



Amory Police Department
Chief Ronnie Bowen, 200 South Front Street, Amory, MS 38821
(662) 256-2676 FAX (662) 256-6330

LAW ENFORCEMENT
EMPLOYMENT
APPLICATION FORM

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

The City of Amory Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

INSTRUCTIONS

Application must be printed legibly in black ink. The applicant must fill out this form in his or her own handwriting. Applicants must initial the bottom of each page of this application. All questions must be answered on this form even if résumé is attached. If a question is not applicable, so state with N/A. Follow all instructions carefully and completely. Illegible and/or incomplete applications will not be accepted. If 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. Some sections of this application require the applicant sign in the presence of a notary public. It is the responsibility of the applicant to notify Amory Police Department of any address, telephone number, or email address changes after submission. A complete background investigation will be completed on all applicants. All prospective employees must pass a physical and drug/alcohol screen. Applicants for some positions will be required to undergo a polygraph examination as well as physical fitness evaluation testing. All applications expire six (6) months from the date received by Amory Police Department.

This application must have additional documents attached regardless of position applied for:

- 1. Photocopy front of drivers license
2. Photocopy of birth certificate
3. If naturalized citizen, provide proof for verification of naturalization papers
4. Photocopy of high school diploma or transcripts, or G.E.D. transcripts
5. Photocopy of military discharge(s) DD-214, if applicable
6. Upon being hired, the future employee must submit a federally issued social security card or other USCIS I-9 approved proof of identity

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE CITY OF AMORY

Completed applications should be returned to
Amory Police Department, 200 South Front Street, Amory, MS 38821.

1. Date of Application: _____ 2. Position Applied for: _____

3. Name in Full: _____
First Name Middle Name Last Name

Applicant Initial

PERSONAL HISTORY FOR BACKGROUND CHECK

4. Present Address: _____
House Number & Street City County State ZIP

5. Current Telephone Number(s): _____

6. Email Address: _____

7. Person to be notified in case of Accident or Emergency:

Name: _____

Telephone Number(s) _____

Address: _____

Relationship to Applicant: _____

8. Date of Birth: _____ 9. Place of Birth: _____
City County State

10. Height: _____ 11. Weight: _____ 12. Eye Color _____ 13. Hair Color _____

14. Marital Status: Married Divorced Separated Widowed Never Married

15. Social Security Number: _____

16. Drivers License Number: _____ State _____ Type _____ Exp Date _____

17. Have you ever had your driver's license suspended or revoked? Yes No

a. If yes, when and under what circumstance? _____

18. List any identifying scars, marks, and tattoos*:

Type (scar / mark / tattoo)	Description	Location

* Existing departmental policy states "Tattoos must be hidden from view by the uniform at all times while on duty".

19. Have you ever worked for the City of Amory in the past? Yes No

a. If yes, state when, and state the reason for leaving employment. _____

20. Have you ever legally changed your name? Yes No

a. If yes, list all other names you have used. If you have ever used any surname other than your current last name, state the date range when those names were used. Include maiden name of female applicants, as well as nicknames and/or aliases.

Name	Circumstances	Dates Used:	
		Begin	End

21. List all children related to you or your spouse, and any other dependents:

NAME	RELATION TO YOU	AGE	ADDRESS	SUPPORTED BY WHOM

22. List chronologically all of your places of residence for the past ten (10) years.

DATES		ADDRESS	CITY	STATE
FROM	TO			

MILITARY SERVICE

23. Have you ever served on active duty in the United States military? Yes No
- a. If yes, what branch of the military? _____ b. Type of discharge: _____
- c. Dates of service: _____ d. Highest Rank: _____
- e. Military Job Description: _____
24. Are you currently in the National Guard or other Reserve Unit? Yes No
- a. If yes, what branch and where is your Unit located? _____
- b. Does your pay status require drills, meetings, or camps? Yes No
25. If you were ever disciplined in the military, explain circumstances in detail: _____
- _____
- _____

