CITY OF GREENVILLE
GREENVILLE POLICE DEPARTMENT
POLICE OFFICER EMPLOYMENT APPLICATION

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

APPLICATIONS MAY BE MAILED, EMAILED, OR HAND DELIVERED; FAX TRANSMITTALS WILL NOT BE ACCEPTED.

These instructions are provided as a guide to assist you in properly completing your employment application for the Greenville Police Department. It is essential that the information be used as a basis for conducting a background investigation that will determine your eligibility for employment.

1. **Your personal history statement should be typed or printed in black/blue ink.**
2. **If a question is not applicable to you, enter N/A in the provided space.**
3. **Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.**
4. **You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.**
5. **If there is not sufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.**
6. **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.**
7. **CAUTION!!! Please check your Personal History Statement to make sure the following is attached before returning.**
    - **A copy of your high school diploma, GED certification and/or college diploma.**
    - **Copies of your high school and/or college transcripts.**
    - **A copy of your military discharge papers (DD214), if applicable.**
    - **Four (4) letters of recommendation from persons that are not relatives. A brief hand-written autobiography. Copies of any law enforcement related training certifications or certificates. A copy of your driver's license.**

Minimum Requirements:

1. Must be able to read, write and speak the English language.
2. Must process a high school diploma or equivalency.
3. Must be at least twenty-one (21) years old at time of application.
4. Must possess a valid Mississippi Driver's License at time of appointment.
5. Must pass physical examination and physical fitness test.
6. Must submit a drug screen and a psychological assessment.

AN EQUAL OPPORTUNITY EMPLOYER

POLICE PRE-EMPLOYMENT APPLICATION

City of Greenville
Greenville Police Department
216 Main Street
Greenville, Ms 38701

1. ENTER NAME AND COMPLETE ADDRESS BELOW		
Name: (First)	(Middle)	(Last)
Address:		
City:	State:	Zip:
Date of Birth:	E-Mail Address:	Driver's License #/State:

2. SOCIAL SECURITY NUMBER:
Work Telephone No.: ( )
Home Telephone No.: ( )

3. ☐ YES ☐ NO Do you have a valid driver's license?

4. ☐ YES ☐ NO Have you been convicted of a felony?

5. ☐ YES ☐ NO Have you ever been fired from employment, to include military service, or resigned to avoid dismissal?

NOTE: If answers to items 3-5 are "YES", you MUST explain on an attached sheet of this application.

The following information is collected to complete Equal Opportunity Reports required by law. YOU ARE NOT LEGALLY OBLIGATED to provide this information.	6. SEX ☐ Male ☐ Female
7. RACIAL/ETHNIC GROUP ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian ☐ Other	
8. PLACE OF BIRTH: (CITY/STATE)	9. ARE YOU A UNITED STATES CITIZEN? ☐ YES ☐ NO
10. PLEASE LIST ANY SCARS, TATOOS OR OTHER DISTINGUISHING MARKS:	
11. HAVE YOU GONE BY ANY OTHER NAME(S) OTHER THAN THE ONE LISTED ABOVE? IF YES, PLEASE LIST BELOW:	

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

AUTHORITY TO RELEASE INFORMATION: 1 consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.

I certify that the statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation of material omission may cause my application to be rejected, my name removed from the eligible register and/or subject to dismissal from state service.

12. **Signature of Applicant:** **Date:**

13. **ACTIVE MILITARY SERVICE/VETERAN'S PREFERENCE:**
See instruction page to determine your eligibility for Veteran's Preference. If you are claiming Veteran's Preference, required PROOF MUST BE ATTACHED. (Long Form DD-214 indicating type of discharge.)

List the dates (month and year) and branch for all ACTIVE-DUTY military service. Was this service performed on an active, full-time basis with full pay and allowance? (Check YES or NO for each period of service.)

FROM	TO	BRANCH OF SERVICE	YES	NO

List all GRADES held and dates of each grade. Begin with the highest grade. IMPORTANT: Use E-, 0-, or WO-grade.

