



# City of Madison Police Department

(An Internationally and State Accredited Law Enforcement Agency)



## Employment Process Civilian Personnel

The Madison Police Department is an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Your employment application process will consist of:

- An initial interview with Command Staff and a possible subsequent interview with the Chief of Police
- A thorough background investigation based upon your application, personal history statement and interview(s)
- An administrative review of your application, experience, training and qualifications to determine your suitability for the job

Complete the City of Madison employment application and Police Department personal history statement in its entirety. If a particular question does not apply to you, for example "military service", then enter "N/A" for that section. Follow all instructions carefully and completely. Background investigators are not allocated time to find answers to questions that were left blank.

Upon completion of the application packet you may return it to the Administrative Services Division of the City of Madison Police Department at 2001 Main Street (Main and Crawford Streets) in Madison, MS. If you are out of town you may mail the completed packet to:

Madison Police Department  
ATTN: Applicant Processing  
P. O. Box 2489  
Madison, MS 39130-2489

The application process may take as long as 4 to 6 weeks to complete. You will be notified of the results of the application review/process upon completion.

If not accepted for the position, you may re-apply for the same (if open) or other open positions after one calendar year from the date of your initial non-acceptance.

M. E. Waldrop  
Chief of Police



# City of Madison Police Department

(An Internationally and State Accredited Law Enforcement Agency)



## **EMPLOYMENT PREREQUISITES CIVILIAN PERSONNEL**

Applicants must meet the following prerequisite guidelines prior to being considered for employment:

- Be at least eighteen (18) years of age at the time of application.
- Be a high school graduate or have obtained a GED at the time of application.
- Be a United States citizen.
- Have a valid driver's license and be able to obtain a State of Mississippi driver's license if from out of state.
- Successful completion of a comprehensive background investigation.
- Successfully complete an interview with Command Staff and/or the Chief of Police.
- Be of good moral character as evidenced among other things by not having a conviction or a plea of guilty or nolo contendere for a felony or for a misdemeanor involving moral turpitude. Moral turpitude is defined as any conduct or pattern contrary to justice, honesty, honor, modesty or good morals that tends to disrupt, diminish or otherwise jeopardize public trust and fidelity in law enforcement.
- May not have tattoos, brandings or intentional scarring or cuts which are visible while wearing a Department issued short sleeve uniform or business attire. No obvious piercing of body parts with the exception of female applicants who may have traditional ear lobe piercings.



# City of Madison Police Department

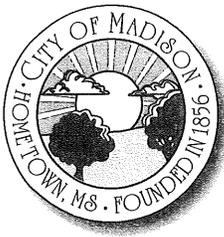
(An Internationally and State Accredited Law Enforcement Agency)



## BENEFITS

- **Medical Insurance** - The City of Madison provides medical insurance to employees through Mississippi Blue Cross/Blue Shield at no cost to the employee. Options are available for insuring a spouse and/or dependent children at an additional cost to the employee. Current rates for the addition of family members are listed on the next page.
- **Life Insurance** - The City of Madison provides a life insurance policy for its employees at no cost to the employee. The amount of the policy is equivalent to the employee's annual salary.
- **Retirement** - Employees of the City of Madison participate in the Mississippi Public Employees' Retirement System (MPERS). Both the employee and city contribute to the employee's retirement.
- **Deferred Compensation** - Employees of the City of Madison may participate in the State of Mississippi Deferred Compensation Plan. Participation is voluntary with all contributions being that of the employee.

Employee contributions for medical insurance, retirement and the deferred compensation plan are deducted from the employee's payroll pre-tax, providing an additional savings opportunity for the employee.



