

**CITY OF GREENVILLE
PRE-EMPLOYMENT DRUG TEST CONSENT FORM**

I, _____, do hereby grant the City of Greenville Police Department through its qualified agent to conduct a drug test to assist in determining my suitability for the job in which I am applying. I will indicate any prescription drugs or over-the-counter medication, which I am taking, on the specific form provided by the test administrator.

The procedure for confirming an initial positive test shall be the GC/MS (Gas Chromatography/Mass Spectrometry) method according to the City's policy and procedures. Consequences of confirmed positive tests will disqualify my consideration for employment. I understand I do have explanation and appeal rights as set forth in the city policy, which is available for my inspection in the City of Greenville Human Resources Department.

I understand my refusal to take such a test as specified in the City of Greenville Drug & Alcohol Policy will disqualify me from employment consideration.

Drug test results are held in confidence by City of Greenville officials according to policy regulations.

DATE

SIGNATURE

WITNESSED BY: _____

CITY OF GREENVILLE
GREENVILLE POLICE DEPARTMENT
EMPLOYMENT APPLICATION

READ THESE INSTRUCTIONS CAREFULLY BEFORE PRECEEDING

These instructions are provided as a guide to assist you in properly completing your employment application for the Greenville Police Department. It is essential that the information be accurate in all respects. This information will be used as the basis for conducting a background investigation that will determine your eligibility for employment.

1. Your personal history statement should be typed or printed in black/blue ink.
2. If a question is not applicable to you, enter N/A in the provided space.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is not sufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. CAUTION!! Please check your Personal History Statement to make sure the following is attached before returning.
 - A copy of your high school diploma, GED certification and/or college diploma.
 - Copies of your high school and/or college transcripts.
 - A copy of your military discharge papers (DD214), if applicable.
 - Four (4) letters of recommendation from persons that are not relatives and are not provided as references on pages 13 and 14.
 - A brief hand-written autobiography.
 - Copies of any law enforcement related training certifications or certifications.
 - A copy of your driver license.

AUTHORIZATION TO RELEASE INFORMATION

I, , am applying for employment with the City of Greenville Police Department. In order to process my application, certain information must be made available to the Chief of Police for the City of Greenville, Mississippi.

I hereby authorize the release of requested information to the Chief of Police for the City of Greenville or to any representative thereof any document, information, record, or file that he/she deems material to the processing of my application for employment with the City of Greenville Police Department. Said information may be furnished if the request is made in person or writing.

I further release all individuals and/or organizations from all liability that could arise in any matter, contract or otherwise from the act of furnishing said information and records to the Chief of Police or his/her representative. This executed release serves as a waiver of any contract that I have with any individual and/or organization and I hereby waive any and all legal communication privileges that I am entitled.

I hereby appoint the Chief of Police or his/her representative as my agent or attorney-in-fact for the sole purposes of collecting information for processing my application and direct that he/she be permitted to make copies thereof at his/her discretion. This request may be treated as if I, personally, was making the request.

A copy of the original notarized document will be accepted as official.

DATE

SIGNATURE

STATE OF MISSISSIPPI
COUNTY OF WASHINGTON

I, , being first duly sworn, do hereby state that I am the person who executed the above authorization and I fully understand its meaning, intention, and affect.

SWORN TO AND SUBSCRIBED BEFORE ME, this the day of
, 20.

MY COMMISSION EXPIRES

NOTARY SIGNATURE

PERSONAL HISTORY STATEMENT

POSITION APPLYING FOR: (please check)

- _____ Police Officer _____ Clerical _____ Dispatcher
- _____ Crossing Guard _____ Humane Officer _____ Jailer
- _____ Community Service Aid

DATE: _____

A. APPLICANT IDENTIFICATION (For Identification Purposes Only)

NAME: _____
(Last)(First)(Middle)

ADDRESS: _____
(Physical Address)(City)(State)(Zip)

TELEPHONE NUMBER: () _____
(Area Code)

HAVE YOU GONE BY ANY OTHER NAME(S) OTHER THAN THE ONE LISTED ABOVE? _____ IF SO, PLEASE LIST BELOW:

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER LICENSE NUMBER: _____
(Number)(State)

PLACE OF BIRTH: _____
(City)(County)(State)

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____

ARE YOU A RESIDENT OF THE STATE OF MISSISSIPPI? _____

DO YOU MEET THE STATE AGE REQUIREMENTS FOR WORK? _____

ARE YOU OVER THE AGE OF 21? _____

PLEASE LIST ANY SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS:

B. RESIDENCES. Please list all addresses where you have resided during the past ten (10) years, beginning with your present address.

FROM/TO

_____/_____
(Month) (Year) _____

_____/_____
(Month) (Year) _____

_____/_____
(Month) (Year) _____

_____/_____
(Month) (Year) _____

_____/_____
(Month) (Year) _____

_____/_____
(Month) (Year) _____

_____/_____
(Month) (Year) _____

C. WORK HISTORY. Beginning with your present or most recent employment, please list all employment since the age of 16 including part-time, temporary and/or seasonal employment. Additional pages may be attached, if necessary.