FROM	TO	GRADE HELD	FROM	TO	GRADE HELD

14. **FORMAL EDUCATION (Provide official college transcript or copy of diploma.)**

Have you received a high school diploma or equivalency certificate? ☐ YES ☐ NO Date received: _____

LIST HIGH SCHOOL AND COLLEGE - AND UNIVERSITIES ATTENDED	NAME OF HIGH SCHOOL AND COLLEGE/UNIVERSITY CITY AND STATE	Dates Attended (Month & Year) From	To	Total Credit Hours Earned Semester or Quarter		Type of Degree Earned (BA, MA, etc.	Major Field of Study	Date Degree Received Yr)

List the dates (month and year) for all **Law Enforcement Experience.**

From	To	Type of Law Enforcement	Full-Time Yes/No	Arrest Powers Yes/No

15. RESIDENCES: Please list all addresses where you have resided during the past ten (10) years, beginning with your present address.

FROM	TO	ADDRESS/CITY & STATE

16. **WORK EXPERIENCE - LIST ALL WORK EXPERIENCE (INCLUDING LAW ENFORCEMENT EXPERIENCE). It is important that you fill out the beginning and ending dates and the average number of hours per week worked for each job listed. Start with your most recent or present position.**

A	Employer/Company Name			Phone Number
Street Address			Your Official Job Title	
City and State			Beginning Salary	Ending Salary
Dates of Employment (Mo/Dy/Yr) From To	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised	
Name/Title of Your Supervisor			Brief Description of Job Duties	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				

B	Employer/Company Name			Phone Number
Street Address			Your Official Job Title	
City and State			Beginning Salary	Ending Salary
Dates of Employment (Mo/Dy/Yr) From To	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised	
Name/Title of Your Supervisor			Brief Description of Job Duties	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				

C	Employer/Company Name			Phone Number
Street Address		Your Official Job Title		
City and State		Beginning Salary		Ending Salary
Dates of Employment (Mo/Dy/Yr) From To	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised	
Name/Title of Your Supervisor		Brief Description of Job Duties		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				

D	Employer/Company Name			Phone Number
Street Address		Your Official Job Title		
City and State		Beginning Salary		Ending Salary
Dates of Employment (Mo/Dy/Yr) From To	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised	
Name/Title of Your Supervisor		Brief Description of Job Duties		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				

E	Employer/Company Name			Phone Number
Street Address		Your Official Job Title		
City and State		Beginning Salary		Ending Salary
Dates of Employment (Mo/Dy/Yr) From / To	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised	
Name/Title of Your Supervisor		Brief Description of Job Duties		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				

17. **SPECIAL QUALIFICATIONS & SKILLS:**
List any special licenses you hold, such as pilot, radio operator, scuba, etc. Please provide the date of expiration, if applicable.

List any specialized machinery or equipment in which you can operate.

List any foreign language that you are fluent and indicate your degree of fluency: (excellent, good, fair).

18. ARRESTS, DETENTIONS AND LITIGATIONS: Attach additional pages, if necessary.
PLEASE LIST ALL THAT APPLY. FAILURE TO MENTION ANY MAY RESULT IN THE DISQUALIFICATION OF THIS APPLICATION.

Have you ever been convicted or detained by a law enforcement agency?	☐ YES ☐ NO

If yes, please provide the following information:

Name of Agency:	
Charge:	Disposition:

Name of Agency:	
Charge:	Disposition:

19. Have you ever been a party in a civil litigation?	☐ **YES** ☐ **NO**
If so, please provide a brief description of details.	

20. TRAFFIC RECORD: Attach additional pages, if necessary.	
Has your driver's license ever been suspended or revoked?	☐ **YES** ☐ **NO**
If so, please give date, location, and reason.	

Describe in a brief narrative for any traffic accidents in which you have been involved. Please provide the approximate date and location for each accident.

21. Please provide any additional information as it relates to your ability to perform the position in which you are applying, such as professional and other organizations that you are a member that are job-related.