# CITY OF MADISON

1004 MADISON AVENUE ♦ POST OFFICE BOX 40 ♦ MADISON, MISSISSIPPI 39130-0040 ♦ (601) 856-7116 ♦ FAX (601) 856-8786

TO: All Employees

FROM: Susan B. Crandall, City Clerk  
Director of Finance & Administration

RE: Blue Cross/Blue Shield Premiums;  
Open Enrollment Deadline

DATE: November 22, 2010

MAYOR  
Mary Hawkins Butler

CITY CLERK/DIRECTOR  
Susan B. Crandall

BOARD OF ALDERMEN  
AT LARGE  
Lisa Clingan-Smith

WARD I  
Tawanna Tatum

WARD II  
Patricia H. Peeler

WARD III  
Ken Jacobs

WARD IV  
Steve Hickok

WARD V  
Michael L. Hudgins

WARD VI  
Guy Bowering

Following are the new Blue Cross/Blue Shield premiums for our medical insurance coverage. We are adding one benefit this year – “Tobacco-Free Workplace.” With your next paycheck, you will receive information and an employee agreement form which must be signed and returned to City Hall. All of our other benefits will remain the same. The Tobacco Free Workplace kept our premium increase to approximately 2% versus a 5% increase without it. Those of you who have dependent coverage will also benefit from this 3% savings.

**We encourage all of you to take advantage of the “Healthy You!” wellness benefit.** This benefit provides certain wellness tests and screenings to you and each member on your contract with no co-pay, no deductible, and no limit to the cost of the procedure. You should have a copy of a brochure explaining this benefit. If you do not, please contact Lisa Winstead at City Hall to receive a copy.

The City will continue to pay 100% of employee coverage. If you have dependent coverage under the City’s group health plan, you will see the following new rates beginning with your December 3, 2010 paycheck:

Per pay period deduction for dependent coverage:

	<u>Current</u>	<u>New</u>	<u>Difference</u>
Spouse	\$188.52	\$ 192.00	\$ 3.48
Child(ren)	\$111.99	\$ 114.06	\$ 2.07
Family	\$312.95	\$ 318.74	\$ 5.79

If you have any questions concerning our group health plan, please do not hesitate to contact Lisa Winstead at City Hall.





# City of Madison Police Department

(An Internationally and State Accredited Law Enforcement Agency)



## APPLICATION INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide for properly completing the Personal History Statement. It is essential that the information be accurate. The information will be used as the basis for a background investigation that will determine your eligibility for employment.

In addition to the Personal History Statement, complete the City of Madison application for employment. This application should be submitted along with the Personal History Statement and other documents requested below.

1. The Personal History Statement should be printed legibly in ink or typed. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter "N/A" in the space provided.
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 complete and accurate addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library or internet resources may have directory service or copies of local telephone directories.
5. If there is insufficient 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(s) and question number(s) before continuing your answer on the additional sheet.
6. An accurate and complete form will help expedite your background investigation. Conversely, deliberate omissions or falsifications on the form may result in disqualification.
7. CHECK your Personal History Statement to be sure the following attachments and documents are enclosed before returning to the Police Department:
  - Small, recent color photograph of yourself (non-returnable)
  - Copy of your birth certificate
  - Copy of your GED, high school and/or college diploma, if applicable
  - Copy of your high school and college transcripts, if applicable
  - Copy of your military discharge papers (DD-214), if applicable
  - Copy of your marriage license, divorce or separation decree, if applicable
  - Four (4) letters of recommendation from non-relative references (must be from other references NOT LISTED in your Personal History Statement or employment application)
  - A brief, hand-written autobiography
  - Copies of certificates and/or certifications related to previous training
  - A copy of your driver's license AND social security card
  - Completed and signed Drug Screening Consent form
  - Completed, signed and notarized Authorization to Release Information form

ALL DOCUMENTS PAST THIS  
POINT MUST BE COMPLETED  
AND RETURNED TO THE POLICE  
DEPARTMENT.

