



Application Instructions

- The application must be carefully printed and legible.
- It is imperative that you take your time and fill this application completely. An incomplete application **WILL NOT** be processed.
- If you have any questions concerning any section of the application, please contact Deputy Chief Danny R. Miller at (228) 392-3525.
- Once the application is complete to include all necessary attachments, (Diploma, Transcripts, etc) hand deliver or mail to the D'Iberville Fire Department Station #1, located at 11288 Lamey Bridge Road, D'Iberville, MS 39540
- **THANK YOU FOR YOUR INTEREST IN THE D'IBERVILLE FIRE DEPARTMENT!**

Applicant Name: _____
Last, First Middle

Application Date: _____
MM/DD/YYYY

D'Iberville Fire Department

Application Instructions

If you are applying for **EMPLOYMENT** you should review sections 1 and 2.

I am applying for the position of FIREFIGHTER under the following program – **Check one (1) only:**

- Recruit Firefighter — Section — 1
- Experienced Firefighter — Section — 2

Section 1 - RECRUIT FIREFIGHTER CANDIDATES:

If you do not meet the criteria to be considered as an *EXPERIENCED FIREFIGHTER*, you may apply for the position of *Recruit Firefighter*. Recruit Firefighter applicants must be at least 18 years of age and possess a valid driver's license. Applicants must have a High School Diploma or GED and vision correctable to 20 / 20. Applicants must also pass a physical fitness / agility test, written examination, an extensive background investigation, oral interview board, medical examination, and urinalysis / drug screen. After appointment as a recruit firefighter, all applicants must become certified through the Mississippi Fire Personnel Minimum Standards and Certification Board by attending a Seven (7)—week basic firefighter 1001-I-II course at the Mississippi State Fire Academy within one year of employment.

Section 2 – EXPERIENCED FIREFIGHTER CANDIDATES:

Applicants who, at the time of application, meet all the criteria outlined below, are considered *EXPERIENCED FIREFIGHTER CANDIDATES*. An experienced firefighter candidate must pass the same entrance examination(s) as a Recruit Firefighter to be eligible for employment. Upon receipt of a passing rating and after completing all prequalifying evaluations, the experienced candidate will become eligible for employment by the Fire Department. *If you do not meet the criteria as a experienced candidate, go back to Section 1.*

A. EXPERIENCED FIREFIGHTER ENTRY PROGRAM

1. Must be currently employed in a full time position as a Firefighter with a fire department and/or two years active service with a department which you have been previously employed not more than a year prior to application date.
2. Must have successfully completed a state certified NFPA 1001-I-II basic fire academy.
3. Must have current Mississippi Fire Personnel Minimum Standards Certificate for Firefighter 1001-I-II.
4. Must have position comparable to or above Firefighter II for D'Iberville (1-year service).
5. Candidate cannot be on probation, on any mandated leave resulting from any department disciplinary action, nor have any pending disciplinary action.

Application Procedures

All applications must be carefully printed and legible. **Any application that is not clearly legible or complete will not be considered.** The D'Iberville Fire Department will not be responsible for any information that is misread due to poorly written information. All questions must be answered. Applications, which are not complete and legible, will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions. This application summarizes your employment history, references, military record, and court record.

With your employment application you must submit:

- ✓ A photo copy of your driver license,
- ✓ A current color photo of yourself,
- ✓ A certified copy of your high school transcript or GED certificate,
- ✓ A certified copy of all college transcripts, if applicable,
- ✓ A certified copy of your birth certificate, and.

NOTE: A Copy will be made of the certified Birth Certificate, by DFD Administrative Staff Members, and the original will be returned to the applicant.

- ✓ A copy (not required to be certified) of your DD 214, if you served in the military.

If you have not yet obtained certified copies of the above documents by the application due date, you may attach any non-certified copies that you have *or a written explanation of what steps you have taken to obtain the documents.* **We must have certified copies (except DD-214) of these documents before you can be hired.**

Employment applications and specified documents must be returned to D'Iberville Fire Department between 8:00 a.m. and 5:00 p.m., Monday through Friday.

**D'Iberville Fire Department
11288 Lamey Bridge Road
D'Iberville, MS 39540**

Applicants for employment only:

- Applications received after the closing date will not be considered.
- All applicants must have a high school diploma or GED.
- If you have a change of name, address, or telephone number, you must notify the Deputy Chief in writing. All addresses throughout the application must include zip code.
- All applicants must be a citizen of the United States & must be at least 18 years of age.
- All applicants must obtain a Mississippi Drivers License within 60 days of residency and become a resident and registered voter of one of the following counties: Harrison, Jackson, Hancock, Stone, Pearl River, or George County, Mississippi within 90 days following employment.

