



HINDS COUNTY SHERIFF'S OFFICE

P.O. BOX 1452 JACKSON, MISSISSIPPI 39215-1452 PHONE (601)974-2900

Tyree D. Jones
Sheriff

APPLICATION FOR RESERVE / PART-TIME VOLUNTEER

Read the following instructions carefully before completing your application. You must furnish all requested information. The information you provide will be used to determine, in part, your qualifications for employment opportunities. Do not misstate or omit information as the statements made herein are subject to verification. Falsification, omission or misrepresentation of personal history data is cause for immediate termination.

1. Complete this Application for Employment using a typewriter or black ball-point pen.
2. Check your application to be sure the following attachments are enclosed before returning:
 - a. A recent unmounted full-face photograph
 - b. A certified copy of your Birth Certificate
 - c. An official transcript of your school record showing the date of graduation
 - d. Certified copy of your DD-214 (Military Discharge) if applicable
 - e. Two sets of fingerprints on an "Official: Law Enforcement Fingerprint Card
 - f. Personal Injury Waiver (Notarized)
3. Return the application attachments to: Hinds County Sheriff's Department
Attn: Personnel Officer
Post Office Box 1452
Jackson, MS 39215-1452
4. If you have a change of name, address or telephone number, notify the personnel office in writing immediately.
5. Applications that are not legible or that are incomplete will not be considered. All personal references and prior employees listed must have a current telephone number listed. If a question is not applicable, so state with N/A. IF space available is not sufficient for complete answers, or, if you wish to furnish additional information, attach separate sheets of the same size as this application and number answers to correspond with questions.
6. Some positions may require a high degree of physical fitness and successful completion of physical agility testing.
7. Attach an unmounted full face photograph of yourself, not larger than 2 3/4 x 2 1/2 inches. Print your name plainly on the back of the photograph. The photograph must have been taken 3 months prior to the date of this application. **NO APPOINTIVE CONSIDERATION WILL BE AFFORDED.**

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Mailing Address (Street, City, State, Zip Code)			If you are not a U.S. Citizen, do you have a valid work permit?
Home Telephone	Business Telephone	Cell Telephone	Email Address
<i>Are you a former Hinds County employee? (circle one)</i> Yes No If yes indicate dates of employment, reason for leaving and name (if different from above)			
Hinds County restricts the employment of relatives, and prohibits their employment in the same department or in positions reporting directly or indirectly to relatives. Do you have relatives employed by Hinds County? <i>(circle one)</i> Yes No			
Name	Relationship	Department	
1.			
2.			
3.			

POSITION INFORMATION

*Only one position per application will be accepted

Position for which you are applying: _____ Date available _____

Circle one Full Time Part-Time Temporary/Summer

List of Machines, computers, and work processors

1. _____
2. _____
3. _____

Typing Words per minute _____ Keystrokes per minute _____

LICENSURE INFORMATION

Driver's License Name: _____
 State: _____ Number: _____
 Valid: Yes _____ No _____ Expiration Date: _____
 Commercial: Yes _____ No _____ If yes, Class: _____
 Endorsements: _____

PROFESSIONAL LICENSE/CERTIFICATE

Type/Trade: _____
 Number: _____
 Type/Trade: _____
 Number: _____

EDUCATION TRAINING

High School	Location	Course of Study	Graduated Yes No	Degree/certificate
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Business/Trade/Technical Schools	Location	Course of study	Graduated Yes No	Degree/certificate
----------------------------------	----------	-----------------	---------------------	--------------------

- | | | | | |
|----------|--|--|--------|-------|
| 1. _____ | | | Yes No | _____ |
| 2. _____ | | | Yes No | _____ |

Colleges/University	Location	Course of Study	Graduated Yes No	Degree/certificate
---------------------	----------	-----------------	---------------------	--------------------

- | | | | | |
|----------|--|--|--------|-------|
| 1. _____ | | | Yes No | _____ |
| 2. _____ | | | Yes No | _____ |

List trade-equipment (heavy), automotive, janitorial, field services you can operate.

1. _____
2. _____

MILITARY INFORMATION

Have you served in the Armed Forces? (circle one) Yes No Branch _____ Date Served: From _____ To _____

(For the question below circle Honorable, Dishonorable or General)

Type of Discharge: Honorable Chapter _____ Dishonorable Chapter _____ General Chapter _____

Have you EVER pleaded nolo contendere (no contest) to or been convicted of a crime?

Yes _____ No _____ Felony ___ Misdemeanor ___ (not including traffic violation other than DUI)

What charge(s): _____

Where: _____

*Conviction is not an automatic bar to employment. Each conviction will be judged on its own merit with respect to time, circumstances, seriousness, and as related to the nature of the position for which you applied.

Have you ever been arrested or charged with any violation including traffic tickets but not parking tickets? (circle one) No Yes					
DATE	PLACE	CHARGE	FINAL DISPOSITION	DETAILS	
Has any member of your immediate family or close relative (including in-laws) ever been arrested for other than traffic violations? No Yes					
NAME	RELATION	DATE	PLACE	CHARGE	FNAL DISPOSITION
Have you ever been a party of any civil criminal, or chancery action in County, Circuit or Chancery Court? (circle one) No Yes Give date, place court, names of parties involved, nature of action and final disposition					
DATE	COURT	PARTIES INVOLVED	NATURE OF ACTION	FINAL DISPOSITION	
Are you now, or have you ever been a member of the Communist Party, U.S.S., or any communist or fascist organization? (circle one) No Yes If yes, what Organization _____					

WORK EXPERIENCE (Start with most recent)

Please provide a detailed employment history. List either employment held during the past five years or the last five positions held, whichever results in the more comprehensive listing, include military, part-time, summer and volunteer experiences.