Name: \_\_\_\_\_

ATTACH A RECENT  
COLOR PHOTO

ATTACH A RECENT  
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ATTACH A RECENT  
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**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

APPLICANT: \_\_\_\_\_

**SECTION A - Continued:**

10. DRIVER'S LICENSE: \_\_\_\_\_  
Number                      Class                      State                      Expiration Date

11. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

12. HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

13. SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B: Residences - List ALL addresses where you have lived for the past ten (10) years, beginning with your present address. List by month and year. Attach an additional page if needed.**

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION C: Work History** - Beginning with your present or most recent employer/job, list **ALL** employment since the age of 16, including part time and seasonal employment. You may also list volunteer work you have performed. Include periods of unemployment and reasons. You may attach additional pages if necessary.

**1. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **CO-WORKER:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_  
\_\_\_\_\_

**2. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **CO-WORKER:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_  
\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION C - Continued:**

**3. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **CO-WORKER:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

\_\_\_\_\_

**4. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **CO-WORKER:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION C - Continued:**

**5. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **CO-WORKER:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

\_\_\_\_\_

**6. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **CO-WORKER:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

APPLICANT: \_\_\_\_\_

**SECTION D: Military Service**

1. HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ( ) YES ( ) NO

IF "YES", DATES OF SERVICE - FROM: \_\_\_\_\_ TO: \_\_\_\_\_

2. BRANCH OF SERVICE: \_\_\_\_\_

UNIT DESIGNATION: \_\_\_\_\_

MILITARY SERVICE NUMBER: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

3. WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE? (INCLUDES COURT MARTIAL, CAPTAIN'S MAST, COMPANY DISCIPLINE)

( ) YES ( ) NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. IF YOU RECEIVED A DISCHARGE OTHER THAN "HONORABLE" GIVE COMPLETE DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

APPLICANT: \_\_\_\_\_

**SECTION E: Educational History - List ALL secondary schools and colleges/universities you have attended.**

1. ARE YOU A HIGH SCHOOL GRADUATE? ( ) YES ( ) NO

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR GED? \_\_\_\_\_

LIST ALL HIGH SCHOOLS ATTENDED. LIST GRADUATING SCHOOL FIRST:

<u>SCHOOL NAME</u>	<u>CITY/STATE</u>	<u>DATES FROM/TO</u>	<u>GRADUATE?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. COLLEGE OR UNIVERSITY ATTENDED: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

CREDIT HOURS EARNED: \_\_\_\_\_ MAJOR STUDIED: \_\_\_\_\_

DEGREE RECEIVED (IF APPLICABLE): \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

CREDIT HOURS EARNED: \_\_\_\_\_ MAJOR STUDIED: \_\_\_\_\_

DEGREE RECEIVED (IF APPLICABLE): \_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION F: Special Qualifications and Skills**

**1. LIST ANY SPECIAL LICENSES AND/OR CERTIFICATIONS YOU HOLD AND LIST EXPIRATION DATES, IF APPLICABLE:**

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**2. LIST ANY SPECIALIZED OFFICE EQUIPMENT, MACHINERY AND/OR OTHER EQUIPMENT YOU ARE QUALIFIED TO OPERATE:**

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**3. ARE YOU FLUENT IN ANY FOREIGN LANGUAGES? IF SO, LIST LANGUAGE AND WHETHER PROFICIENT IN READING, SPEAKING, UNDERSTANDING AND/OR WRITING:**

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**4. LIST ANY OTHER SPECIAL SKILLS AND/OR QUALIFICATIONS YOU MAY POSSESS NOT PREVIOUSLY ADDRESSED:**

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**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

APPLICANT: \_\_\_\_\_

**SECTION G: Arrests, Detentions and Litigations**

1. HAVE YOU EVER BEEN ARRESTED, DETAINED BY LAW ENFORCEMENT OR SUMMONED TO COURT FOR A CRIMINAL OFFENSE?

( ) YES ( ) NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

<u>CHARGE</u>	<u>AGENCY/COURT CITY/STATE</u>	<u>DATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN A CIVIL LITIGATION?