If you have any questions regarding your eligibility for employment or the application process, you may contact Deputy Chief Danny R. Miller @ 228-392-3525.

Application for Employment

11288 Lamey Bridge Road

D'Iberville, MS 39540

An Equal Opportunity Employer

The City of D'Iberville accepts applications for employment with the D'Iberville Fire 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 City of D'Iberville Fire Department.

- 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 the date of submittal.
- 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 Deputy Chief Danny Miller @ 228-392-3525 or email @ dmiller@diberville.ms.us

1. PERSONAL DATA

Last	First	Middle	
Social Security Number: - -	Driver License Number	Driver License State	Date of Birth
Home Phone (include area code) - -	Cellular Phone (include area code) - -	Email Address	
Present Address			
House/Apartment Number/PO Box #	City	State	Zip Code
Mailing Address, if different			
House/Apartment Number/PO Box #	City	State	Zip Code
			County

2. POSITION APPLIED FOR

Position Title	Date of Application	Date Available to Start	List all other names/nicknames that you were known as 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 Five (5) years**. Include summer, part-time self-employment. For any unemployed periods, show dates, earnings (if any), and location. If additional space is needed, attach to this application. List **ANY** Fire/Rescue/EMS employment to include full-time, part-time or Volunteer status.

Current Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code) - -
Address	Start Date	Ending Date
City	State	Zip
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 <input type="checkbox"/> Unemployed		Phone No. (including area code) - -
Address	Start Date	Ending Date
City	State	Zip
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.		
Current Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code) - -
Address	Start Date	Ending Date
City	State	Zip
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.		
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Address	Start Date	Ending Date
City	State	Zip
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.		

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Job Title	Start Salary \$ \$	Ending Salary \$ \$
Supervisor's Name	Work Performed	
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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.

Current Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code) - -
Address	Start Date	Ending Date
City	State	Zip
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.

5. **REFERENCES**— Give at least three (3), not relatives, who are responsible adults to reputable standings in their communities, such as homeowners, business or professional persons, who have know 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.	Name	Business Name	Address	State	Zip	Phone Number
2.	Name	Business Name	Address	State	Zip	Phone Number
3.	Name	Business Name	Address	State	Zip	Phone Number
Personal References – (Known for at Least 5 Years)						
1.	Name	Business Name	Address	State	Zip	Phone Number
2.	Name	Business Name	Address	State	Zip	Phone Number
3.	Name	Business Name	Address	State	Zip	Phone Number

6. **EDUCATION/ADDITIONAL INFORMATION**

Name of School	City/State	Highest Year Finished or Credit Hours	Dates Attended	Type of Diploma/Degree
High School:	,	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	From To	
College	,	____ Hours	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:				
<input type="checkbox"/> Typing-Speed _____ WPM	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Certified Mechanic	<input type="checkbox"/> Paint & Body	<input type="checkbox"/> Radio Maintenance
<input type="checkbox"/> Computer <input type="checkbox"/> Type:		<input type="checkbox"/> Electrician	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Certified Diver
<input type="checkbox"/> Software:		<input type="checkbox"/> EMR/EMT/IEMT/EMT-Paramedic		
Other Skills/Abilities		Other Skills/Abilities		
Instructor Certifications:		Foreign Languages: Speak Read Write		
		Spanish	<input type="checkbox"/>	<input type="checkbox"/>
		Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Training:		German	<input type="checkbox"/>	<input type="checkbox"/>
		French	<input type="checkbox"/>	<input type="checkbox"/>
		Other:	<input type="checkbox"/>	<input type="checkbox"/>

7. **COURT RECORD** – Have you ever been arrested, detained, charged, or convicted of a misdemeanor or felony offense, Excluding Traffic Citations?

YES NO

Date of Arrest	Date of Offense	Date of Conviction	Police Agency	Charge	Final Disposition
				<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
				<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
				<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
				<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Explanations:					

8. **TRAFFIC HISTORY** – In the past (10) years, have you received any traffic or parking citations? YES NO
 Has your driver’s license ever been suspended or revoked? YES NO

Date	Police 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. 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 a pay status requiring drills, meeting or camps, 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 A COPY OF YOUR DD-214 (MEMBER – 4 FORMAT)		

10. MILITARY TRAINING/EXPERIENCE

Describe any Fire/Rescue/Medical-related training in the United States Military:

11. RELEVANT DATA

1. Are you a citizen of the United States? Yes No
2. Have you ever applied to or been employed by the City of D'Iberville? Yes No
 If you have been, please check box below – give dates and positions(s) held:
 Employed – Position: _____ Employed from: _____ to _____
 If you applied to the City of D'Iberville but weren't hired, please check box below:
 Position previously applied for _____ Date: _____
 Position previously applied for _____ Date: _____
3. Do you have relatives employed by the City of D'Iberville? Yes No
 If yes please list names, relationships and occupations:

