

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
- Attach copy of Driver License
- 4. Attach copy of Diploma and/or GED
- 5. Attach copy of DD2124 if applicable
- 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** O Full-time O Part-time O Temporary O Seasonal O Co-op Yes, Dates Department/Position No Were you previously employed by this organization? List any relatives or friends working for Name Relationship this organization. WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT FROM (MO/YR) COMPANY NAME AND ADDRESS TELEPHONE TO (MO/YR) LAST POSITION HELD DESCRIBE YOUR WORK SUPERVISOR'S NAME SUPERVISOR'S TITLE LAST WAGES 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 REASON FOR LEAVING COMPANY NAME AND ADDRESS TELEPHONE FROM (MO/YR) TO (MO/YR) LAST POSITION HELD DESCRIBE YOUR WORK SUPERVISOR'S NAME LAST WAGES REASON FOR LEAVING SUPERVISOR'S TITLE TELEPHONE COMPANY NAME AND ADDRESS TO (MO/YR) FROM (MO/YR) DESCRIBE YOUR WORK LAST POSITION HELD SUPERVISOR'S NAME REASON FOR LEAVING LAST WAGES SUPERVISOR'S TITLE PER

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FOREST POLICE DEPARTMENT

Will Jones, Chief of Police



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

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 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 has 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 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.



FOREST POLICE DEPARTMENT

Will Jones, Chief of Police



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

FOREST POLICE DEPARMENT 850 PARK RD. FOREST, MS 39074 601-469-4141

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.

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 authorized named, who are foregoing instrument on the date therein mentioned as	cknowledged that	he/she signed and delivered the
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:		adaptive and desired the second secon
Signature:		and the second second
Current Address:		
Email:		Approving the Management Country
Date of Birth:	Social Security #:	
Home Phone Number:	Work:	
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COUNTY OF	- Intelligent insurance designed and the control of	
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delivered the above foregoing waiv mentioned and for the purpose the	rein expressed. Swom to and subscribed before me and	day of
	Notary Public	
My commission expires:		