

MAGEE POLICE DEPARTMENT



124 1st Street NE
Magee, Mississippi 39111

Phone (601) 849-2366

Fax (601) 849-6468



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Date:

Name:

Last

First

Middle

Address:

Street Address

Apartment / Unit #

City

State

Zip Code

Phone:

Email:

Date of Birth:

Gender:

Race:

Social Security #

Are you a United States citizen? YES NO If No, are you authorized to work in the United States? YES NO

Date Available: Position Applied For: POLICE OFFICER DISPATCHER JAILER

Employment desired: FULL-TIME PART-TIME Salary desired:

Have you ever worked for this Department? YES NO If Yes, when?

Are you currently a certified Police Officer? YES NO If Yes, type? FULL-TIME CERT. PART-TIME CERT.

Are you currently a certified Dispatcher? YES NO Are you currently a certified Jailer? YES NO

May we contact your previous employer(s)? YES NO

Have you ever been convicted of a Felony crime? YES NO

If Yes, explain:

Have you ever been convicted of a Misdemeanor crime (other than traffic citations)? YES NO

If Yes, explain:

EDUCATION

High School:

Address: *Street Address* *City* *State* *Zip Code*

From: To: Did you graduate? YES NO Diploma:

Trade/Technical School:

Address: *Street Address* *City* *State* *Zip Code*

From: To: Did you graduate? YES NO Certificate:

Junior College:

Address: *Street Address* *City* *State* *Zip Code*

From: To: Did you graduate? YES NO Diploma:

Senior College:

Address: *Street Address* *City* *State* *Zip Code*

From: To: Did you graduate? YES NO Diploma:

Additional School/College:

Address: *Street Address* *City* *State* *Zip Code*

From: To: Did you graduate? YES NO Diploma:

Additional School/College:

Address: *Street Address* *City* *State* *Zip Code*

From: To: Did you graduate? YES NO Diploma:

REFERENCES

Please list (3) three personal and (3) three professional references (cannot be family members or relatives):

PERSONAL REFERENCES

Full Name: *Last* *First* *Middle* Relationship:

Address: *Street Address* *City* *State* *Zip Code* Phone:

Full Name: *Last* *First* *Middle* Relationship:

Address: *Street Address* *City* *State* *Zip Code* Phone:

Full Name: *Last* *First* *Middle* Relationship:

Address: *Street Address* *City* *State* *Zip Code* Phone:

PROFESSIONAL REFERENCES

Full Name: *Last* *First* *Middle* Relationship:

Address: *Street Address* *City* *State* *Zip Code* Phone:

Full Name: *Last* *First* *Middle* Relationship:

Address: *Street Address* *City* *State* *Zip Code* Phone:

Full Name: *Last* *First* *Middle* Relationship:

Address: *Street Address* *City* *State* *Zip Code* Phone:

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip Code
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this previous employer/supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip Code
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this previous employer/supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip Code
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this previous employer/supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip Code
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this previous employer/supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than Honorable, explain: _____

PHYSICAL RECORD

Do you have any type of Physiological, Psychological, Cognitive or Invisible impairment that would prevent or adversely affect your adequate performance on the Job? YES NO

If Yes, explain: _____

DISCLAIMER AND SIGNATURE

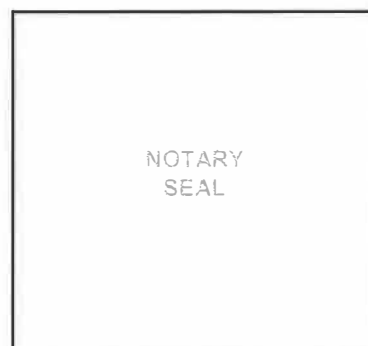
I, _____ hereby certify that this application contains no willful
(Print Full Name)
misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should my employment investigation at any time disclose any misrepresentation and/or falsification, my eligibility for employment may be dismissed. If this application leads to employment, I understand that any misrepresentation and/or falsification discovered in my application or interview after being hired, may result in the termination of my employment.

Applicant Signature

Date

Notary Public Signature

Date



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BACKGROUND INVESTIGATION

BACKGROUND CONSENT FORM

I, _____ hereby give my consent and authorization for the City of Magee / Magee Police Department to contact individuals, former employers, Law Enforcement agencies, Courts of Records and any other public or private agency, company or institution having knowledge of my qualifications and fitness for the employment position for which I am applying. I further release any and all parties providing information including the City of Magee / Magee Police Department, from all liability for any damage whatsoever incurred in the provision of receipt of such information, and that this information will be used for employment purposes only and will not be re-disseminated to other persons or used for any other purposes.

Applicant Signature

Date

Witness Signature

Date

This is to certify that I have nothing in my past history relating to any undisclosed criminal convictions. I realize that any misrepresentation of the facts may lead to the rejection of my application and/or my termination from employment. I further authorize any verification as may be required.

Applicant Signature

Date

Witness Signature

Date

APPLICANT INFORMATION

Full Name (print): _____

Current Address: _____

Street Address

City

State

Zip Code

Social Security Number: _____

Date of Birth: _____

Race: _____



Sex: _____



DEPARTMENT USE ONLY

BACKGROUND INVESTIGATION RESULTS

Criminal History search completed by:

Date:

Criminal Record Found: YES NO

If Yes, explain in detail:

Investigator's Signature

Date

Chief's Signature

Date