( ) YES ( ) NO

IF YES, PROVIDE LOCATION/COURT JURISDICTION, TYPE OF LITIGATION, WHETHER PLAINTIFF OR DEFENDANT, DATE OF CIVIL ACTION, FINAL DISPOSITION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION H: Traffic/Driving Record**

**1. HAS YOUR DRIVER'S LICENSE (FROM ANY STATE) EVER BEEN SUSPENDED OR REVOKED?**

( ) YES      ( ) NO

**IF YES, GIVE LOCATION AND REASONS:**

\_\_\_\_\_  
\_\_\_\_\_

**2. LIST OTHER STATES WHERE YOU HAVE POSSESSED A DRIVER'S LICENSE (INCLUDE NUMBER IF KNOWN):**

\_\_\_\_\_

**3. WITH WHICH COMPANY DO YOU HAVE AUTOMOBILE INSURANCE?**

\_\_\_\_\_

**4. LIST TO THE BEST OF YOUR MEMORY ALL TRAFFIC CITATIONS/TICKETS YOU HAVE RECEIVED, EXCLUDING PARKING CITATIONS:**

MONTH/YEAR	VIOLATION	CITY/STATE ISSUED	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. DESCRIBE BRIEFLY ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES/LOCATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION I: Marital and Family History**

1. ARE YOU (check all that apply):
- ( ) SINGLE
  - ( ) ENGAGED
  - ( ) MARRIED
  - ( ) SEPERATED
  - ( ) DIVORCED
  - ( ) WIDOWED

**2. IF ENGAGED:**

NAME OF FUTURE SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Number

Street

City

State

Zip Code

TELEPHONE NUMBER: \_\_\_\_\_

**3. IF MARRIED:**

DATE OF MARRIAGE: \_\_\_\_\_

CITY/STATE OF MARRIAGE: \_\_\_\_\_

SPOUSE'S FULL NAME (INCLUDE MAIDEN): \_\_\_\_\_

**4. INDICATE IF YOU ARE ( ) SEPERATED ( ) DIVORCED ( ) WIDOWED:**

DATE OF PREVIOUS MARRIAGE: \_\_\_\_\_

CITY/STATE OF MARRIAGE: \_\_\_\_\_

FORMER SPOUSE'S NAME (INCLUDE MAIDEN): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

Number

Street

City

State

Zip Code

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

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION I: Continued**

IF DIVORCED, DATE OF ORDER/DECREE: \_\_\_\_\_

COURT AND STATE WHERE ISSUED: \_\_\_\_\_

**5. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (INCLUDE NATURAL, STEP CHILDREN, ADOPTED AND/OR FOSTER CHILDREN):**

<u>NAME</u>	<u>RELATION</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>SUPPORTED BY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**6. LIST ALL OTHER DEPENDENTS:**

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

APPLICANT: \_\_\_\_\_

**SECTION I: Continued**

7. LIST ALL OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER, BROTHERS AND SISTERS. IF DECEASED, SO INDICATE:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>RELATION</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF MADISON?

( ) YES ( ) NO

IF YES, NAME OF RELATIVE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

BRANCH OF CITY GOVERNMENT EMPLOYED: \_\_\_\_\_

**SECTION J: Financial History**

**Sources of Income:**

1. WHAT IS YOUR PRESENT SALARY/WAGES: \_\_\_\_\_

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

( ) YES ( ) NO

IF YES, INDICATE AMOUNT, SOURCE AND FREQUENCY: \_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION J: Continued**

**3. DO YOU OWN REAL ESTATE:**        ( ) YES                    ( ) NO

IF YES, INDICATE  
VALUE, TYPE, LOCATION: \_\_\_\_\_

**4. DO YOU OWN CORPORATE OR GOVERNMENT BONDS:** ( ) YES        ( ) NO

AMOUNT/VALUE: \_\_\_\_\_

**5. DO YOU OWN CORPORATE STOCK?**    ( ) YES                    ( ) NO

AMOUNT/VALUE: \_\_\_\_\_

**6. DO YOU HAVE BANK ACCOUNTS?**    ( ) YES                    ( ) NO

CHECKING - AVERAGE BALANCE, BANK NAME: \_\_\_\_\_

SAVINGS - AVERAGE BALANCE, BANK NAME: \_\_\_\_\_

OTHER - AVERAGE BALANCE, BANK NAME: \_\_\_\_\_

**7. HAVE YOU EVER FILED FOR BANKRUPTCY?**    ( ) YES                    ( ) NO

IF "YES" INDICATE COURT, CHAPTER TYPE, DATE FILED AND DISCHARGED:  
(ATTACH COPY OF DISCHARGE ORDER)

