

**City of Olive Branch Police Department**  
10470 Hwy 178  
Olive Branch, Mississippi 38654  
Tel (662) 892-9400 \* Fax (662) 892-9404

# **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 could have an effect on 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 an OBPD Recruit Team Member (662) 892-9400 or send an email to: [obpdeployment@obms.us](mailto:obpdeployment@obms.us)

Your notarized and completed application with the above applicable listed items should be delivered or mailed to: City of Olive Branch, Human Resource Department, 9200 Pigeon Roost Road, Olive Branch, MS 38654

Revised 04/2017

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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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# POLICE EMPLOYMENT APPLICATION

*We consider applications for all positions without regard to race, color, sex, national origin, marital or veteran status, the presence of a 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! PLEASE PRINT! DO NOT TYPE!**  
**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 relative or neighbor, 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, please 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

Please submit **THREE** (3) references, responsible adults of reputable standing in their community, well known by you 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 of 8 ½" x 11" sheet of 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" sheet of 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" sheet of paper.

**Please 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

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, please 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 ½" x 11" sheet of 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: \_\_\_\_\_

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 8 ½" x 11" paper, 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.



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## Court Record

A criminal conviction will not necessarily be a bar to employment. All factors will be considered.

Have you ever been convicted of, entered a guilty plea, or plea of nolo contendere to any felony?

This includes felony traffic convictions.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you ever been convicted of, entered a guilty plea, or plea of nolo contendere to any misdemeanor?

This includes misdemeanor citations and traffic convictions.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If you checked yes above to either question, to help us evaluate your application, please describe the nature of each crime (felony and misdemeanor) including those as a juvenile and your subsequent rehabilitation.

**(List any additional convictions on a separate 8 ½" x 11" sheet of paper)**

Charge	Date	City	County	State	Agency
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Court of Jurisdiction

Disposition of charge

Charge	Date	City	County	State	Agency
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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

\*\*\* For **any of the previous**, submit a written statement regarding the circumstances and disposition on a separate piece of 8 ½" x 11" paper. If more than one incident, please use only one piece of paper for each incident.

Please provide copies of the reports, citations, affidavits, court orders, and dispositions pertaining to any of the above incidents.

## Drivers License

List all drivers license(s), current and previous, held in any other state.

Name	Dates Held	State	Number
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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, please explain (use separate 8 1/2" x 11" sheet of 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" sheet of paper, if necessary)

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Have you ever been in a work related automobile accident during your employment as a Law Enforcement/Communication Officer?  Yes  No

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

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

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

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**Miscellaneous**

Are there any special considerations you might request regarding employment?

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

\_\_\_\_\_

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

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

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

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

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## Statement to Applicant

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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)**

