



Holly Springs Police Department Recruiting

538 J.M. Ash Road
Holly Springs, MS 38635
Phone: 662-252-2122

Dwight Harris
Chief of Police

TO ALL APPLICANTS:

Thank you for considering employment with the Holly Springs Police Department.

The Holly Springs Police Department carefully examines every application. The decision to hire is based on our needs, your individual qualifications, past work history, and references.

Your application must be filled out legibly and completely in order to receive proper consideration for employment.

When you submit your application, please submit your driver's license to the clerk so that he/ she can make a copy of it to attach to your application.

All applications are kept on file for six (6) months.

If you meet the requirements you may be contacted for an interview.

NO PHONE CALLS PLEASE.

Your cooperation in this matter is appreciated.

Sincerely,

Chief Dwight Harris



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Application For Employment

We consider all applicants for all positions without regards to race, color, creed, religion, creed, gender, national origin, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

| | | | |
|---|--------------------------------------|---|--|
| Position(s) Applied For: | | Date of Application: | |
| How did you learn about us? | | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ | | |
| Last Name | First Name | Middle Name | |
| Address: No./Street: _____ City: _____ State: _____ ZIP Code: _____ | | | |
| Telephone Numbers: | | Social Security No. _____ Driver's License No. _____ | |

If you are under 18 years of age, can you provide required proof of your eligibility to work: Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

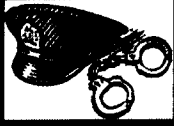
Are you currently on a "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: _____



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Please complete and answer each question:

Applicant's Name: _____
First Middle Last Name

Please present your Driver's License and Social Security Card as to completing this application so that a Photocopy can be obtained and attached.

Have you ever been arrested? Yes No, if yes explain:

Have you ever been issued a ticket for a moving violation? Yes No, if yes, list the date, agency, And charge:

Do you have any scars, marks, or tattoos on your body? Yes No, if yes, describe them in detail and their location.

Note to Applicants: All of the preceding and attached documents/photocopies stated in the Application for Employment must be true, exact, and complete as stated therein and are based upon your own personal knowledge and that unless otherwise so designated that you understand the contents as stated herein.



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Education

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

| Indicate any foreign languages you can speak, read, and/or write | | | |
|--|--------|------|------|
| | Fluent | Good | Fair |
| Speak | | | |
| Read | | | |
| Write | | | |

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job related training received in the United States military.



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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.
 You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

| | | | |
|--------------------|---------------------|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
| Tel. Number(s) | | | |
| Job Title | Monthly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | |
| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
| Tel. Number(s) | | | |
| Job Title | Monthly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | Work Performed |
| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
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| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
| Tel. Number(s) | | | |
| Job Title | Monthly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.



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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

CRT

Fax

PC

Lotus 123

Calculator

PBX

Typewriter

Wordperfect

Production/Mobile Machinery (list):

Other (list):

State any information you feel maybe helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THIS JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

References

1

Name (_____) Phone

Address

2

Name (_____) Phone

Address

3

Name (_____) Phone

Address



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Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all my statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime and that the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Employer.

 Signature of Applicant (Electronic)

 Date

| FOR PERSONNEL DEPARTMENT USE ONLY | | | |
|-----------------------------------|------------------------------|-----------------------------|--------------------------|
| Arrange Interview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Remarks | _____ | | |
| Employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Employment _____ |
| Job Title | _____ | Hr Rate/Salary | _____ Department _____ |
| By: | _____ (Name/Title) | | _____ (Date) |

NOTES: _____
