



Steven Bell, Chief of Police
Forest Police Department
850 Park Rd.
Forest, MS 39074
601-469-4141

Application for Employment Procedures at the Forest Police Department:

1. Complete application
2. Applicant sign waiver and have waiver notarized
3. Attach a copy of driver license
4. Attach a 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 location and testing dates by telephone after a background investigation has been completed.



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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 _____.



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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 my provided 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 has an interest, attendance records, and any internal affairs investigation and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release your, 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.

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.



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Print Name: _____

Signature: _____

Current Address: _____

Email: _____

Date of Birth: _____ Social Security# _____

Phone Number: _____

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.

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