



# FOREST POLICE DEPARTMENT



Will Jones, Chief of Police

850 Park Road • Forest Mississippi 39074  
Telephone 601-469-4141 • Fax 601-469-0893

## APPLICATION FOR EMPLOYMENT PROCEDURE

1. Complete application
2. Applicant must sign both Physical Exercise and Release of Information waivers and have them notarized
3. Attach copy of Driver License
4. Attach copy of Diploma and/or GED
5. Attach copy of DD2124 if applicable
6. Return completed application and required documents to the Forest Police Department

Applicants will be notified of the testing dates and location via telephone after Background investigation has been completed.

## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

**THIS APPLICATION IS VALID FOR 90 DAYS**

POSITION(S) APPLIED FOR		APPLICATION DATE	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP
TELEPHONE ( )	DRIVERS LICENSE NO.(If Applicable)		
DATE AVAILABLE FOR WORK	EMPLOYMENT TYPE <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Temporary <input type="radio"/> Seasonal <input type="radio"/> Co-op		
Were you previously employed by this organization?	<input type="checkbox"/> Yes, Dates	Department/Position	<input type="checkbox"/> No
List any relatives or friends working for this organization.	Name _____ _____		Relationship _____ _____
<b>WORK EXPERIENCE – LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT</b>			
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ( )
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
		LAST WAGES PER	REASON FOR LEAVING
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ( )
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
		LAST WAGES PER	REASON FOR LEAVING
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ( )
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
		LAST WAGES PER	REASON FOR LEAVING
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ( )
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
		LAST WAGES PER	REASON FOR LEAVING

May we contact the above employers?  Yes  No If "no" indicate which ones(s) you do not wish us to contact.

Have you served an apprenticeship?  Yes  No  
If yes, where?

TYPE OF TRADE

DATES

**SPECIAL SKILLS AND QUALIFICATIONS-MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED**

**EDUCATION**

SCHOOL	LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	
				MAJOR	DEGREE
HIGH SCHOOL					
COLLEGE					
OTHER					

**REFERENCES**

NAME AND ADDRESS	RELATIONSHIP	TELEPHONE	YEARS KNOWN

**MISCELLANEOUS INFORMATION**

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.)  Yes  No

If yes, please explain and describe in full detail: \_\_\_\_\_

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship or by some other means?  Yes  No

**APPLICANT'S CERTIFICATION – Please read carefully before signing.**

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission may result in my discharge from employment.

I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character and ability.

I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.

I understand and agree that, if I am employed, I will be an **at-will** employee and the Company may terminate my employment at any time and for any/or no reason without prior notice.

APPLICANT'S SIGNATURE

DATE

**DO NOT WRITE BELOW – FOR COMPANY USE ONLY**

INTERVIEW	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE _____ TIME _____	ACCEPTABLE FOR EMPLOYMENT? <input type="radio"/> Yes <input type="radio"/> No
		DEPT. _____ CLOCK NO. _____
INTERVIEWED BY:		OCCUPATION _____ RATE _____



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## AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN,

I am an applicant for a position with the Forest 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.

I hereby authorize any representative of the Forest 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 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 and complete access to the background and history of my personal life, whether criminal or civil. This authorization is for the specific purpose of pursuing a background investigation that may provide pertinent data for the Forest 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 investigative files, complaints or grievances filed against me, the records 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, 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 and liability or damage pursuant to any state or federal laws. 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.



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## Physical Exercise Waiver

I do hereby waive and release any and all claim I might have against the City of Forest, its agents, servants, and employees, for any injury that I might sustain while participating in a physical exercise program as a part of my application to become an employee of the Forest Police Department.

I furthermore state that I realize, I have the right at any time, not to perform any physical activity requested as part of said application.

Witness my signature on this the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

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

State of Mississippi, \_\_\_\_\_ County.

Personally, appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who acknowledged that he/she signed and delivered the foregoing instrument on the date therein mentioned as and for his/her own free act and deed.

Given under my hand and official seal of officer on this the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

My commission Expires \_\_\_\_\_.

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 Forest Police Department in conjunction with employment procedures.

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:  
\_\_\_\_\_