

MUNFORD POLICE DEPARTMENT

79 College Street
Munford, TN 38058

Phone: (901) 837-5980 Fax: (901) 837-5989

APPLICATION PACKET



Read ALL information carefully and fill out all forms COMPLETELY.

All applications must be notarized before they will be accepted. Review the application to ensure that you have completed all sections and provided all information requested. If applicable, copies of the following documents must be turned in for your application to be processed:

1. Driver's License
2. Birth Certificate
3. Social Security Card
4. High School Diploma/GED and Official Transcript
5. Military DD 214 member 1 copy and member 4 copy
6. Military Discharge
7. College Diploma and Official Transcript
8. Professional Certificates



City of Munford Police Department Police Officer Application Packet

This packet contains the following:

- Statement to Applicant
- Applicant's Statement
- Application for Employment
- Authorization for Release of Personal Information

Read all information carefully and fill out all forms completely.

CONSEQUENCES OF FALSIFICATION

ANY misrepresentation, falsification or omissions given on ANY FORM herein is just cause for rejecting your application. It will also disqualify you from making application in the future for positions with the City of Munford Police Department. I also understand that these statements may subject me to termination.

PLEASE READ:

Answer each question on this form. Information must be HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE). If additional information must be submitted in relationship to a specific question, please submit this information on additional sheets of 8 1/2" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section. DO NOT MISSTATE OR OMIT ANY FACTS, as all information is verified. ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION. There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be UNSATISFACTORILY FILLED OUT, you will be rejected from further consideration.

CITY OF MUNFORD POLICE DEPARTMENT

Statement to Applicant

This application for employment will be considered active for a period of time not to exceed one year. Any applicant who desires to be considered for employment beyond this time should resubmit another application.

It is your responsibility to provide complete and accurate information and copies of all documents requested. Inaccurate and incomplete information will affect your opportunity for employment with the Munford Police Department.

Any misrepresentation, falsification, or omission given on any form herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions with Munford Police Department, or your employment with the department may be terminated.

Upon employment by the Munford Police Department, the prospective employee may be required to submit and pass a drug screen and a physical examination at a facility designated by Munford Police Department as part of a conditional offer of employment. Should the prospective employee fail to meet any component of this conditional offer of employment, then said conditional offer of employment is null and void. Should the prospective employee meet all the components of this conditional offer and begin employment with the department, then such prospective employee shall be deemed an employee of the department, with all rights and benefits of a department employee and subject to the policies of the department from and after the first date of employment.

Applicant's Statement

I certify that the answers given herein are true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand false or misleading information or information sought which I have omitted on this application or in any interview(s) may result in my discharge. I understand also that I am required to abide by all rules and regulations of the employer.

A notary MUST notarize this form before your application will be accepted. You must sign this form in front of the notary.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature: _____ Date: _____

Witness my signature this the _____ day of _____, _____.

Signature of Notary

This packet must be in HANDWRITTEN IN BLACK INK (DO NOT TYPE).

****Please Print**** If this application packet is NOT LEGIBLE, it WILL NOT be accepted.

1. PERSONAL HISTORY

Date: _____ Position Applied For: _____ - _____

A. _____
Full Name (Last) (First) (Middle) Sex/Race Date of Birth

B. _____
Current Street Address Apt# City State Zip Code

C. _____
Home Phone Cell Phone Work Hours Days Off

D. _____
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? YES NO List your email address: _____

_____ Social Security Number Birthplace City State

F. _____
List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.

Have you ever had your name changed? YES NO (If yes, provide documentation)

G. Marital Status Single Married Divorced Separated Widowed

H. Driver's License _____
License Number State Type/Class (Operator D, etc.)

_____ Expiration Date Conditions (Corrective Lens, etc.)

2. FAMILY HISTORY

A. _____
Full Name of Present Spouse Maiden Name Age Date of Birth

B. _____
Present Employment of Spouse Address City State Phone #

C. _____
Full Name of former Spouse(s) Maiden Name Age Date of Birth

3. RESIDENCE

A. Chronologically list all residences since your 18th birthday, regardless of the time you resided there beginning with your present address. If in military service, list dates, branch and duty stations, to include off base residences. List addresses while attending school if away from home. Note when living with parents by indicating with an asterisk(*).

FROM MO./YR.	TO MO./YR.	COMPLETE ADDRESS	CITY/ STATE	ZIP

4. EDUCATION

SCHOOL NAME	LOCATION	DATES: FROM-TO	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
HIGH SCHOOL				
G.E.D.				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS OTHER SCHOOLS				

5. EMPLOYMENT TERMINATION

A. Have you ever been dismissed, fired or asked to resign from any employment or position you have held knowing that you would be fired or terminated if you did not resign? YES NO

If yes, explain below:

TERMINATIONS:

COMPANY NAME: _____

STREET ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION: _____ SUPERVISOR: _____

PHONE #: _____

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION _____

(If needed, additional information may be submitted on the next page.)

