



CITY OF GULFPORT

Police Department



APPLICATION FOR SWORN RESERVE OFFICER

P.O. BOX 1780

GULFPORT, MS 39502

AN EQUAL OPPORTUNITY EMPLOYER

The City of Gulfport accepts applications for employment with the Gulfport Police Department without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

IMPORTANT: *This application MUST be returned to the Special Event Captain at the Gulfport Police Department (not the City of Gulfport Personnel Office).* Any application not returned to the police department will be rejected.

- Print clearly in black ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification.
- This application will become void 180 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.
- Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment you are applying for.
- If you have any questions regarding information on this application, please contact the Gulfport Police Department Special Events Captain at 228-868-5900 extension 6175 or e-mail ReservesSupervisor@gulfport-ms.gov.

1. PERSONAL DATA

Last Name	First Name	Middle Name
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Social Security Number	Drivers License Number / State	Date of Birth
Home Phone: (Include Area Code)	Cell Phone: (Include Area Code)	Work or Message Phone: (Include Area Code)
Email Address:		

A. Present Address:	_____				
	House / Apartment Number / PO Box #	City	State	Zip Code	County
B. Mailing Address, if different:	_____				
	House / Apartment Number / PO Box #	City	State	Zip Code	County

2. POSITION APPLIED FOR

Sworn Police Reserve Officer	Date of Application	Date Available to Start
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List all other names/nicknames you were known that would enable us to check your education/experience:

1. _____
2. _____
3. _____

4. EMPLOYMENT HISTORY - List chronologically all present and past employers for the **past TEN (10) years**. Include summer, part-time and self-employment. For any unemployed periods, show dates, earnings (if any), and location. If additional space is needed, attach to this application. List ANY Police employment to include full-time or police reserve status.

Current Employer Name:	<input type="checkbox"/> Unemployed	Phone No. (including area code)	
Address (including Zip Code)	Start Date	Ending Date	
City	State	Zip Code	
Job Title	Start Salary \$	Ending Salary \$	
Supervisor's Name	Work Performed		
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, explain. _____			

Employer Name:	Phone No. (including area code)		
Address (including Zip Code)	Start Date	Ending Date	
City	State	Zip Code	
Job Title	Start Salary \$	Ending Salary \$	
Supervisor's Name	Work Performed		
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, explain. _____			

Employer Name:	Phone No. (including area code)		
Address (including Zip Code)	Start Date	Ending Date	
City	State	Zip Code	
Job Title	Start Salary \$	Ending Salary \$	
Supervisor's Name	Work Performed		
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, explain. _____			

Employer Name:	Phone No. (including area code)		
Address (including Zip Code)	Start Date	Ending Date	
City	State	Zip Code	
Job Title	Start Salary \$	Ending Salary \$	
Supervisor's Name	Work Performed		
Reason for Leaving			

Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? YES NO
 If Yes, explain. _____

Employer Name:	Phone No. (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary \$	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain. _____ _____		

Employer Name:	Phone No. (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary \$	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain. _____ _____		

Employer Name:	Phone No. (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary \$	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain. _____ _____		

Employer Name:	Phone No. (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary \$	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain. _____ _____		

5. REFERENCES - Give at least three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group. (Attach additional pages, if needed)

Business/Professional References – (Supervisors and/or Co-Workers are Acceptable)				
1.	_____	_____	_____	() Phone #
	Name	Business Name	Address	
2.	_____	_____	_____	() Phone #
	Name	Business Name	Address	
3.	_____	_____	_____	() Phone #
	Name	Business Name	Address	
Personal References – (Known for at Least 5 Years)				
1.	_____	_____	_____	() Phone #
	Name	Business Name	Address	
2.	_____	_____	_____	() Phone #
	Name	Business Name	Address	
3.	_____	_____	_____	() Phone #
	Name	Business Name	Address	

6. EDUCATION/ADDITIONAL INFORMATION

Name and Address of School	Circle Highest Year Finished or Credit Hours	Dates Attended		Type of Diploma/Degree
		From	To	
High School	09 10 11 12	From	To	
College	_____ Hours	From	To	
College	_____ Hours	From	To	
Graduate, Professional, Business, or Trade School	_____ Hours	From	To	

INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:				
CHECK ALL THAT APPLY				
<input type="checkbox"/> Typing – Speed _____ WPM	<input type="checkbox"/> Shorthand – Speed _____ WPM	<input type="checkbox"/> Certified Mechanic Maintenance	<input type="checkbox"/> Paint & Body	<input type="checkbox"/> Radio
<input type="checkbox"/> Dictating Machine	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Telephone Console	<input type="checkbox"/> Electrician	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Computer <input type="checkbox"/> Type: _____		<input type="checkbox"/> Software: _____		
Other Skills/Abilities: _____				
Instructor Certifications: _____				