\_\_\_\_\_  
\_\_\_\_\_

**Financial Obligations:**

**8. PROVIDE THE NAMES/ADDRESSES OF INDIVIDUALS, CORPORATIONS OR OTHERS TO WHOM YOU ARE INDEBTED AND THE EXTENT OF YOUR DEBT. INCLUDE RENT, MORTGAGES, VEHICLE LOAN PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, PERSONAL LOANS, STUDENT LOANS, CHILD SUPPORT PAYMENTS AND ANY OTHER TYPE OF DEBTS OR PAYMENTS:**

<u>TYPE</u>	<u>NAME/ADDRESS OF CREDITOR</u>	<u>REASON FOR DEBT</u>	<u>ACCOUNT NUMBER</u>	<u>TOTAL BALANCE</u>	<u>PAYMENT AMOUNT</u>
_____	_____	_____	_____	_____	_____







**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

APPLICANT: \_\_\_\_\_

**SECTION L: Continued**

<u>ORGANIZATION NAME AND LOCATION</u>	<u>TYPE OF ORGANIZATION</u>	<u>DATES OF MEMBERSHIP</u>
_____	_____	_____
_____	_____	_____

**SECTION M: Personal Declarations**

1. DO YOU DRINK ALCOHOLIC BEVERAGES?      ( ) YES      ( ) NO

IF YES, HAS YOUR USE OF ALCOHOL EVER RESULTED IN AN ACCIDENT OR AFFECTED YOUR ABILITY TO REPORT AND PERFORM YOUR WORK EFFECTIVELY? IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG/NARCOTIC THAT WAS NOT PRESCRIBED TO YOU BY A PHYSICIAN?      ( ) YES      ( ) NO

IF YES, DESCRIBE THE CIRCUMSTANCES (INCLUDE APPROXIMATE DATES):

\_\_\_\_\_  
\_\_\_\_\_

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS/NARCOTICS TO ANYONE?

( ) YES      ( ) NO

IF YES, EXPLAIN IN DETAIL (INCLUDE APPROXIMATE DATES):

\_\_\_\_\_  
\_\_\_\_\_

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION M: Continued**

**4. ARE YOU ABLE TO WORK ROTATING SHIFTS, WEEKENDS, NIGHTS AND HOLIDAYS?**

( ) YES ( ) NO

**IF NO, EXPLAIN:** \_\_\_\_\_

**5. HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE MADISON POLICE DEPARTMENT OR HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT AGENCY?**

( ) YES ( ) NO

**IF YES, IDENTIFY AGENCY, DATE/STATUS OF APPLICATION(S):**

\_\_\_\_\_  
\_\_\_\_\_

**6. HAVE YOU OR ANY FAMILY MEMBER EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, SUBVERSIVE OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?**

( ) YES ( ) NO

**IF YES, EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**7. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER OR CIVILIAN EMPLOYEE?**

( ) YES ( ) NO

**MADISON POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**APPLICANT:** \_\_\_\_\_

**SECTION M: Continued**

**IF YES, EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**8. CERTIFICATION OF TRUTHFULNESS**

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 THE IMMEDIATE REJECTION OF MY APPLICATION OR FOR MY TERMINATION OF EMPLOYMENT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



# City of Madison Police Department

(An Internationally and State Accredited Law Enforcement Agency)



## DRUG TESTING CONSENT FORM

I, \_\_\_\_\_ , do hereby grant the City of Madison, Mississippi through its qualified agent(s) to conduct a drug and alcohol test to assist in determining my suitability for the job for which I am applying or my continued suitability in the event I am currently employed. I am aware of the City of Madison's drug testing policy. I will indicate any prescription drugs or over the counter medications I am currently taking on the specific forms 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 Police procedures.

