

# Town of Mount Olive

## Police Department

510 Main Street  
Mt. Olive, MS 39119  
601-797-3232

### EMPLOYMENT APPLICATION

Print all information in **BLACK** ink only. Application must be completed by applicant only.

Date \_\_\_\_\_ Position Applying For \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
LAST FIRST MI MAIDEN

List other names including nicknames or aliases you have used before:

\_\_\_\_\_

DOB \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you 21 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, complete the following

License Number \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Restriction: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The Town of Mount Olive is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment of any basis including race, sex, color, age, religion, disability or nationality origin. Consistent with the Americans with Disabilities Act, applicants may request his or her needs to participate in the application process.

**BACKGROUND INFORMATION:**

Do you have reliable transportation? Yes\_\_\_\_ No\_\_\_\_

Have you ever served in the military? Yes\_\_\_\_ No\_\_\_\_

If **yes**, complete the following:

- a. Branch of Service\_\_\_\_\_
- b. Name and location of Unit\_\_\_\_\_
- c. Name and telephone number of Commanding Officer\_\_\_\_\_
- d. Rank\_\_\_\_\_ e. Enlistment expiration\_\_\_\_\_

Have you ever been arrested? Yes\_\_\_\_ No\_\_\_\_

If **yes**, complete the following:

- a. Date(s) of Arrest \_\_\_\_\_
- b. Where\_\_\_\_\_
- c. Arresting Agency\_\_\_\_\_
- d. Charge(s)\_\_\_\_\_
- e. Disposition(s)\_\_\_\_\_

Have you ever had your wages garnished? Yes\_\_\_\_ No\_\_\_\_

If **yes**, explain\_\_\_\_\_

Have you ever been terminated or asked to resign from a job? Yes\_\_\_\_ No\_\_\_\_

Are you able to purchase a firearm? Yes\_\_\_\_ No\_\_\_\_

If **no**, explain\_\_\_\_\_

Do you have any relatives, blood related or by law, currently or previously employed by the Town of Mount Olive? Yes\_\_\_\_ No\_\_\_\_

If **yes**, who\_\_\_\_\_

Please list the following information:

Mother's Name\_\_\_\_\_

Address\_\_\_\_\_

Father's Name\_\_\_\_\_

Address\_\_\_\_\_

Spouse's Name\_\_\_\_\_

Address\_\_\_\_\_

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**EDUCATIONAL INFORMATION:**

Do you have a high school diploma? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, name of school and graduation date\_\_\_\_\_

Do you have a General Education Diploma (GED)? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a college degree(s)? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, complete the following:

College\_\_\_\_\_

City\_\_\_\_\_

Field of Study\_\_\_\_\_

Type of Degree\_\_\_\_\_

Did you graduate? Yes\_\_\_\_\_ No\_\_\_\_\_ Graduation Year\_\_\_\_\_

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College\_\_\_\_\_

City\_\_\_\_\_

Field of Study\_\_\_\_\_

Type of Degree\_\_\_\_\_

Did you graduate? Yes\_\_\_\_\_ No\_\_\_\_\_ Graduation Year\_\_\_\_\_

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College\_\_\_\_\_

City\_\_\_\_\_

Field of Study\_\_\_\_\_

Type of Degree\_\_\_\_\_

Did you graduate? Yes\_\_\_\_\_ No\_\_\_\_\_ Graduation Year\_\_\_\_\_

List any honors you received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended an accredited law enforcement officer's training academy and/or correctional officer's training academy? Yes \_\_\_\_ No \_\_\_\_

If **yes**, complete the following:

a. Name of Academy \_\_\_\_\_

b. Did you graduate? \_\_\_\_\_

c. Date of graduation \_\_\_\_\_

d. Training Certificate Number \_\_\_\_\_

List any professional licenses, certifications, etc. that you hold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Are you currently employed? Yes \_\_\_ No \_\_\_  
If yes, complete the following:

Name of employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Employment Date \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

List your previous employers for the past ten (10) years.

Name of employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Employment Date \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Employment Date \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**GENERAL:**

List any job-related skills:

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Why do you want to work for the Town of Mount Olive Police Department?

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**REFERENCES:**

List three (3) people not related to you, whom you have known for at least one (1) year.

1. Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_
2. Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_
3. Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**AUTHORIZATION:**

I certify and affirm that the information contained in this application (and accompanying resume, if any) is true and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Town of Mount Olive Police Department.

I understand that any employment is conditioned on a background check, I authorize the Town of Mount Olive Police Department and its agent to thoroughly investigate all statements contained in my application and resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Town of Mount Olive Police Department without giving me prior notice of such disclosure. In addition, I release to the Town of Mount Olive Police Department and its agents, any former employers and all references listed above from any and all claims, demands and liabilities arising out of or related to such investigations or disclosure.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to a medical examination or drug test at any time deemed appropriate by the Town of Mount Olive Police Department and as permitted by law. I consent to such examinations and tests, and I request that the examining physician disclose to the Town of Mount Olive Police Department the results of the examination, which shall remain confidential and segregated from my personal life. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if hired a condition of my employment will be that I abide by the Town of Mount Olive Police Department’s drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Town of Mount Olive Police Department to hire. If hired, I agree to abide by all of the Town of Mount Olive Police Department’s policies, procedures and general rules. The Town of Mount Olive Police Department retains the right to revise, update and/or amend its policies and procedures, in whole or in part, at any time. Applicant is subject to a psychological profile.

\*Please attach a 3X5 photo (shoulders and up) to this application.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_