COMPANY NAME: _____

STREET ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION: _____ SUPERVISOR: _____

PHONE #: _____

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION _____

(If needed, additional information may be submitted on the next page.)

6. EMPLOYMENT

A. MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

B. On the following four pages you will find employment sheets. Please list your entire employment history, including part-time, temporary, and seasonal regardless of time employed. Begin with your current employment or most recent job and work backwards. If unemployed, list dates of unemployment. It is very important that employment information is accurate and must cover from HIGH SCHOOL GRADUATION TO PRESENT.

If additional employment sheets are needed, please make photocopies prior to filling out any forms.

When completing the attached Employment Sheets please LIST ALL AREA CODES AND ZIP CODES. MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND CORRECT.

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE <u> </u>	NEGATIVE <u> </u>
VERIFIED ONLY <u> </u>	NOT VERIFIED <u> </u>
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____ / ____ / ____	TO: ____ / ____ / ____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES <u> </u> NO <u> </u>
ADDITIONAL COMMENTS: _____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____ / ____ / ____	TO: ____ / ____ / ____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES __ NO ____
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____ / ____ / ____	TO: ____ / ____ / ____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES __ NO ____
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES ___ NO _____
ADDITIONAL COMMENTS: _____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES ___ NO _____
ADDITIONAL COMMENTS: _____	
INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES__NO _____
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: __ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES__NO _____
ADDITIONAL COMMENTS: _____	

INVESTIGATOR: _____	DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ___/___/___ TO: ___/___/___

Phone #: ___(_____)_____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ___/___/___	TO: ___/___/___
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES ___ NO _____
ADDITIONAL COMMENTS: _____	
INVESTIGATOR: _____	
DATE: _____	

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ___/___/___ TO: ___/___/___

Phone #: ___(_____)_____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ___/___/___	TO: ___/___/___
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES ___ NO _____
ADDITIONAL COMMENTS: _____	
INVESTIGATOR: _____	
DATE: _____	

7. VEHICLE INFORMATION

A. List all vehicles that you own and/or drive for personal use. (Include parents, or others with whom you reside.)

YEAR	MAKE	MODEL	COLOR	AUTO TAG #	STATE	OWN/ BUYING

8. MILITARY RECORD

A. Have you ever been on active duty in the Armed Forces of the United States? ___ YES ___ NO

If yes:

B. Branch of Military Service _____

C. Type of Discharge _____ If other than Honorable, explain:

D. Dates of Active Duty (Month, Day and Year) FROM _____ TO _____

E. Are you a member of a Reserve Unit? ___ YES ___ NO or National Guard Unit ___ YES ___ NO

If yes, Branch _____ Ready _____ Standby/RR _____

F. Are you currently active in the military? ___ YES ___ NO

If yes, what is your anticipated release date? _____

G. If you were in the military, were you ever court-martialed? ___ YES ___ NO

If yes, explain: _____

Did you ever have any type of disciplinary action taken against you while in the military? (This includes an Article 15 and Captain's Mast, etc.) YES NO

If yes, explain: _____

9. COURT RECORD

A. Have you ever been arrested as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? YES NO

B. List ALL times you have been either arrested or charged with a criminal offense. Please include a detailed explanation of the circumstances for each event listed (use attached sheets). You must list ALL arrests or charges even if the charge (s) was dismissed, did not result in a conviction or the charge (s) was expunged. An independent investigation of your criminal history will be conducted and, if either an arrest or charge (s) are found which you did not list; your application will be rejected due to lack of untruthfulness.

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION OF CASE

C. Has your driver's license ever been suspended, cancelled, or revoked? YES NO

If yes, please explain: _____

E. Are you currently a certified law enforcement officer in the state of Tennessee? YES NO

Are you currently or have you ever been a certified law enforcement officer in another state? If yes, list where you attended the academy, the date, the state, and your P.O.S.T. certificate number and include a copy of your certificate.

ACADEMY	DATE	STATE	P.O.S.T. No.

