

# EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)		Last		First		M.I.	
SOCIAL SECURITY NUMBER							
ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE		MESSAGE CONTACT					
		Name		Area Code		Number	
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? IF APPLYING FOR LAWENFORCEMENT ARE YOU AT LEAST 21 YEARS OLD?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:		SALARY REQUIREMENTS:		\$			
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:					
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:							
SUPERVISOR:				REASON FOR LEAVING:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page  IF APPLYING FOR LAW ENFORCEMENT, HAVE YOU EVER BEEN CONVICTED OF ANY CRIME. <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:  I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# _____ STATE _____			CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO  ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THE CITY OF BATESVILLE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list their name and department.		

## U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_ Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Served Type of Discharge

### EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

### COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

### LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

  

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

### JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

\_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)



**FAIR CREDIT REPORTING ACT  
Disclosure and Authorization Statement**

**To: All Applicants For Employment** *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

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Name *(please print)*

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Signature

Date Signed

***(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)***

**TO THE APPLICANT:**

The successful Applicant for Police Officer, Dispatcher and/or Police Secretary for the City of Batesville must meet the criteria below:

- a. You must be at least twenty-one (21) years of age or have legally had you minority removed by the courts.
- b. You must be a high school graduate or have a G.E.D.
- c. You must have a valid Mississippi Drivers License (or a valid license in your state of residence) and have a good driving record. Successful applicants must be able to obtain a Mississippi Drivers License before beginning employment.
- d. You must be physically and mentally able to perform the duties of a Police Officer, Police Secretary or Dispatcher. Police Officers must successfully complete State Minimum Standards Training (Police Basic Training). Dispatchers must successfully complete Telecommunicator Basic Training.
- e. You must pass an extensive background check including person reputation, work history, education verification, driving record and other areas as deemed necessary through information received.
- f. You must pass a Computer Voice Stress Analysis (CVSA) Test, Psychological exam, physical and drugs screen test.
- g. You must be willing to work any shift assigned including nights, weekends, and holidays, as well as extra hours if needed. (NOTE: Police Secretary positions do not require weekend, holiday or shift work except in extreme situations that might arise)

Any applicant who is aware that they cannot meet the above specifications should not apply.

**APPLICANT'S CERTIFICATION:**

I certify that to the best of my knowledge; I am qualified for the position I have applied for.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**YOU WILL BE NOTIFIED AT THE APPROPRIATE TIME CONCERNING THE PROGRESS OF YOUR APPLICATION. DO NOT CALL OR HAVE OTHERS CALL AS THIS CAN INTERRUPT THE HIRING PROCESS. ANY ATTEMPT TO SOLICIT HELP FROM CITY OFFICIALS AND/OR OTHER POLITICAL PERSONS TO INFLUENCE THE HIRING PROCESS WILL LIKELY HAVE A NEGATIVE IMPACT ON YOUR APPLICATION.**

**TO WHOM IT MAY CONCERN:**

I am an applicant for a position with the Batesville Police Department. In order to employ only the highest quality personnel, the department need to perform a thorough background investigation to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that any and all relevant information concerning my personal and employment history be disclosed to Batesville Police Department.

Therefore, I hereby authorize any representative of the Batesville Police Department bearing this release to obtain any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education records, my financial status, my criminal history record (including any arrest records), any information in investigatory 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 civil or criminal, in which I presently have or have had an interest, attendance records, polygraph examination and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I do hereby direct you to release any such information to any authorized representative of the Batesville Police Department. Further, I release you, your organization and all others from any liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws.

Further, I do hereby authorize a review of all records concerning myself by any duty authorized agent of the Batesville Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal and professional life for the specific purpose of determining my suitability for employment in that department.

I also agree to hold the City of Batesville, the Batesville 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. I also understand that should information of a criminal nature surface as a result of this investigation, such information will 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 to disclosure of records, and I waive those rights with the understanding that any information furnished will be used by the Batesville Police Department for employment purposes.

A photocopy or FAX copy of this release form will be valid as an original even though it does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Current Mailing Address

\_\_\_\_\_  
Applicant's Telephone Number

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My Commission Expires: \_\_\_\_\_