Consequences of a confirmed positive test and policy violation will disqualify my consideration for employment or continued 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's Personnel office. I understand my refusal to take such a test as specified in the City Drug Policy will disqualify me from employment consideration or continued employment.

Drug test results are held confidentially by city officials according to policy regulations.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness



# City of Madison Police Department

(An Internationally and State Accredited Law Enforcement Agency)



## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, am an applicant for employment with the Madison Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Madison, Mississippi. This information is to my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), consumer reporting agencies, financial institutions of any kind, medical institutions, doctors and any other person, institution or organization and all governmental agencies and instrumentalities (local, state, federal or foreign), wherever said individuals or organizations are situated, to release to the Chief of Police of the City of Madison, Mississippi, or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request thereof is made in person, in writing or telephonically.

Further I release all said individuals or organizations from all liability to me 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 representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his appointed representative as my agent and/or attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

A photocopy of this notarized original will be accepted as official.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Affidavit of: \_\_\_\_\_ (Applicant)

I, \_\_\_\_\_ (Applicant), being first duly sworn, deposes and says as follows: I am the person who executed the above authorization. I understand its meaning, intention and effect and that the statements therein are true and correct. (Applicant to sign in notary presence)

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

I certify this to be a true copy of the original notarized Authorization to Release Information and that the original shall be kept on file with the City of Madison Police Department for inspection.

\_\_\_\_\_  
MPD Representative's Signature

# City of Madison Application For Employment

(Please Print)

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City County State Zip

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Business

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ U.S. \_\_\_\_\_ Other \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Position(s) applied for \_\_\_\_\_ Date available for employment \_\_\_\_\_

## EDUCATION

Last Elementary or High School Attended \_\_\_\_\_ Ending Date \_\_\_\_\_  
Name Location Month Year

Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you either graduate from high school or pass the high school equivalency test (GED)?

Yes \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_, 20\_\_\_\_ No \_\_\_\_\_

Education Beyond High School College/University Graduate/Professional

School Name		
Years Completed	1 2 3 4	1 2 3 4
Diploma/Degree		
Course of Study		

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

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List fields of work which you are licensed, registered, or certified giving date(s) and source(s) of issuance:

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License Number \_\_\_\_\_

List computer skills, and any other skills in which you are proficient:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Failure to give complete information may result in rejection of your application. However, you may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status:

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Reasons For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Reasons For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Reasons For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Reasons For Leaving \_\_\_\_\_

**REFERENCES**

List references. Do not include relatives.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**APPLICANT'S CERTIFICATION**

(Please read carefully)

1. All information and answers to questions on this application are complete, true and correct to the best of my knowledge and belief. I understand that falsification or misrepresentation of any facts called for in this application may render this application void and may result in my termination, whenever discovered.
2. I authorize The City of Madison, Mississippi to conduct any investigation it deems appropriate concerning this application. I hereby authorize and request former employers, personal references, schools and any other persons and organizations to disclose any information that may be sought in connection with this application. In return for their providing such information to The City of Madison, Mississippi, I hereby release all former employers, personal references, schools and other persons and organizations from any liability in connection with such disclosures.
3. I understand that employment with The City of Madison, Mississippi may be contingent upon a post-offer physical examination and drug screen.
4. I agree to acquaint myself with and abide by all rules, regulations, instructions, policies and procedures of The City of Madison, Mississippi and agree that such rules, regulations, instructions, policies, procedures, practices, benefits and compensation arrangements may be changed at any time without prior notice.
5. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time with or without cause by The City of Madison, Mississippi, just the same as I may sever my employment with The City of Madison, Mississippi at any time.

I hereby certify that I have read the above statement, I understand it and I agree to it. I further understand that this application is void after thirty (30) days and that I must submit a new application if I desire to be considered for employment after that time.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT