

**City of Olive Branch Police Department**  
*9245 Pigeon Roost*  
*Olive Branch, Mississippi 38654*  
*Ph. (662) 895-4111 Fax (662) 893-5226*

# **OLIVE BRANCH POLICE DEPARTMENT**

## **APPLICATION PACKET**

**Read ALL information carefully and fill out all forms COMPLETELY.**

**This application for employment will be considered active for a period of time not to exceed 120 days. Any applicant who desires to be considered for employment beyond this time should resubmit another application.**

**It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will effect your opportunity for employment with the City. ANY misrepresentation, falsification or omission given on ANY FORM herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions with the City of Olive Branch, or your employment with the City may be terminated.**

**All applications must be notarized before they will be accepted. Review the application to insure that you have completed all sections and provided all information requested.**

**If applicable, copies of the following documents must be turned in for your application to be processed:**

1. Driver's License
2. Birth Certificate
3. Social Security Card
4. High School Diploma / GED
5. Military DD 214 member 1 copy and member 4 copy
6. Military Discharge
7. College Diploma
8. Professional Certificates

Any questions should be directed to our Recruiting Officers at (662) 895-4111 or email them at [obpdeployment@obms.us](mailto:obpdeployment@obms.us)

Revised 01-05

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## **MISSION STATEMENT**

**The mission of the Olive Branch Police Department is to work in partnership with the community to enhance the quality of life and to provide essential police services effectively and efficiently to the citizens of Olive Branch.**

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# **APPLICATION FOR EMPLOYMENT**

*We consider applications for all positions without regard to race, color, sex, natural origin, marital or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status. Applications must be complete to be considered for employment.*

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**This application must be handwritten! DO NOT TYPE! PLEASE PRINT! If this application packet is NOT LEGIBLE, it WILL NOT be accepted.**

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source: \_\_\_ Advertisement \_\_\_ Friend \_\_\_ Relative \_\_\_ Other

If other, please explain: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number Street City State Zip

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Numbers: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Work hours \_\_\_\_\_ days off \_\_\_\_\_

Other Phone: ( ) \_\_\_\_\_

Other Phone: ( ) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been or are you now employed with the City of Olive Branch? Yes \_\_\_ No \_\_\_

Are you related by blood or marriage to anyone employed by the City of Olive Branch? Yes \_\_\_ No \_\_\_

If yes, state name of relative, relationship to you and the division/department where they work.

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Name of relative	Relationship	Division / Department
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On what date would you be available to begin work? \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Shift

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Have you previously submitted an application for employment or tested with the Olive Branch Police Department or any other law enforcement agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes list what agency, dates of application, and disposition.

Agency	Date	Result

**Personal History**

Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you:

\_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Birthplace: \_\_\_\_\_  
City State County Country

List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.

\_\_\_\_\_

Have you ever had your name changed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes provide documentation.

**Family**

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

Full name of **present** spouse Maiden name Age Date of Birth

Present employment of spouse, address (city / state), phone number

Full name of **former** spouse (s) Maiden name Age Date of Birth

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## References

Give **THREE** (3) references that are responsible adults of reputable standing in their community that you have known well for at least THREE YEARS. References CANNOT be relatives, current or former employers or current or former supervisors.

1. Name \_\_\_\_\_ Years known \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Business Name \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

Best time to contact: Day \_\_ Night \_\_ Time: \_\_\_\_\_ Day of Week \_\_\_\_\_ Pager \_\_\_\_\_

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2. Name \_\_\_\_\_ Years known \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Business Name \_\_\_\_\_ Job Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best time to contact: Day \_\_ Night \_\_ Time: \_\_\_\_\_ Day of Week \_\_\_\_\_ Pager \_\_\_\_\_

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3. Name \_\_\_\_\_ Years known \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Business Name \_\_\_\_\_ Job Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best time to contact: Day \_\_ Night \_\_ Time: \_\_\_\_\_ Day of Week \_\_\_\_\_ Pager \_\_\_\_\_

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## Residence

Chronologically list **ALL** residences in the past **TEN** (10) years, regardless of the time you resided there beginning with your present address. If in military service, list dates, branch and duty stations, unless you resided off base. List addresses while attending school if away from home. Note, when living with parents please indicate with an asterisk (\*).

