

**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 your 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.

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Applicant's Signature

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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: \_\_\_\_\_

# 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 LAW ENFORCEMENT  
ARE YOU AT LEAST 21 YEARS OLD?

YES  NO

YES  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?  NO  YES WHEN?

DEPARTMENT:

SUPERVISOR:

REASON FOR LEAVING:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  NO  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.  NO  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

YES  NO

D.L.# \_\_\_\_\_

STATE \_\_\_\_\_

CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

YES  NO

ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THE CITY OF BATESVILLE?  
 YES  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)

## REFERENCES

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 (No Relatives)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 (No Relatives)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 (No Relatives)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 (No Relatives)

## EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

## AUTHORIZATION AND AGREEMENT

**I HEREBY AUTHORIZE YOU TO CONTACT:**  
 MY PRESENT EMPLOYER(S):  YES  NO  
 MY PAST EMPLOYERS:  YES  NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: check here  if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

## 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)***