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8. TRAFFIC HISTORY – In the past ten (10) years, have you received any traffic or parking citations? YES NO
 Has your driver’s license ever been suspended or revoked? YES NO – if yes, please provide the following information:

Date	Charging Agency	Violation	Final Disposition	Details
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	

Explanations:

9. RELATIVES - All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Include stepbrothers and sisters.

Complete Name, (No Initials) and Address of All Relatives	Occupation, Including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
A. Father Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
B. Mother Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
C. Husband/Wife Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
D. Ex-Husband/Wife 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
E. Children		
1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
6. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
F. Brothers		
1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

G. Sisters 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
H. Brother / Sister-in-Law 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
I. Father-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
J. Mother-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

10. MILITARY RECORD

Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES		Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
Duties:		Rank:
Dates Served: From: _____ / _____ / _____ To: _____ / _____ / _____		Type of Discharge:
Are you currently a member of the National Guard or other Reserve Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reserve Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
Reserve Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard		
If you are in a pay status requiring drills, meeting or camps, please give the unit and location:		
While serving in the military, did you receive any discipline, court martial, or company punishment? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If Yes, Explain:		

ATTACH COPY OF YOUR DD – 214

11. MILITARY TRAINING/EXPERIENCE

Describe any job-related training in the United States Military:

12. RELEVANT DATA

- Have you ever applied to or been employed by the City of Gulfport? Yes No
 If Yes – please check box below - give dates and positions(s) held:
 Employed – Position: _____ Employed from: _____ to _____
 If No – please check box below - give dates and positions(s) applied for:
 Position Previously Applied for _____ Date: _____
- Do you have relatives employed by the City of Gulfport? Yes No
 If yes, please list names, relationships and occupations:

- Indicate what shifts you are willing to work: Any Day Swing Midnight
- Are you 18 years of age or over? Yes No
- Are you a registered voter? Yes No
 If yes: County: _____ State: _____
- Do you have a Valid Drivers License? Yes No
- Have you ever illegally used any controlled substance(s)? Yes No
 (Example: *Marijuana, LSD, PCP, Cocaine, Heroin, Ecstasy*, Steroids, Spice, or any other legal or illegal controlled substance)
- Did you read, understand and answer all questions?** Yes No

13. Applicant's Statement

I understand that this application will become void 180 days after I submit it, or when the position for which I apply is filled, or when I accept other employment, whichever comes first.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge.

In the event of employment, I understand that I am required to abide by all the rules and regulations of the City of Gulfport.

I certify that all the answers given within this application are true and complete to the best of my knowledge.

Signature of Applicant

Date

14. REQUIRED DOCUMENTS

ATTACHED

- | | |
|---|--|
| 1. Certified Copy of High School Diploma or General Equivalency Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Certified Copy of college transcripts (Police or if Required) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Copy of Current Driver's License | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of DD-214 (If you served in the military) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copies of all training certifications (example: police academy, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Certified Copy of your Birth Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. 2 inch by 2 inch full face color photo attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you supply all information requested in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Attention All
Applicants**

**Attach a photocopy of
your driver's license**

**Attach a
Current
Color
Photograph
Here**

FOR PERSONNEL OFFICE USE ONLY

Date Returned

Accepted by

THIS PAGE IS FOR APPLICANTS FOR THE POSITION OF SWORN RESERVE POLICE OFFICER

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the occupation of a sworn reserve police officer? YES NO If No, you are to explain on a separate sheet of paper. I understand that all appointments are probationary for a period of up to one (1) year, during which time I must demonstrate my fitness for continued employment by the City of Gulfport. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the City of Gulfport and I agree to these conditions.

I also certify that I have never been convicted of the misdemeanor crime of **Domestic Violence** and that I am not prohibited from carrying a weapon or ammunition for any reason.

(Signature of applicant as usually written)

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who, being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My Commission Expires:

Notary Public

AUTHORITY TO RELEASE INFORMATION
THIS FORM MUST BE NOTARIZED!

Read the following release form carefully and enter your signature, current address, telephone number, date of birth, social security number and the date in the designated spaces.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the City of Gulfport, Mississippi. The City needs to investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the City of Gulfport.

I hereby authorized any representative of the City of Gulfport bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Gulfport, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Gulfport to consider in determining my suitability for employment. 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, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections 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 had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of organization, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Gulfport regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Gulfport's acceptance and processing of my application for employment, I agree to hold the City of Gulfport, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Gulfport. 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.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the city of Gulfport in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Cont. ➤

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name: _____

Signature: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Sworn to and subscribed before me this _____ day of _____, 20 ____.

My Commission Expires:

Notary Public