From Month/Year	To Month/Year	Complete Address	County	State	Zip

## Education

### High School / GED

Name	Location	Dates Attended	Year Graduated	Credits / Degree
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### College / University

Name	Location	Dates Attended	Year Graduated	Credits / Degree
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Name	Location	Dates Attended	Year Graduated	Credits / Degree
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### Graduate School

Name	Location	Dates Attended	Year Graduated	Credits / Degree
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### Trade, business, or other schools

Name	Location	Dates Attended	Year Graduated	Credits / Degree
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Name	Location	Dates Attended	Year Graduated	Credits / Degree
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## Employment Termination

Have you ever been dismissed, fired or asked to resign from any employment or position you have held knowing that you would be fired or terminated if you did not resign?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, then explain on a sheet of 8 ½" x 11" paper.

List any job that you have held from which you have been terminated:

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Company name	Address	Employment Dates
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Position	Supervisor	Phone Number
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Explain: \_\_\_\_\_

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If needed, additional information may be attached and submitted on 8 ½" x 11" paper

## Employment

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you on layoff subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently a certified law enforcement officer in the state of Mississippi?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list certificate number and include copy of your certificate.

B.L.E.O.S.T. professional certificate number \_\_\_\_\_

Are you now, or have you ever been a certified law enforcement officer in any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list information below:

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State	Agency/Position Held	Dates	P.O.S.T. certificate number
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List **entire** employment history, including part-time, temporary and seasonal – regardless of time employed. Begin with your present employment or most recent job and work backwards. If unemployed, list dates of unemployment. If needed, additional information may be attached and submitted on 8 ½" x 11" paper.

**List all area codes and zip codes – make sure that all addresses and phone numbers are complete and correct.**

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Make copies of this form as needed to document employment.

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

\_\_\_\_\_

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Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

\_\_\_\_\_

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Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Work Duties \_\_\_\_\_ Rate of pay \_\_\_\_\_

Reason for leaving (explain in detail) \_\_\_\_\_

\_\_\_\_\_

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**Medical / Pharmacological**

Are you currently taking any over the counter medication not prescribed by a physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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Have you ever filed any workman's compensation claims? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: (use separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

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Are you currently using any illicit drug? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes please explain: (use separate sheet if necessary)

\_\_\_\_\_

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Are you willing to submit to a drug screen test, psychological evaluation, and physical examination as terms of your employment with the City of Olive Branch?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Military Record**

Have you ever been on active duty in the Armed Forces of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Branch of Military Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_ If other than Honorable, explain: \_\_\_\_\_

\_\_\_\_\_

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Other than Honorable discharge does not automatically preclude you from employment. All factors will be considered. If needed, additional information may be attached and submitted on 8 1/2" x 11" paper.

Dates of Active Duty (Month, Day, Year): From \_\_\_\_\_ to \_\_\_\_\_

Are you a member of the Active Guard or Reserves (AR or ANG)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list branch and unit: \_\_\_\_\_

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Can you provide a drill schedule at least three months out? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you ever have any type of disciplinary taken against you while in the military (this includes Article 15 and Captain's Mast, etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\*\* If you received any of the following, you **MUST** attach a separate sheet of paper, 8 ½" x 11", with an explanation of the discharge circumstances:

1. Early Out.
2. Any discharge other than honorable.  
Note: an uncharacterized discharge, accompanied by a letter from the applicant's commanding officer stating that the applicant is currently serving in the reserves and is in "good standing" will be acceptable.
3. Completed less than a regular tour of duty.

