



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 pdcareers@diberville.ms.us.
- Once the application is complete to include all necessary attachments, (Diploma, Transcripts, Fingerprints, etc.) drop the application off at the D'Iberville Police Department
- THANK YOU FOR YOUR INTEREST IN THE D'IBERVILLE POLICE DEPARTMENT!

D'Iberville Police Department

Application Instructions

If you are applying for **EMPLOYMENT** you should review sections 1 and 2. If you are applying for the position of **RESERVE POLICE OFFICER (Non-Paid)** you should review section 3.

I am applying for the position of **POLICE OFFICER** under the following program — **Check one (1) only:**

- Police Officer Recruit — Section — 1
- Lateral Police Officer — Section — 2. (A)
- Job Training Partnership Act- J.T.P.A. - University of Southern Mississippi - Section - 2 (B)
- Criminal Justice Graduate — University of Southern Mississippi — Section — 2, (C)
- Reserve Police Officer — Section 3
- Civilian – See Job Description for position applied for

Section 1 - RECRUIT POLICE OFFICER CANDIDATES:

If you do not meet the criteria to be considered as a *LATERAL POLICE OFFICER*, you may apply for the position of *Recruit Police Officer*. Recruit police officer applicants must be at least 21 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 written examination, physical fitness / agility test, an extensive background investigation, oral interview board, medical examination, polygraph, psychological evaluation, and urinalysis / drug screen. After appointment as a recruit police officer, all applicants must become certified through the State of Mississippi Peace Officers Standards and Training by attending a 10—week basic police academy.

Section 2 - LATERAL POLICE OFFICER CANDIDATES:

Applicants who are at the time of application, in one of the programs outlined below, are considered *LATERAL CANDIDATES*. A lateral candidate must pass the appropriate entrance examination to be eligible for further standard entry level evaluations. Upon receipt of a passing rating and after completing all prequalifying evaluations, the lateral candidate will become eligible for immediate appointment by the Commission. *If you do not meet the criteria as a lateral candidate, go back to Section 1.*

A. POLICE OFFICER LATERAL ENTRY PROGRAM

1. Must be employed in a full time position as a sworn police officer with current department.
2. Must have successfully completed a state certified basic police academy.
3. Must have current law enforcement officer state certification.
4. Must have position comparable to or above Patrol Officer First Class 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.

B. JOB TRAINING PARTNERSHIP ACT (J.T.P.A.) PROGRAM — (MILITARY PERSONNEL ONLY)

1. Must attend state certified basic police academy.
2. Must receive Mississippi law enforcement officer state certification.

C. CRIMINAL JUSTICE POLICE ACADEMY PROGRAM

1. Must be a graduate in the program prior to employment.
2. Must attend and successfully graduate from state certified basic police academy.
3. Must receive Mississippi law enforcement officer state certification. (Graduate status from either of two Criminal Justice Programs shall satisfy eligibility for lateral entry. The two programs are: (1) USM, Gulf Coast for Seniors, or (2) the Mississippi Police Corps Program at USM, Hattiesburg.)

Section 3 - RESERVE POLICE OFFICER CANDIDATES:

Reserve officers must be at least 21 years of age and must possess a valid driver's license. All Reserve officers must successfully pass an extensive background investigation, including drug screen, polygraph, and psychological examination. Prior to being commissioned as a Reserve officer, candidates must become certified through the State of Mississippi Peace Officers Standards & Training. Candidates must attend a 208-hour, 12-week Reserve Officer Training Academy. The Academy requires 4-hour evening classes, three times per week during the twelve-week program including several eight—hour training sessions on Saturdays during the academy session.

Membership with the D'Iberville Police Reserve organization is an "at will" nature, which means that you may resign at any time and you may be discharged at any time by the D'Iberville Police Department with or without cause. False or misleading information given in the application or interview(s) may result in immediate discharge.

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 Police Department will not be responsible for 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, court record and family history.

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.
- ✓ 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 Police Department between 8:00 a.m. and 5:00 p.m.: Monday through Friday.

**D'Iberville Police Department
11290 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 degree or GED.
- If you have a change of name, address or telephone number, you must notify the Personnel Office 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 21 years of age.
- All applicants must obtain a Mississippi Driver's 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 Lori Guardia @ 228.396.4252 or email your questions to pdcareers@diberville.ms.us.



City of D'IBERVILLE Police Department

Application for Employment

11290 Lamey Bridge Road
D'Iberville, MS 39540

An Equal Opportunity Employer

The City of D'Iberville accepts applications for employment with the D'Iberville 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 City of D'Iberville Police 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 90 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever comes 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 via email pdcareers@diberville.ms.us or Lori Guardia @ 228-396-4252 or email @ lguardia@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 TEN (10) 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** police employment to include full-time, part-time or police reserve status.

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

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 of 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 of 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 of 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 of 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 of 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), not relatives, who are responsible adults to reputable standings in their communities, such as homeowners, 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.						
	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"/> Shorthand-Speed _____	<input type="checkbox"/> Certified Mechanic <input type="checkbox"/> Paint & Body <input type="checkbox"/> Radio Maintenance
<input type="checkbox"/> Dictating Machine	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Electrician <input type="checkbox"/> Carpentry
<input type="checkbox"/> Computer <input type="checkbox"/> Type:		
<input type="checkbox"/> Software:	Other Skills/Abilities	
Other Skills/Abilities		
Instructor Certifications:		
Specialized Training:		

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. **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 step related persons.

Complete Name (No Initials) and Address of All Relatives to include step related	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 Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	
E. Ex-Husband/Wife Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	
F. Ex-Husband/Wife Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	

G. 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	
H. Brothers 1. Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	
3. 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	

I. 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	
6. Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	
J. Brother/Sister-in-Law 1. Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	
4. 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	
K. Father-in-Law Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	
L. Mother-in-Law 1. Name: Address: Place of Birth:	<input type="checkbox"/> Deceased	

10. MILITARY RECORD – 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 step related persons.

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)		

11. MILITARY TRAINING/EXPERIENCE

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

12. RELEVANT DATA

- Are you a citizen of the United States? Yes No
- 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: _____
- Do you have relatives employed by the City of D'Iberville? Yes No
If yes please list names, relationships and occupations:

- Indicate what shifts you are willing to work: Any Day Swing Midnight
- Are you 21 years of age or older? Yes No
- Are you a registered voter? Yes No
If yes: County: _____ State: _____
- Do you have a valid driver's license? Yes No
- Have you ever used any controlled substance(s)? Yes No
(Example: Marijuana, LSD, PCP, Cocaine, Heroin, Ecstasy, Steroids, or any other controlled substance)
- Did you read, understand and answer all questions?** Yes No

13. APPLICANT STATEMENT

I Understand that this application will become void 90 day 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 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

13. 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 formats, Copy Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copies of all training certifications (examples: 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. 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 in a sealed envelope from the learning institution.

**Attention all
Applicants**

Attach a photocopy of
your driver's 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 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 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

SWORN 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 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 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.

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