Application Instructions

- The application must be carefully printed and legible.
- It is imperative that you take your time and fill this application completely and clearly. An incomplete or Illegible 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: _____ **Application Date:** _____
Last, First Middle MM/DD/YYYY

Date Received: _____ **Time Received:** _____ **Received by:** _____
MM/DD/YYYY Last, First Middle

D'Iberville Fire Department

Application Instructions

If you are applying for **EMPLOYMENT,** you should review this entire page before selecting one of the following:

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

- ☐ Recruit Firefighter
- ☐ Experienced Firefighter
- ☐ Fire Inspector

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.

EXPERIENCED FIREFIGHTER-I 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 an 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 I 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.

FIRE INSPECTOR CANDIDATES:

Minimum Five (5) years full-time fire service experience. Associates degree in Fire Science or Administration preferred. Minimum certifications:

Mississippi recognized NFPA 1001-I-II	ICS-100
Driver/Operator NFPA 1002 Pumper	ICS-200
Company Fire Officer NFPA 1021-I-II	ICS-700
Fire Inspector NFPA 1031-I	ICS-800
Fire Investigator NFPA 1033	
Fire Service Instructor NFPA 1041-I	
Nationally Registered Emergency Medical Technician	

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 (attached in section #14),
- ✓ A current color photo of yourself (attached in section #14),
- ✓ A copy of your high school or GED diploma,
- ✓ A copy of all college transcripts, if applicable, or Degree,
- ✓ A copy of your birth certificate, and.
- ✓ A copy of your DD 214, if you served in the military.

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/blue ink or typed. **Illegible applications will not be considered.**
- 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

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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	County
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.

3. RESIDENCES – Beginning with your current address, list chronologically **ALL** previous residences for the **past Five (5) years**, including addresses you had while attending school and/or on military assignment. Include any residence that you resided in for thirty (30) days or more.

Dates								
From		To						
Month	Year	Month	Year	Street Address (including zip code)	City	County/Parish	State

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 ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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 ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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.			
Current Employer Name ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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.			
Current Employer Name ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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.			

Current Employer Name ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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.			
Current Employer Name ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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.			
Current Employer Name ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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.			
Current Employer Name ☐Unemployed		Phone No. (including area code) - -	
Address		Start Date	Ending Date
City		State	Zip
Job Title		Start Salary $ $	Ending Salary $ $
Supervisor's Name		Work Perfomed	
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 three (3) non-relatives, who are responsible adults with 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:	,	☐ 9th ☐ 10th ☐ 11th ☐ 12th	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:	
☐ Typing-Speed _____WPM ☐ Word Processing	☐ Certified Mechanic ☐ Paint & Body ☐ Radio Maintenance
☐ Computer ☐ Type:	☐ Electrician ☐ Carpentry ☐ Certified Diver
☐ Software:	☐ EMR/EMT/AEMT/EMT-Paramedic
	Other Skills/Abilities
Other Skills/Abilities	

Instructor Certifications:	Foreign Languages:	Speak	Read	Write
	Spanish	☐	☐	☐
	Vietnamese	☐	☐	☐
Specialized Training:	German	☐	☐	☐
	French	☐	☐	☐
	Other:	☐	☐	☐

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
				☐ Misdemeanor ☐ Felony	☐ Guilty ☐ Not Guilty ☐ Reduced: _____ ☐ Misdemeanor ☐ Felony
				☐ Misdemeanor ☐ Felony	☐ Guilty ☐ Not Guilty ☐ Reduced: _____ ☐ Misdemeanor ☐ Felony
				☐ Misdemeanor ☐ Felony	☐ Guilty ☐ Not Guilty ☐ Reduced: _____ ☐ Misdemeanor ☐ Felony
				☐ Misdemeanor ☐ Felony	☐ Guilty ☐ Not Guilty ☐ Reduced: _____ ☐ Misdemeanor ☐ 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
			☐ Guilty ☐ Not Guilty ☐ Paid Fine	
			☐ Guilty ☐ Not Guilty ☐ Paid Fine	
			☐ Guilty ☐ Not Guilty ☐ Paid Fine	
			☐ Guilty ☐ Not Guilty ☐ Paid Fine	

Explanations:

9. MILITARY RECORD –

Have you ever served in the Armed Forces of the United States? ☐ NO ☐ YES	Branch of Service: ☐ Air Force ☐ Army ☐Navy ☐Marines ☐ Coast Guard
Duties:	Rank:
Dates Served: From: / / To: / /	Type of Discharge:
Are you currently a member of any Military Reserve Unit? ☐ YES ☐ NO	Reserve Status: ☐None ☐ Active ☐Inactive
Reserve Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ 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? ☐ NO ☐ 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 the box below – give dates and positions(s) held:

   ☐Employed – Position: _____ Employed from: _____ to_____

   If you have applied to the City of D'Iberville but were not hired, please check the 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 <u>INITIAL</u> EACH, ACKNOWLEDGING YOU'RE 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 vioid 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 Diploma or General Equivalency Certificate ☐ Yes ☐ No
2. Copy of College Transcripts/Degree ☐ Yes ☐ No ☐ N/A
3. Copy of Current Driver's License (Affix to the space Provided below) ☐ Yes ☐ No
4. Copy of DD-214 – For Military service, (Member– 4 formats, Copy Only) ☐ Yes ☐ No ☐ N/A
5. Copies of all training certifications (examples: fire academy, etc.) ☐ Yes ☐ No ☐ N/A
6. Copy of your Birth Certificate ☐ Yes ☐ No
7. Current Color Photograph (Affix to the space provided below) ☐ Yes ☐ No
8. Did you supply all information requested in this application? ☐ Yes ☐ No

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 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 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 all claims and liability associated with my application for employment or in any way connected with the decision whether to employ me with the City of D'Iberville. I understand that should information of a serious criminal nature surface because 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, about 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 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

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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 about 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 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 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.