EDUCATION / TRAINING

26. Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
27. Give date and location of High School(s) attended or G.E.D. training and date of successful completion of school:

NAME OF HIGH SCHOOL	LOCATION	DATES

28. Give dates and location of college, university, trade, vocational, or other school training:

NAME OF COLLEGE OR UNIVERSITY <small>Include Online Study</small>	LOCATION	DATES	COURSES PURSUED OR FIELD OF STUDY	TYPE DEGREE AND DATE OBTAINED

29. List any special skills or training (i.e. foreign language skills, dive training, radio operator, pilot, etc):

TECHNOLOGY SKILLS

30. Check all skills and/or software applications you have experience using and state whether you have certificate or degree:

__ Windows PC __ Macintosh __ Linux __ Unix __ Other OS (specify) _____

__ Law Enforcement Records Software (give name of software) _____

__ E-Mail __ Word processing __ Spread sheet Other software (specify) _____

Office Machines: __ Scanner __ Copier __ Fax __ Other (specify) _____

Degree or certificate in technology field: _____

31. Did your previous employment involve data entry? Yes No

a. If yes, what percentage of that job was data entry? _____

32. Do you have experience in radio communications? Yes No

a. If yes, describe experience: _____

LAW ENFORCEMENT EXPERIENCE

33. Have you ever been a certified law enforcement officer? Yes No

a. If yes, give the agency name, location and year(s): _____

34. List any law enforcement education / training you have had (attach additional paper as necessary)

Name / Subject of Training	Certificate Issued Yes or No	Date	Location of Training

35. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by any local, state, or federal law enforcement certification agency? Yes No

a. If yes, explain: _____

36. List all claims or lawsuits filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you:

Agency	Name of Plaintiff(s)	Date	Court Where Filed

COURT RECORD

37. Have you ever been arrested, charged, received a summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

38. Have you ever received a ticket or been charged with a traffic violation? Yes No

a. If yes, list Traffic Violations:

DATE	LOCATION	AGENCY	CHARGE	DISPOSITION

39. Have you or your spouse or significant other ever been a party of any civil, criminal, or chancery action in County, Circuit, or Chancery Court? Yes No

a. If yes, list details:

DATE	LOCATION & COURT NAME	PARTIES INVOLVED	NATURE OF CASE	DISPOSITION

REFERENCES

40. Give three references (*not relatives*) who are responsible adults of reputable standing in their communities who have known you well during the past five years.

1	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

2	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

3	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

41. Give three social acquaintances that are in your own age group who have known you well during the past five years.

1	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

2	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

3	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

EMPLOYMENT HISTORY

42. List chronologically all employments beginning with your current or most recent employer.

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYMENT HISTORY CONTINUED

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$ PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$ PER	DUTIES:	
FULL OR PART TIME?			

43. Under federal law, you may be disqualified to receive or possess a firearm if you meet any of the following conditions. Mark each question, either "yes" or "no".

YES NO

- a. Have you ever had a Domestic Violence Protection Order or other Protection Order issued against you?
- b. Are you currently under indictment in any court for a felony charge?
- c. Have you been convicted of a felony or pled nolo contendere in any court to a felony? A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- d. Are you a fugitive from justice?
- e. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?
- f. Have you been adjudicated mentally defective or have been involuntarily committed to a mental institution?
- g. Have you been discharged from the Armed Forces under dishonorable/other than honorable conditions?
- h. Are you illegally in the United States?
- i. Have you renounced your citizenship, having previously been a citizen of the United States?

44. Based upon your answers to the previous question, are you disqualified to receive or possess firearms under any of the above provisions of federal law? Yes No

a. If yes, explain: _____

45. In the last five (5) years, have you written a check on a closed account or written a check on an account with insufficient funds? Yes No

a. If yes, explain: _____

46. Have you ever applied for and received Worker's Compensation benefits? Yes No

a. If yes, please provide details, including employer name, nature of injury, date of injury, return to work date, and any current limitations relating to the injury that may affect your ability to perform the essential functions of the position. Use additional paper if necessary.