## Court Record

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

Have you ever been charged with, indicted for, subject to Grand Jury presentation, or investigated for any felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been charged with, convicted of, entered a guilty plea, or plea of nolo contendere to any misdemeanor? This includes misdemeanor citations and traffic charges.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**List ALL felony / misdemeanor arrests, charges, and traffic citations (including those as a juvenile)**

(List any additional charges on a separate 8 ½" x 11" sheet)

Charge	Date	City	County	State	Agency
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Court of Jurisdiction

Disposition of charge

Charge	Date	City	County	State	Agency
--------	------	------	--------	-------	--------

Court of Jurisdiction

Disposition of charge

Are you currently subject to any protective order, temporary protective order, restraining order, temporary restraining order, or any other court order?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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\*\*\* For **any of the previous**, submit a written statement regarding the circumstances and disposition on a separate piece of 8 1/2" x 11" paper. If more than one incident, please use only one piece of paper for each incident.

Please provide copies of the all arrest reports, incident reports, citations, affidavits, court orders, and dispositions pertaining to any of the above incidents. A misdemeanor arrest and conviction does not automatically preclude you from employment. All factors will be considered.

**Drivers License**

List all drivers license(s) ever held in any other state.

Name	Dates Held	State	Number

**Miscellaneous**

Are there any special considerations you might request regarding employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently involved or have knowledge that you might become involved in a criminal proceeding or civil lawsuit?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain (use separate 8 1/2" x 11" paper if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_

Do you read or write any language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

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**Law Enforcement / Communications**

Describe any specialized training, skills or qualifications you possess: (attach certificates, etc. if applicable)

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Are you APCO, EMD, or NCIC Terminal Operator Certified? \_\_\_\_\_ Yes \_\_\_\_\_ No (attach copies of certificates)

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Have you ever been involved in any civil lawsuit involving your position as a Law Enforcement Officer / Communications Officer?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain (use separate 8 1/2" x 11" paper if necessary) \_\_\_\_\_

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Have you ever received any disciplinary actions during your employment as a Law Enforcement Officer / Communications Officer?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes please explain: (use separate 8 1/2" x 11" piece of paper if necessary)

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Have you ever been in a work related automobile accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: (use separate 8 1/2" x 11" piece of paper if necessary) \_\_\_\_\_

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## Statement to Applicant

This application for employment will be considered active for a period of time not to exceed 120 days. Any applicant who desires to be considered for employment beyond this time should resubmit another application

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the City.

Any misrepresentation, falsification, or omission given on any form herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions with the City of Olive Branch, or your employment with the City may be terminated.

Upon employment by the Mayor and Board of Aldermen, the prospective employee will be required to submit and pass a drug screen, psychological examination, and a physical examination at a facility designated by the City of Olive Branch as part of a conditional offer of employment. Should the prospective employee fail to meet any component of this conditional offer of employment, then said conditional offer of employment is null and void. Should the prospective employee meet all of the components of this conditional offer and begin employment with the City, then such prospective employee shall be deemed an employee of the City, with all rights and benefits of a City employee and subject to the policies of the City from and after the first date of employment.

## Applicant's Statement

I certify that answers given herein are true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand false or misleading information or information sought which I have omitted on this application or in any interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**A notary MUST notarize this form before your application will be accepted. You must sign this form in front of the notary.**

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

\_\_\_\_\_  
Date Signed

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**(SEAL)**

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Olive Branch, Mississippi, whether the said records are of public, private, or confidential nature.  
(Print name in full)

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports and/or ratings), psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veteran's Administration, employment and pre-employment records, complaints, or grievances filed by or against me and the records and recollections of any attorney at law, or of 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.

I understand that the City of Olive Branch will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization in determining my suitability for employment. I also certify that no person(s) will be held liable for releasing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain writing of my signature.

**A notary MUST notarize this form before your application will be accepted. You must sign this form in front of the notary.**

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Driver's License Number and State

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

\_\_\_\_\_  
Social Security Number

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**(SEAL)**