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

_____/_____
(Month) (Year)

(Name of Employer)

(Address)

(_____)_____
(Area Code) (Telephone Number)

(Job Title)

BRIEF DESCRIPTION OF DUTIES: _____

(Name of Supervisor)

(Name of Co-Worker)

(Reason For Leaving)

D. MILITARY SERVICE

Branch of Service: _____

Dates of Service: _____ to _____

Type of Discharge: _____

Highest Rank Held: _____

Rank at Discharge: _____

Type of Services: _____

Brief description to training and experience received:

Were you ever disciplined while serving in the military? _____

Please list all disciplinary action including, but not limited to, court martial, captain's mast, company punishment et cetera.

CHARGE

DATE

DISPOSITION

E. EDUCATIONAL HISTORY. Additional pages may be attached, if necessary.

High School

_____ (Name of School)

_____ (Address) (City) (State) (Zip)

Dates Attended: _____ to _____

Highest Grade Completed: _____

Did you graduate? _____

College/University

_____ (Name of College or University)

_____ (Address) (City) (State) (Zip)

Dates Attended: _____ to _____

Units of Study Completed: _____

Course of Study: _____

Degree Received: _____

List other schools including, but not limited to, trade, vocational, business et cetera that you have attended. Give name and address of school, dates attended, course of study, certificates obtained, and any other pertinent information. Attach additional pages, if needed.

F. SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold such as pilot, radio operator, scuba et cetera. Please provide the date of expiration, if applicable.

List any specialized machinery or equipment in which you can operate.

List any foreign language that you are fluent and indicate your degree of fluency (excellent, good, fair).

List any other special skills or qualifications you may possess.

G. ARRESTS, DETENTIONS AND LITIGATION. Attach additional pages, if necessary.

Have you ever been convicted or detained by a law enforcement agency? _____

If so, please provide the following information:

Name of Agency: _____

Charge: _____ Disposition: _____

Name of Agency: _____

Charge: _____ Disposition: _____

Name of Agency: _____

Charge: _____ Disposition: _____

Have you ever been a party in a civil litigation? _____

If so, provide a brief description of details. _____

H. TRAFFIC RECORD. Attach additional pages, if necessary.

Has your driver license ever been suspended or revoked? _____

If so, give date, location and reason _____

Describe a brief narrative for any traffic accidents in which you have been involved.
Please provide the approximate date and location for each accident.

I. FINANCIAL HISTORY

SOURCE OF INCOME

What is your present salary or wage? \$ _____

Do you have income from any other source than your principal occupation? _____

If so, how much? \$ _____ How often? _____

What is the source? _____

Do you own any real estate? _____ If so, what is the value? \$ _____

What is the location? _____

Please list any stocks and/or bonds in which you hold and provide the current value.

Do you have a bank account? _____ If so, please provide the type of account, name and address of the banking institution, and the average balance of the account.

J. REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. _____
(NAME)

(HOME ADDRESS)

(BUSINESS ADDRESS)

(HOME TELEPHONE NUMBER) (BUSINESS TELEPHONE NUMBER)
Number of Years Known: _____

2. _____
(NAME)

(HOME ADDRESS)

(BUSINESS ADDRESS)

(HOME TELEPHONE NUMBER) (BUSINESS TELEPHONE NUMBER)
Number of Years Known: _____

3. _____
(NAME)

(HOME ADDRESS)

(BUSINESS ADDRESS)

(HOME TELEPHONE NUMBER) (BUSINESS TELEPHONE NUMBER)
Number of Years Known: _____

4. _____
(NAME)

(HOME ADDRESS)

(BUSINESS ADDRESS)

(HOME TELEPHONE NUMBER)

(BUSINESS TELEPHONE NUMBER)

Number of Years Known: _____

5. _____
(NAME)

(HOME ADDRESS)

(BUSINESS ADDRESS)

(HOME TELEPHONE NUMBER)

(BUSINESS TELEPHONE NUMBER)

Number of Years Known: _____

Please provide any additional information relates to your ability to perform the position in which you are applying such as professional and other organizations that you are a member that are job-related.

N. PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of intoxicating liquors.

Have you ever used marijuana or any other type drug not prescribed to you by your physician? _____

If so, what were the circumstances? _____

Have you ever sold or furnished drugs or narcotics to anyone? _____

If so, please explain in detail. _____

Is there anything that would prevent you from taking a human life in the course of your duties as a law enforcement officer? _____

Is there anything that would prevent you from working nights, weekends, holidays and/or swing shift? _____

Have you ever made application for employment with the Greenville Police Department or any other law enforcement or related agency? _____

If so, give the name of the agency, date and status of application. _____

Are there any incidents in your life or details not previously mentioned above that may influence the evaluation of your suitability for employment? _____

If so, please explain. _____

Is there anything that would prevent you from residing within a 10-mile radius of the city limits of Greenville, Mississippi or relocating within 30 days of employment? _____

If requested, would you consent to a polygraph examination? _____

APPLICANT’S STATEMENT

I understand that the City of Greenville follows an “employment at will” policy, in that I or the City of Greenville may terminate my employment at any time, or for any reason consistent with the applicable state or federal laws. This “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized by the City Council of Greenville, Mississippi. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the City of Greenville will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize individuals, schools, and firms named herein to provide any information requested about me, and I release them from all liability for damage in providing this information.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

DATE

SIGNATURE

Application Reviewed By: _____	
Interviewed by: _____ _____	
Date: _____	
Approved By: _____ & _____	
Date to Begin: _____	Regret Ltr Mailed: _____