22. PERSONAL DECLARATIONS:

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

Have you ever used marijuana, or any other type of drug not prescribed to you by your physician? ☐ YES ☐ NO

If so, what were the circumstances?

Have you ever sold or furnished drugs or narcotics to anyone? If so, please explain. ☐ YES ☐ NO

Is there anything that would prevent you from taking a human life in the course of your duties as a law enforcement officer? ☐ YES ☐ NO

Is there anything that would prevent you from working nights, weekends, holidays and/or swing shift? ☐ YES ☐ NO

Have you ever completed an application for employment with the Greenville Police Department or any other law enforcement or related agency? If so, give the name of the agency, date, and status of application. ☐ **YES** ☐ **NO**
Are there any incidents in your life or details not previously mentioned above that may influence the evaluation of your suitability for employment? If so, please explain. ☐ **YES** ☐ **NO**
Is there anything that would prevent you from residing within a 60-mile radius of the city limits of Greenville, MS or relocating within 30 days of employment? ☐ **YES** ☐ **NO**
If requested, would you consent to a polygraph examination? ☐ **YES** ☐ **NO**

APPLICANT'S STATEMENT

I understand that the City of Greenville follows an "employment at will" policy, in that I or the City of Greenville may terminate my employment at any time, or for any reason consistent with the applicable state or federal laws. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized by the City Council of Greenville, MS. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the City of Greenville will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize individuals, schools and firms named herein to provide any information requested about me, and I release them from all liability for damage in providing this information.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

_____ _____

(SIGNATURE) (DATE)

Application Reviewed By:
Interviewed By:
Date:
Approved By:
Date to Begin:
Regret Letter Mailed:

AUTHORIZATION TO RELEASE INFORMATION

1, _____ am applying for employment with the City of Greenville Police Department. In order to process my application, certain information must be made available to the Chief of Police for the City of Greenville, MS.

I hereby authorize the release of requested information to the Chief of Police for the City of Greenville or to any representative thereof any document, information, record, or file that he/she deems material to the processing of my application for employment with the City of Greenville Police Department. Said information may be furnished if the request is made in person or writing.

I further release all individuals and/or organizations from all liability that could arise in any matter, contract or otherwise from the act of furnishing said information and records to the Chief of Police or his/her representative. This executed release serves as waiver of any contract that I have with any individual and/or organization and I hereby waive any and all legal communication privileges that I am entitled.

I hereby appoint the Chief of Police or his/her representative as my agent or attorney-in-fact for the sole purposes of collecting information for processing my application and direct that he/she be permitted to make copies thereof at his/her discretion. This request may be treated as if I, personally, was making the request.

A copy of the original notarized document will be accepted as official.

_____ _____

(SIGNATURE) **(DATE)**

STATE OF MISSISSIPPI
COUNTY OF WASHINGTON

I, _____, being first duly sworn, do hereby state that I am the person who executed the above authorization and I fully understand its meaning, intention, and affect.

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____20____.

_____ _____

(MY COMMISSION EXPIRES) **(NOTARY SIGNATURE)**

CITY OF GREENVILLE
PRE-EMPLOYMENT DRUG TEST CONSENT FORM

I, _____, do hereby grant the City of Greenville Police Department through its qualified agent to conduct a drug test to assist in determining my suitability for the job in which I am taking, on the specific form provided by the test administrator.

The procedure for confirming an initial positive test shall be the GC/MS (Gas Chromatography/Mass Spectrometry) method according to the City's policy and procedures. Consequences of confirmed positive tests will disqualify my consideration for employment. I understand I do have explanation appeal rights as set forth in the city policy, which is available for my inspection in the City of Greenville Human Resources Department.

I understand my refusal to take such a test as specified in the City of Greenville Drug & Alcohol Policy will disqualify me from employment consideration.

Drug test results are held in confidence by City of Greenville officials according to policy regulations.

_____ _____

(SIGNATURE) **(DATE)**

WITNESSED BY: _____

_____