



APPLICATION FOR EMPLOYMENT

P.O. Box 720222
 BYRAM, MS 39272

AN EQUAL OPPORTUNITY EMPLOYER

The City of Byram accepts applications for employment with the Byram 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 Byram Police Department. Any application not returned to the Police Department will be rejected.

- Print clearly in black ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification.
- This application will become void 180 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.
- Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment you are applying for.
- If you have any questions regarding information on this application, please contact the Byram Police Department at 601-372-7747.

1. PERSONAL DATA

Last Name	First Name	Middle Name
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Social Security Number	Driver License Number	Driver License State	Date of Birth
Home Phone: (Include Area Code)	Cellular Phone: (Include Area Code)	E-mail Address	

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

2. POSITION APPLIED FOR

	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. _____
<input type="checkbox"/> I am a Mississippi certified law enforcement officer. BLEOST #: _____			

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

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

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

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

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

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

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

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

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

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

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

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

6. EDUCATION/ADDITIONAL INFORMATION

Name and Address of School	Circle Highest Year Finished or Credit Hours	Dates Attended	Type of Diploma/Degree
High School	09 10 11 12	From To	
College	_____ Hours	From To	
College	_____ Hours	From To	
Graduate, Professional, Business, or Trade School	_____ Hours	From To	
INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:		INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:	
CHECK APPROPRIATE SKILL		CHECK APPROPRIATE SKILL	
<input type="checkbox"/> Typing – Speed _____ WPM	<input type="checkbox"/> Shorthand – Speed _____ WPM	<input type="checkbox"/> Certified Mechanic	<input type="checkbox"/> Paint & Body <input type="checkbox"/> Radio Maintenance
<input type="checkbox"/> Dictating Machine Console	<input type="checkbox"/> Word Processing <input type="checkbox"/> Telephone	<input type="checkbox"/> Electrician	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Computer <input type="checkbox"/> Type:		Other Skills/Abilities:	
<input type="checkbox"/> Software:			
Other Skills/Abilities:			
Instructor Certifications:			
Specialized Training:			

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

Has any member of your immediate family *including in-laws*, ever been arrested or convicted of any misdemeanor or felony crime, other than a traffic ticket? YES NO

Name	Relationship	Date	Charge	Final Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been a part to any civil or chancery action in Justice Court, County Court, Circuit Court, Chancery Court or Federal Court? (Example – Small Claims, Divorce, Bankruptcy) YES NO If Yes, provide the following information:

Date	Court	Parties Involved	Nature of Action	Final Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. TRAFFIC HISTORY – IN THE PAST TEN (10) YEARS, HAVE YOU RECEIVED ANY TRAFFIC OR PARKING CITATIONS?
 YES NO Has your driver's license ever been suspended or revoked? YES NO

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

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

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

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
I. Sisters Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
J. Brother / Sister-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
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 Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

10. MILITARY RECORD

Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES	Branch of Service:
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:
Reserve Branch:	
If you are in 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

1. Are you a citizen of the United States? Yes No
2. Have you ever applied to or been employed by the City of Byram? 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 Byram but were not hired, please check box below:
 Position Previously Applied for _____ Date: _____
3. Do you have relatives employed by the City of Byram? Yes No
If Yes, please list names, relationships and occupations:

4. Indicate what shifts you are willing to work: Any Day Swing Midnight
5. Are you 21 years of age or over? Yes No
6. Are you a registered voter? Yes No
If yes: County: _____ State: _____
7. Do you have a Valid Drivers License? Yes No
8. Have you ever illegally 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

13. Applicant's Statement

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

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

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

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. General Equivalency Certificate or certified copy of High School Transcripts | <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 (<i>Affix to the space provided below</i>) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of DD-214 – <u>For military service</u> , (Member – 4 format, Copy Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copies of all training certifications (example: police academy, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Certified Copy of your Birth Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Current Color Photograph (<i>Affix to the space provided below</i>) | <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 Byram 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 Byram, 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 Byram.

I hereby authorized any representative of the City of Byram 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 Byram, 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 Byram 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 Byram 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 Byram's acceptance and processing of my application for employment, I agree to hold the City of Byram, 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 Byram. 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 Byram 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
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 Byram. 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 Byram 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