Full Time/ Part Time _____ Years _____

Department _____ City/State _____

Status Full Time/ Part Time _____ Years _____

Department _____ City/State _____

Status Full Time/ Part Time _____ Years _____

List any law enforcement training attended. Give name and dates of any schools or courses.

List other schools attended (trade, vocational, business, etc.) give name and addresses of school, dates attended, course of study, certificate, and any other pertinent information.

References or Acquaintances

List five people who know you well enough to provide current information about you. Do not list relatives or former employees.

Name: _____ Title: _____

Address: _____ City/State _____

Home Phone _____ Work Phone _____

Name: _____ Title: _____

Address: _____ City/State _____

Home Phone _____ Work Phone _____

Name: _____ Title: _____

Address: _____ City/State _____

Home Phone _____ Work Phone _____

Name: _____ Title: _____

Address: _____ City/State _____

Home Phone _____ Work Phone _____

Name: _____ Title: _____

Address: _____ City/State _____

Home Phone _____ Work Phone _____

State in twenty five words or more why you want to be a Waveland Police Officer:

State any other information that you think may be helpful in considering application:

If you are fluent in a foreign language, indicate in each area your degree or fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing

Membership in Organizations (Past and/or Present)

Name of Organization	Type of Organization	Dates of Membership

List any special license you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue and date of expiration.

Shirt size _____ Pants size _____ Jacket size _____

Personal Declarations

Describe in your own words the frequency and extent of your use intoxicating liquors.

_____ Pants size _____ 70 G()JTJET@MC /P MCID 75BDC q0_____53 EM

Have you ever used marijuana or any other drug not prescribed by your physician?

Yes ___ No ___ If yes, what were the circumstances? _____

Have you ever sold or furnished drugs or narcotics to anyone?

Yes ___ No ___ If yes, explain in detail. _____

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a law enforcement officer?

Have you ever filed bankruptcy? Yes ___ No ___

When and Where?

Personal History Statement Agreement

I hereby certify that the answers and statements in the foregoing personal history statement are true and correct without consequential omission of any kind. I hereby agree that any falsification contained in this information shall be considered good and sufficient cause for rejection of this application and/or discharge. I understand that a complete background investigation will be conducted as a condition of this employment. I authorize the aforementioned companies, persons and or public institutions to give any information concerning me or my employment whether or not it is on their records. I hereby release said companies or persons from all liability for any damages whatsoever from issuing this information.

As a part of this investigation process, I will submit the following documents:

- Proof of U.S. Citizenship, proof of age, verification of my identity, a copy of social security card, and a discharge certificate or separation papers. (For applicant who have served in the Armed Forces only)

- I will accept employment for a temporary period depending on my ability to satisfy the requirements of: this agency, the Law Enforcement Officers Training Program (45-6-1 to 45-6-17 of the Mississippi Code as amended), the Board on Law Enforcement Officers Standard and Training.

- I hereby authorize the employing agency to deduct from my wages due me at anytime, the values of monies or property advances to me or on my behalf for which I am accountable, such as, but not limited to, travel advances, agency credit card, and/or agency property damaged, lost or misappropriated by me.

- If employed on either a permanent or temporary basis, I agree to abide by all rules, policies, and regulations of the agency now in force or, that may be hereafter established.

- Applications for employment shall be considered active for a period of time not to exceed 30 days.

ONLY SIGNED APPLICATIONS ARE CONSIDERED VALID

Signature

Date

Authorization for release of information agreement

Read the following form carefully and enter your signature, current address, telephone number, date of birth, social security number and date in designated space. This form must be notarized.

To whom it may concern,

I am an applicant for a position with the Waveland Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Waveland Police Department bearing the release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Waveland Police Department whether such records are public, private or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life. This authorization is for the specific purpose of pursuing a background investigation that may provide pertinent data for the Waveland Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you have concerning me: work record background and reputation, military service records, educational records, financial status, criminal history record, including any arrest records, and information contained in investigatory files, efficiency ratings, complaints or grievances, files against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest, attendance records, polygraph or CVSA examinations, and internal affairs investigations and discipline including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Waveland Police Department requesting the information pursuant to this release. Failure to disclose any information will discontinue the processing of my application.

For and in consideration of the Waveland Police Department acceptance and processing of my application for employment, I agree to hold the Waveland Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in anyway connected with the decision whether or not to employ me with the Waveland Police Department. I understand that should any information of serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552A, The Privacy Act of 1974, with regard to access and disclosure of records, and I waive these right with the understanding that the information furnished will be used by the Waveland Police Department in conjunction with the employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though said photocopy or fax copy does contain an original writing of my signature. This will be valid for a period of two years from the date of my signature. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses including attorney's fees, arising out of or by reason of complying with this request.

Print Name

Signature

Current Address

Date of Birth: _____ SSN: _____

Telephone #: _____ Work # _____ Cell # _____

State of _____

County of _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

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

Notary Public

My commission expires

Application instructions, check list and additional items required.

Instructions:

Application needs to be printed or typed clearly.

If questions are not applicable to you, please place an "N/A" in that space.

All employers should be listed with all pertinent information filled out.

One page has a requirement of being notarized. If this page is not notarized, the application will not be considered.

Checklist

_____ Application completely filled out

_____ Last page notarized

_____ Recent Photograph (Color)

_____ Certified copy of birth certificate.

_____ Copy of drivers license.

_____ Copy of High School diploma or

_____ Copy of GED(if no High School diploma)

_____ Copy of police officer certificate if applicable.

_____ Copy of all schools attended in reference to the job applied for.

_____ Copy of DD214 if in Military

_____ Copy of Social Security card

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