47. Please tell us why you want to work at the Amory Police Department. Include any qualifications, previous training, and abilities that you believe would make you a good candidate for employment in our agency.

48. If appointed as a member of the Amory Police Department, are you willing to accept a work assignment on any shift? (NOTE: Unwillingness to accept assignment on any shift may jeopardize potential for employment.)

Yes No

49. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance? Yes No

50. Do you now or have you ever abused prescription drugs or any narcotic? Yes No

51. Do you now or have you ever had a problem with alcohol over-consumption? Yes No

52. Have you ever entered a substance / alcohol abuse treatment program? Yes No

a. If yes, what year and under what circumstances? _____

b. If yes, did you successfully complete the treatment program? Yes No

53. Has law enforcement ever been called to your residence? Yes No

If yes, provide details: _____

54. Have you ever been detained by any law enforcement officer for investigative purposes or, to your knowledge, have you ever been the subject of or a suspect in any criminal investigation? Yes No

a. If yes, provide details: _____

55. Have you ever had any contact with law enforcement, other than being pulled over for a minor traffic offense? Yes No

a. If yes, provide details: _____

56. Have you ever been a member of a gang? Yes No

a. If yes, provide details, including name of gang(s), location and dates: _____

57. Have you ever had a Domestic Violence Protection Order issued against you? Yes No

a. If yes, give details to include both ex-parte Domestic Violence Protection Orders and those entered subsequent to a hearing:

Date of Issuance: _____

State, County, and Court of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

58. Have you ever fraudulently received welfare, unemployment or workman's compensation benefits?

Yes No

a. If yes, explain: _____

59. Have you, your spouse, or a company controlled by you:

a. filed for and/or declared bankruptcy within the last ten years? Yes No

b. had a legal judgment rendered against you for debt Yes No

c. been subject to a tax lien? Yes No

d. If yes to any part of this question, give the date(s) and details by citing the question number at the beginning of the explanation(s): _____

60. Have you ever been fingerprinted for any reason (arrest, job application, military, etc)? Yes No

a. If yes, provide details: _____

61. Have you ever been bonded? Yes No

a. If yes, what job(s) required you to be bonded? _____

b. If yes, what was the name of the bonding company? _____

62. Have you ever been refused a surety bond or turned down for employment that required a surety bond?

Yes No

a. If yes, what were the circumstances? _____

63. Have you ever had automobile insurance refused, withdrawn, or revoked, or have you ever been required to obtain special risk insurance? Yes No

a. If yes, provide details: _____

64. Are you a United States citizen? Yes No

a. If you have been naturalized, state the Date, Name of the Court, and your Certificate Number:

65. Are you a resident of Mississippi? Yes No a. If yes, for how long? _____

Applicant's Certification and Agreement

Please Read Carefully

I understand that all appointments are probationary for a period of six months, during which time the employee must demonstrate fitness for continued employment by the Amory Police Department. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis of dismissal from the Amory Police Department and I agree to these conditions.

I agree to submit to a physical examination by a physician designated for the City and to future physical examinations the City may require as a condition of continued employment. I also agree to a pre-employment alcohol/drug test conducted by a person or entity chosen by the City as well as any future alcohol/drug test the City may require as a condition of continued employment. I understand that applicants for some positions are required to undergo a polygraph examination by a person chosen by the Police Department, and that all employees may be polygraphed during any internal investigation as necessary.

I understand that employment with the City of Amory Police Department requires that I comply with all policies and procedures, present and future, as established by the City of Amory and the Police Department, and I agree that as an at-will employee, my employment and compensation can be terminated at any time, for any reason, with or without notice, at the option of either the City or myself. I further agree upon termination of employment, to return all City property in my possession prior to the last date of employment.

Signature of Applicant

Date

APPLICANT'S AFFIDAVIT

THIS FORM MUST BE NOTORIZED

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

Signature of Applicant

Sworn and subscribed before me this _____ day of _____ 20 ____

Notary Public

My Commission Expires:

AUTHORITY TO RELEASE INFORMATION

Please read the following release form carefully and enter your identification information, signature, address, and the date in the designated spaces. THIS FORM MUST BE NOTORIZED.