F. Have you ever submitted to a polygraph test? YES NO If yes, explain: _____

G. Are you presently involved or do you have knowledge that you might become involved in any criminal or civil lawsuits? YES NO If yes, explain: _____

11. REFERENCES

A. Give three (3) references who are responsible adults of reputable standing in their community that you HAVE KNOWN WELL FOR AT LEAST THREE YEARS AND THAT KNOW YOU. References CANNOT be relatives, former employers or present employers. You MUST include their full names, COMPLETE home address and business address (include city, state, zip code), and correct home or business telephone numbers (including area code), where they may be contacted during normal business hours:

1. _____

Full Name (Last) (First) (Middle)	Years Known		
Current Street Address Apt#.	City	State	Zip Code
Business Address	City	State	Zip Code
()	()	Contact Time and Location	
Home Phone	Work Phone		

2. _____

Full Name (Last) (First) (Middle)	Years Known		
Current Street Address Apt#.	City	State	Zip Code
Business Address	City	State	Zip Code
()	()	Contact Time and Location	
Home Phone	Work Phone		

3. _____

Full Name (Last) (First) (Middle)	Years Known		
Current Street Address Apt#.	City	State	Zip Code
Business Address	City	State	Zip Code
()	()	Contact Time and Location	
Home Phone	Work Phone		

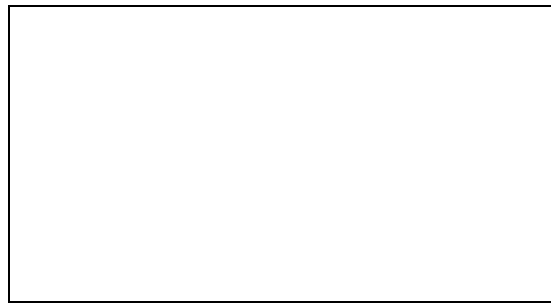
I hereby certify that ALL statements made on this application are TRUE and CORRECT to the best of my knowledge. I hereby further certify this application contains no misrepresentations, falsifications or omissions. I further acknowledge that should any investigation (both pre and post employment) at anytime reveal or disclose any such misrepresentations, falsifications, or omission, my application will be rejected and my name may be removed from the employment list. I cannot reapply with the City of Munford Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination.

Signature: _____

Date: _____

Received by: _____

Date: _____



*Right Thumb Print

* DO NOT place your thumb print on this application until requested by City of Munford Police personnel.

CITY OF MUNFORD
POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Munford Police Department, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Munford Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

**This form MUST BE NOTARIZED by a notary
before your application will be accepted.
THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.

Signature (include maiden name)

Address

City

State

Zip

Phone

Date of Birth

Social Security Number

Sworn to and Subscribed before me this _____ day of _____, 20 _____

State of _____ County of _____

My Commission Expires: _____

NOTARY

HIGH SCHOOL TRANSCRIPT FORM

INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to the High School that you graduated from. If you received your G.E.D. you may want to call first to see where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Please have the High School/Board of Education mail your transcript or G.E.D. scores directly to the City of Munford Police Department at the address listed below.
4. When City of Munford Police Department receives your transcript, it becomes the property of Munford Police Department and cannot be released to any other person or agency. It is your responsibility to contact us to make sure we have received your transcript(s) by the stated deadline.

NOTE: ALL TRANSCRIPTS/G.E.D. SCORES MUST BE RECEIVED AT CITY OF MUNFORD POLICE DEPARTMENT BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the High School that maintains your permanent transcript.

NAME OF HIGH SCHOOL: _____

TO WHOM IT MAY CONCERN: I have applied for a position with the City of Munford Police Department. I am requesting that you mail along with this form, a copy of my official high school transcript (showing my graduation date) or my G.E.D. scores to Munford Police Department at the following address:

**Elk 'qh'O wphqt f 'Police Department
''''''''9; 'E qngi g'Utt ggV
Mwphqt f , TN 3827:**

My name is (Last, First, Middle): _____

My name at the time I attended your school was (Last, First, Middle): _____

My complete mailing address is (include city, state and zip code): _____

My home phone number: _____ My work phone number: _____

My date of birth: _____ My Social Security number: _____

I graduated on: _____ Class of: _____ I received my G.E.D. on: _____

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF THIS REQUEST.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH TRANSCRIPT

COLLEGE TRANSCRIPT REQUEST FORM

INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to ALL Colleges/Universities that you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Have each College/University mail your transcript directly to the City of Munford Police Department at the address listed below. It is your responsibility to contact us to make sure we have received your transcript(s) by the stated deadline.
4. When the City of Munford Police Department receives your transcript, it becomes the property of the City of Munford Police Department and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE CITY OF MUNFORD POLICE DEPARTMENT BY MAIL FROM THE COLLEGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the College or University that maintains your permanent transcript.

NAME OF COLLEGE OR UNIVERSITY:

TO WHOM IT MAY CONCERN: I have applied for a position with the City of Munford Police Department. I am requesting that you mail a copy of my official school transcript to the City of Munford Police Department at the following address:

**City of Munford Police Department
79 College Street
Munford, TN 38058**

My name is (Last, First, Middle): _____

My name at the time I attended your school was (Last, First, Middle): _____

My complete mailing address is (include city, state and zip code): _____

My home phone number: _____ My work phone number: _____

My date of birth: _____ My Social Security number: _____

I attended from: _____ To: _____ Degree obtained: _____ Date: _____

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED BY MAKING THIS REQUEST.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH TRANSCRIPT