4. Are you 18 years of age or older? Yes No
5. Are you a registered voter? Yes No
 If yes: County: _____ State: _____
7. Do you have a valid driver's license? Yes No
8. Have you ever used any controlled substance(s)? Yes No
 (Example: Marijuana, LSD, PCP, Cocaine, Heroin, Ecstasy, Steroids, or any other controlled substance)
9. Did you read, understand and answer all questions? Yes No

12. PLEASE READ EACH STATEMENT CLOSELY AND INITIAL EACH ACKNOWLEDGING YOUR UNDERSTANDING.

Equal Employment Opportunity Statement

_____ The City of D'Iberville is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The City desires to maintain a work environment that is free of sexual harassment and discrimination due to sex, race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The City will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the City of D'Iberville, you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by the city. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be "at-will", which means that the City may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the City will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the City unless made in writing and signed by the City Manager.

Testing Authorization

_____ If offered a position with the City of D'Iberville, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the City's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the City of D'Iberville is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE CITY OF D'IBERVILLE.

Signature

Date

13. APPLICANT STATEMENT

I Understand that this application will become void 180 days after I submit it.

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 D'Iberville.

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. Copy of High School Transcripts or General Equivalency Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Certified Copy of College Transcripts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Copy of Current Driver's License (Affix to the space Provided below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of DD-214 – For Military service, (Member– 4 format, Copy Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copies of all training certifications (examples: fire 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. Current Color Photograph (Affix to the space provided below) | <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 |

All transcripts should be received by the City of D'Iberville Fire Department in a sealed envelope from the learning institution.

**Attention all
Applicants**

Attach a photocopy of
your drivers license in
this space

Attach a
current
Color
Photograph
Here

FOR PERSONNEL OFFICE USE ONLY

Date Returned

Accepted By

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 D'Iberville, 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 D'Iberville.

I hereby authorized any representative of the City of D'Iberville 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 D'Iberville, 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 D'Iberville 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 criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, 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 D'Iberville 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 D'Iberville's acceptance and processing of my application for employment, I agree to hold the City of D'Iberville, 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 D'Iberville. 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 D'Iberville 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.

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

**THIS PAGE IS FOR APPLICANTS FOR THE POSITION OF
FIREFIGHTER**

THIS FORM MUST BE NOTARIZED

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the occupation of a firefighter? YES NO

I understand that all appointments are probationary for a period of one (1) year, during which time I must demonstrate my fitness for continued employment by the City of D'Iberville. 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 D'Iberville and I agree to these conditions.

(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.

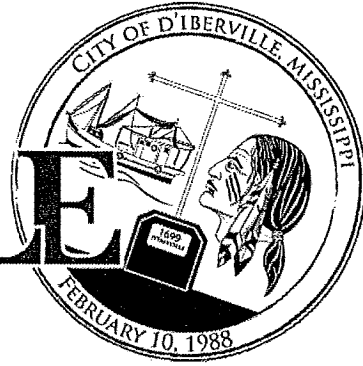
Signature of Applicant

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

My Commission Expires:

Notary Public

CITY OF D'IBERVILLE



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

City of D'Iberville, MS ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history*, verification of your education or employment history, drug screening or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation conducted by Reference Services, Inc. (RSI). RSI is located and can be contacted by mail at 101 Plaza East Blvd, Suite 300, Evansville, IN 47715, and RSI can be contacted by phone at (800)881-0754. Information about RSI's privacy policy is available at the following link: <http://www.referenceservices.com/wp-content/uploads/2013/09/RSI-Consumer-Information-Privacy-Policy.pdf>. The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your contract period to the extent permitted by law.

Signature: _____ Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled "Disclosure Regarding Background Investigation" and "A Summary of Your Rights under the Fair Credit Reporting Act" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by City of D'Iberville, MS at any time after receipt of this authorization and throughout my employment, or status as an Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all drug screening and background information requested by Reference Services, Inc. [101 Plaza East Blvd, Suite 300, Evansville, IN 47715, (800)881-0754, www.referenceservices.com] and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Aliases Used _____

Social Security Number* _____ Date of Birth* _____

Driver's License Number _____ State of Driver's License _____

Current Address - City, State, Zip _____

Previous Address - City, State Zip _____

Previous Address - City, State Zip _____

Phone Number _____ Email Address _____

Permission to contact current employer for employment and reference verifications: Yes No

Signature _____ Date _____

*This information will be used as identification for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357