To Whom It May Concern:

Having made application to the City of Amory Police Department, and desiring them to be informed of my past record and character whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned hereby authorize the release of all such information, privileged or otherwise, to the Amory Police Department and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

Printed Name: _____ Date of Birth: _____

Social Security Number: _____ Driver's License: _____ State _____

Current Address: _____
Street Address City County State ZIP

Place of Birth: _____
City County State

Signature: _____ Date: _____

STATE OF MISSISSIPPI

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.

 Signature of Applicant

Sworn and subscribed before me this _____ day of _____ 20 ____

 Notary Public

My Commission Expires:



Brierfield
INSURANCE COMPANY

A MEMBER OF THE FCCI INSURANCE GROUP

COMPLETE APPLICABLE SECTION ON INSIDE

**BOND APPLICATION
COMPLETE FOR ALL BONDS**

	Section
Probate	1
Guardian	2
Referee, Receiver, etc	3
Court	4
Liquor or Designated Agent	5
Grain Warehouseman	6
Public Official	7
Lost Securities	8
Financial Statement	9

AGENCY NAME GCM			
AGENCY ADDRESS P.O. BOX 888	CITY ABERDEEN	STATE MS	ZIP CODE 39730
NAME OF APPLICANT		TELEPHONE NUMBER	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	AGE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
AMOUNT OF BOND \$50,000.00	EFFECTIVE DATE	TITLE OF BOND JOB DESCRIPTION:	
EXACT AND COMPLETE NAME OF OBLIGEE STATE OF MISSISSIPPI		ADDRESS OF OBLIGEE	
APPLICANT'S OCCUPATION OR BUSINESS	HOW LONG SO ENGAGED?	HAS APPLICANT EVER FILED FOR BANKRUPTCY?	IF SO, WHEN?
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION AND INDEMNIFICATION

The applicant hereby certifies that all the declaration made and answers given in this application are the truth without reservation, and are made for the purpose of inducing Brierfield Insurance Company of Mississippi, (or its subsidiaries or interest) (herein referred to as "the Company") to become Surety on a certain bond herein applied for, and any renewal of the same. In consideration of the Company executing said bond or bonds, the applicant agrees as follows:

The applicant will pay the Company all bond premiums when due, until the applicant shall give the Company written notice, in a form satisfactory to the Company, of its discharge from all liability under any such bonds.

The applicant will at all times indemnify and keep indemnified the Company from and against any and all claims, demands, losses, damages, costs, counsel fees and judgments whatsoever that the Company shall or may, for any cause at any time, sustain or incur by reason of or in consequence of said bond or any renewal thereof; that if the Company shall set up a reserve to cover any claim, suit or judgment under any such bonds, the applicant will, immediately upon demand, deposit with the Company a sum of money equal to such reserve; and if the Company shall bring suit to enforce any obligation of the applicant under this instrument, the applicant shall be liable for costs and expenses, including fees of attorneys, incurred in prosecuting such suit.

The applicant authorizes any attorney of any court of record, at the request of the Company, to waive the issuing and service of process and to appear to confess judgment against the applicant(s) for any sum due hereunder, and to waive all errors which may intervene in any such proceeding. The applicant waives all rights to claim any property, including homestead, as exempt from legal process under any applicable law as against the rights of the Company.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning credit, character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

Witness the following signature(s) and seal(s) this _____ day of _____, 20____

Witness _____ Applicant

Witness _____ Applicant

Witness _____ Applicant

THIRD PARTY INDEMNITORS SIGN BELOW

In consideration of Brierfield Insurance Company or its subsidiaries or interest executing the bond hereinabove applied for, (I) (we, jointly and severally,) join in the foregoing indemnity agreement.

Witness _____ Indemnitor

Witness _____ Indemnitor

Witness _____ Indemnitor