



# Madison Police Department

P. O. Box 2489  
Madison, MS 39130  
(601) 856-6111



## 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 the steps outlined in these documents.

Please review the attached Employment Prerequisites to ensure that you meet the minimum qualifications for consideration for employment.

Complete the City of Madison pre-employment application in its entirety. If a particular question does not apply to you, then enter "N/A" for that section. Follow all instructions carefully and completely. YOU MUST INCLUDE A VALID EMAIL ADDRESS.

Once you have completed the pre-employment application, complete the Authorization to Release Information Form by signing and dating it in the presence of a notary public. This form must be notarized. Also sign, date and have witnesses sign the Drug Testing Consent Form. Attach a copy of your current driver's license or other government issued identification and return all items to the Administrative/Support 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 items to:

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

If a determination is made that you meet the initial eligibility requirements you will be notified by email with instructions for the next phase of the pre-employment process which is to complete a secured/online comprehensive Personal History Questionnaire.

M. E. Waldrop  
Chief of Police



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## USE OF MEDICAL MARIJUANA

Applicants for employment and volunteer opportunities with the Madison Police Department should be aware of the City of Madison’s current policies concerning the use of drugs or alcohol. These policies have not been altered by the Mississippi Medical Cannabis Act as it was not intended to require employers to permit marijuana use. The Medical Cannabis Act specifically states in Section 7: “This chapter shall not be construed to do any of the following: . . . (b) Require any employer to permit, accommodate, or allow the medical use of medical cannabis, or to modify any job or working conditions of any employee who engages in the medical use of medical cannabis or who for any reason seeks to engage in the medical use of medical cannabis; (c) Prohibit any employer from refusing to hire, discharging, disciplining, or otherwise taking an adverse employment action against an individual with respect to hiring, discharging, tenure, terms, conditions, or privileges of employment as a result, in whole or in part, of that individual's medical use of medical cannabis, regardless of the individual's impairment or lack of impairment resulting from the medical use of medical cannabis; (d) Prohibit or limit the ability of any employer from establishing or enforcing a drug-testing policy.” MS Legislature, Regular Session 2022, SB 2095, As Signed by the Governor, MS Medical Cannabis Act § 7(1)(b)-(d).

Additionally, the City of Madison’s Drug & Alcohol Testing Policy, Section 3(f), specifically states that cannabinoids (THC, Marijuana) are included in the testing program as prohibited substances. Section 5(b) of the policy states that applicants who test positive or refuse to be tested when so requested shall not be hired.

Marijuana, whether it is used medically or recreationally, remains a violation of the Federal Controlled Substances Act, 21 U.S.C. §§ 801 et seq.



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## **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 including a polygraph examination and drug screening.
- 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.



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## BENEFITS

- **Medical Insurance** - The City of Madison provides medical insurance to employees through an eligible insurance provider at no cost to the employee. Options are available for insuring a spouse and/or dependent children at an additional cost to the employee.
- **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. Additionally, the "100" Club of Madison/Ridgeland (a Community Business Organization) provides, free of charge, life insurance in the amount of \$30,000 in the event of a line of duty death of a Madison police officer.
- **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.

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

# 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 \_\_\_\_\_

Email Address \_\_\_\_\_

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		

\*Attach Additional Pages For Additional Schools If Necessary...== \*\* Total College Credit Hours: \_\_\_\_\_  
 Describe specialized training, apprenticeship, skills, and extra-curricular activities:

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

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

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

**\*Attach Additional Pages for Additional Employers If Necessary.**

**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





# 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



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## 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