

APPLICATION FOR EMPLOYMENT- POLICE DEPARTMENT PART 2



Human Resources
PO Box 429; Biloxi, MS 39533
Telephone: (228) 435-6259
Fax: (228) 435-6409
Email: biloxihr@biloxi.ms.us
<http://biloxi.ms.us>

IMPORTANT NOTICE: *Application must be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable, please state. APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCPETED. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. It is the responsibility of the applicant to notify the Human Resources office of any address and/or phone number change.*

All applicants must attach both items (if applicable):

- ☐ 1. A photocopy of your High School Diploma, G.E.D., or other transcripts
- ☐ 2. A photocopy of your voter's registration card
- ☐ 3. Blue APPLICANT fingerprint card: This can be completed at the Public Safety Center at 170 Porter Ave; Biloxi, MS 39530
Tues & Thurs 9:30am – 11:30am (Two blocks north of the lighthouse)
- ☐ 4. Prior military service: Must attach a copy of your DD-214 long form (sections 23-30)

LATERAL applicants must also attach the following:

- ☐ 1. A written request for transfer to the Biloxi Police Department
- ☐ 2. Proof of successful completion of a Civil Service examination
- ☐ 3. Proof of meeting Mississippi Minimum Standards

IMPORTANT NOTICE: A complete background investigation will be conducted and will include a Polygraph/Computerized Voice Stress Analysis (CVSA) and a psychological profile. All offers of employment will be conditioned on a medical examination and inquiry, including a drug/alcohol screening test.

The City of Biloxi is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender identity, national origin, or veteran or disability status.

Skills and Experience

List any school/college honors: _____

List any professional, trade, business, or civic activities and offices held (you may exclude those that indicate race, religion, sex, or national origin): _____

Military Record

Have you ever served on active duty in the Armed Forces of the United States?

____ Yes Start Date: ____/____/____ Separation Date: ____/____/____

Branch: _____ Highest Rank Achieved: _____

Duties/Training: _____

____ No Type of Discharge: _____ Date of Discharge: ____/____/____

Are you a current member of the Reserves?

____ Yes Branch: _____ Active or Inactive?: _____

Area of Training: _____

____ No

If you were ever disciplined while in military service, please explain the circumstances in detail. List dates, nature of offense(s), type of court-martial or company punishment (whichever is applicable), and disposition of charges. Show any and all fines, restrictions, and confinement in detail (this includes Article 15).

Offense	Type of punishment	Disposition of charge	Fine, restrictions and confinement

Employment History

1

List **all** employment, including summer and part-time (beginning with current employer)(add additional pages if needed):

Current Employer: _____

Address of Current Employer: _____
Number City State Zip

Business Phone: (____) _____ Email: _____

Salary: _____ Date Employment Began: ____/____/____ Date Separated: ____/____/____

- ☐ Full Time
☐ Part Time

Job Duties: _____

Employer: _____

Address of Current Employer: _____
Number City State Zip

Business Phone: (____) _____ Email: _____

Salary: _____ Date Employment Began: ____/____/____ Date Separated: ____/____/____

- ☐ Full Time
☐ Part Time

Job Duties: _____

Employer: _____

Address of Current Employer: _____
Number City State Zip

Business Phone: (____) _____ Email: _____

Salary: _____ Date Employment Began: ____/____/____ Date Separated: ____/____/____

- ☐ Full Time
☐ Part Time

Job Duties: _____

Residences

Current Address: _____
 Number & Street City State Zip

County: _____ Primary Telephone: (____) _____

Mailing Address (if different than above): _____
 Number & Street City State Zip

Chronologically list **all** of your residences for the past **ten (10)** years (include addresses while attending school if away from home):

Dates		Apt #	Street address	City	State	Zip
From	To					

References

Give four (4) references (not relatives or social acquaintances) who are responsible adults of reputable standing in their communities (such as property/home owners, business or professional men or women, etc) who have known you well during the past five (5) years.

(1) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
 Number & Street City State Zip

Business: _____ Bus. Phone: (____) _____ # Yrs Acq. _____

Email: _____

(2) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
 Number & Street City State Zip

Business: _____ Bus. Phone: (____) _____ # Yrs Acq. _____

Email: _____

References continued

(3) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
Number & Street City State Zip

Business: _____ Bus. Phone: (_____) _____ # Yrs Acq. _____

Email: _____

(4) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
Number & Street City State Zip

Business: _____ Bus. Phone: (_____) _____ # Yrs Acq. _____

Email: _____

Social Acquaintances (must be different than those listed as references)

(1) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
Number & Street City State Zip

Business: _____ Bus. Phone: (_____) _____ # Yrs Acq. _____

Email: _____

(2) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
Number & Street City State Zip

Business: _____ Bus. Phone: (_____) _____ # Yrs Acq. _____

Email: _____

(3) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
Number & Street City State Zip

Business: _____ Bus. Phone: (_____) _____ # Yrs Acq. _____

Email: _____

(4) Complete Name: _____ Occupation: _____

Address: _____ Contact Phone: _____
Number & Street City State Zip

Business: _____ Bus. Phone: (_____) _____ # Yrs Acq. _____

Email: _____

Court Record

1. Have you ever been convicted with **any** violation, including traffic tickets (but not parking tickets)?

____ No

____ Yes Date: ____/____/____ Place: _____ Charge: _____

Disposition: _____ Details: _____

Date: ____/____/____ Place: _____ Charge: _____

Disposition: _____ Details: _____

Date: ____/____/____ Place: _____ Charge: _____

Disposition: _____ Details: _____

2. Has any member of your immediate family, or close relative (including in-laws), ever been arrested for anything other than traffic violations?

____ No

____ Yes Date: ____/____/____ Name: _____ Relation: _____

Place: _____ Charge: _____

Disposition: _____

Date: ____/____/____ Name: _____ Relation: _____

Place: _____ Charge: _____

Disposition: _____

Date: ____/____/____ Name: _____ Relation: _____

Place: _____ Charge: _____

Disposition: _____

3. Have you ever been a party to any civil, quasi-criminal, or chancery action in County, Circuit, or Chancery Court?

____ No

____ Yes Date: ____/____/____ Court: _____

Parties Involved: _____ Nature of Action: _____

Final Disposition: _____

Court Record continued

Date: ____/____/____ Court: _____

Parties Involved: _____ Nature of Action: _____

Final Disposition: _____

Date: ____/____/____ Court: _____

Parties Involved: _____ Nature of Action: _____

Final Disposition: _____

4. Have you ever used any of the following, except as legally prescribed by a licensed physician?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cocaine |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Depressants |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hallucinogens (Example: LSD, PCP, Bath Salts, Spice, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Marijuana |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Narcotics (example: heroin, dilaudid) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription drugs without a prescription |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Steroids |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any drug(s) intravenously |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other _____ |

If yes, please explain nature of use and date: _____

5. Have you ever been involved in any illegal purchase, possession with intent to distribute, or sale of any of the above listed in Question 4?

_____ No

_____ Yes Please explain: _____

6. Has your use of alcoholic beverages (such as liquor, beer, and wine) ever resulted in the loss of a job or arrest by police?

_____ No

_____ Yes Please explain: _____

7. Are you now, or have you ever been, a member of the Communist Party, U.S.A., or any communist or fascist organization? ☐ Yes ☐ No

8. Can you operate a motor vehicle? ☐ Yes ☐ No

9. Do you possess a valid operator's license from the state of Mississippi?

_____ No

_____ Yes License #: _____ Year Issued: _____

Court Record continued

10. Did you ever possess an operator's license issued by any state other than Mississippi?

_____ No

_____ Yes License #: _____ State: _____

11(a). Was your license ever suspended or revoked?

_____ No

_____ Yes State: _____ Reason: _____

11(b). Was your license restored?

_____ No

_____ Yes When?: _____

12. Have you ever been refused an operator's license by any state?

_____ No

_____ Yes Details: _____

13. Have you ever been involved in a motor vehicle accident?

_____ No

_____ Yes Date: ____/____/____ Location: _____

Cause of Accident: _____

Injury or Non-Injury: _____

Who was legally at fault: _____

Date: ____/____/____ Location: _____

Cause of Accident: _____

Injury or Non-Injury: _____

Who was legally at fault: _____

Credit Report

You must answer each question **completely**. This included full name, address (street number, street name, city, state, zip code), etc.

1. Name and address of your bank(s):

Credit Report continued

2. Automobile: Make: _____ Model: _____

Fully Paid? _____ Yes

_____ No Balance Due: _____

Lien Holder: _____
Name Street Address City State Zip

3. Name and address of landlord or mortgage holder:

Name Street Address City State Zip

4. List firms with which you have, or have had, charge accounts (finance co., credit cards, etc.):

Firm: _____ Address: _____

Amount: _____ Purpose: _____

Date Opened: ____/____/____ Date Closed: ____/____/____

Firm: _____ Address: _____

Amount: _____ Purpose: _____

Date Opened: ____/____/____ Date Closed: ____/____/____

Firm: _____ Address: _____

Amount: _____ Purpose: _____

Date Opened: ____/____/____ Date Closed: ____/____/____

Firm: _____ Address: _____

Amount: _____ Purpose: _____

Date Opened: ____/____/____ Date Closed: ____/____/____

5. Have you ever declared bankruptcy?

_____ No

_____ Yes Please explain: _____

Relatives

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is **deceased**, give all information requested and indicate last residence and year of death. Include stepbrother and sisters, half-brothers and sisters, and if you or your spouse have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married, or contemplating marriage in the near future, complete information must be included regarding your future spouse and future in-laws; and, show clearly that relationship is contemplated.

Complete name (no initials) and address:

A. FATHER

Name

Address

Age Place of birth

B. MOTHER

Name

Address

Age Place of birth

C. SPOUSE

Name

Address

Age Place of birth

D. CHILDREN

Name

Address

Age Place of birth

Name

Address

Age Place of birth

E. BROTHER(S)

Name

Address

Age Place of birth

Name

Address

Age Place of birth

Occupation:

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Relatives continued**F. SISTER(S)**

Name

Address

Age *Place of birth*

Name

Address

Age *Place of birth***G. SPOUSE OF BROTHER(S) & SISTER(S)**

Name

Address

Age *Place of birth*

Name

Address

Age *Place of birth***H. BROTHER(S) & SISTER(S) OF YOUR SPOUSE**

Name

Address

Age *Place of birth*

Name

Address

Age *Place of birth***I. FATHER-IN-LAW**

Name

Address

Age *Place of birth***J. MOTHER-IN-LAW**

Name

Address

Age *Place of birth*

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

Name of Employer

Employer's Address

City of Biloxi Authorization for Release of Information Agreement

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

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Biloxi Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications 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 Biloxi Police Department bearing this release to obtain any information in your file 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 and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Biloxi Police Department, whether such records are of public, private, investigative, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that 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 Biloxi 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 may have concerning me: work record, background and reputation, military service records, educational records, financial status, criminal history record including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by or 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 an interest, attendance records, polygraph or CVSA examinations, and any 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 damage 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 whatever 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 Biloxi Police Department regardless of any agreement I may have made with you previously to the contrary. The Public Safety organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

City of Biloxi Authorization for Release of Information Agreement continued

For and in consideration of the Biloxi Police Department acceptance and processing of my application for employment, I agree to hold the Biloxi Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Biloxi Police Department. I understand that should information of a 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 rights with the understanding that information furnished will be used by the Biloxi Police Department in conjunction with 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 not contain an original writing of my signature.

This waiver is 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/her agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fee, arising out of or by reason of complying with this request.

Print Name: _____

Signature: _____

Current Address: _____

Email: _____

Date of Birth: _____ Social Security #: _____

Home Phone Number: _____ Work: _____

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:

Polygraph/Computerized Voice Stress Analysis (CVSA) Examination

The undersigned applicant understands and agrees to voluntarily submit to an examination by a professional polygraphist or a police investigator trained in voice stress analysis prior to being accepted for employment with the City of Biloxi.

The undersigned person also understands and agrees that he or she will voluntarily submit to examination by polygraph and/or voice stress analysis at any time during their employment with the City of Biloxi.

*The undersigned person also understands and agrees that the results of any such examination given will **ONLY** be considered for administrative or Police Department purposes relating to their employment with the City of Biloxi.*

The undersigned person further agrees and understands to release, absolve and forever hold harmless the City of Biloxi, its officers, agents and employees and the professionals conducting the examinations, from liability resulting from the operation of the equipment or use of the result obtained therefrom. This also applies to any and all suits, actions, or causes of actions at law, claim, demand, or liability which the undersigned, his or her successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken said polygraph examination.

SIGNATURE

WITNESS

DATE

TIME