Employer's Name : Address:	Dates of Employment (Month/Year) ___/___/___ - ___/___/___	Average Hours _____	Per Week _____
From:	Starting Salary	Ending Salary	
To:	\$ ___ per hr. ___ week ___ month	\$ _____ per hr. week month	
Type of Business or Organization (Manufacturing, Accounting, Governmental Agency, etc.)			
Telephone ()	Name and Title of Supervisor:		
Reason for Leaving:			
Number and Title (s) of employees supervised: # _____ Title (s): _____			

Job Title and Duties, Responsibilities & Accomplishments: _____

FORMER POSITION

Employer's Name : Address:	Dates of Employment (Month/Year) ____/____/____ - ____/____/____	Average Hours _____	Per Week _____
From:	Starting Salary \$ ____ per hr. ____ week ____ month	Ending Salary \$ _____ per	hr. week month
To:			
Type of Business or Organization (Manufacturing, Accounting, Governmental Agency, etc.)			
Telephone ()	Name and Title of Supervisor:		
Reason for Leaving:			
Number and Title (s) of employees supervised: # _____ Title (s): _____			
Job Title and Duties, Responsibilities & Accomplishments: _____ _____ _____ _____			

FORMER POSITION

Employer's Name : Address:	Dates of Employment (Month/Year) ____/____/____ - ____/____/____	Average Hours _____	Per Week _____
From:	Starting Salary \$ ____ per hr. ____ week ____ month	Ending Salary \$ _____ per	hr. week month
To:			
Type of Business or Organization (Manufacturing, Accounting, Governmental Agency, etc.)			
Telephone ()	Name and Title of Supervisor:		
Reason for Leaving:			
Number and Title (s) of employees supervised: # _____ Title (s): _____			
Job Title and Duties, Responsibilities & Accomplishments: _____ _____ _____ _____			

FORMER POSITION

Employer's Name : Address:	Dates of Employment (Month/Year) __/__/__ - __/__/__	Average Hours _____	Per Week _____
From:	Starting Salary \$ ____ per hr. __ week __ month __	Ending Salary \$ _____ per hr. week month	
To:			
Type of Business or Organization (Manufacturing, Accounting, Governmental Agency, etc.)			
Telephone ()		Name and Title of Supervisor:	
Reason for Leaving:			
Number and Title (s) of employees supervised: # _____ Title (s): _____			
Job Title and Duties, Responsibilities & Accomplishments: _____ _____ _____ _____			

FORMER POSITION

Employer's Name : Address:	Dates of Employment (Month/Year) __/__/__ - __/__/__	Average Hours _____	Per Week _____
From:	Starting Salary \$ ____ per hr. __ week __ month __	Ending Salary \$ _____ per hr. week month	
To:			
Type of Business or Organization (Manufacturing, Accounting, Governmental Agency, etc.)			
Telephone ()		Name and Title of Supervisor:	
Reason for Leaving:			
Number and Title (s) of employees supervised: # _____ Title (s): _____			
Job Title and Duties, Responsibilities & Accomplishments: _____ _____ _____ _____			

**To include more former position information and past work history, attach resume*

APPLICANT STATEMENT

1. I certify that answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision
3. This Pre-Employment Application shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.
4. I understand that within six (6) months of employment I must establish residence within boundaries of Hinds County.
5. To endure a safe and productive work environment for all employees, all successful applicant for employment with Hinds County Sheriff Department shall be required to submit to and successfully complete a pre-employment drug and/or alcohol test prior to appointment to any position with Hinds County. I understand and agree that my refusal to submit to such testing will disqualify me for employment by Hinds County Sheriff's Department
6. In the event of employment, I understand that false or misleading information given in my application interview(s) or other sources of references may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

I have this date updated my application and do affirm that all information is correct and current.

Signature of Applicant

Date

ALL APPLICANTS

Attach an unmounted full face photograph of yourself, no larger than 1 ¾ x 1 ½ inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 1 months prior to the date of this application. NO APPOINTIVE CONSIDERATION WILL BE AFFORDED ANY APPLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED

Insert picture in box above

PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

HINDS COUNTY SHERIFF'S DEPARTMENT

Post Office box 1452
Jackson, MS 39056

PERSONAL INJURY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

**To: All concerned person(s) or
authorized representative of any
organization, institution or repository of
records**

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish the Hinds County Sheriff's Department any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Hinds County Sheriff's Department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Signature of Applicant

Address

Date

AFFIDVAIT

State of: _____

County of: _____

Before me personally appeared the said _____, who says that he executed the above instrument of his own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____



HINDS COUNTY SHERIFF'S OFFICE

P.O. BOX 1452 JACKSON, MISSISSIPPI 39215-1452 PHONE (601)974-2900

Tyree D. Jones
Sheriff

We are an **Equal Opportunity Employer** and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law. The information below will be used only for statistical purposes.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Applicant's Name: _____ **Date:** _____

Position Applied For: _____ **Sex:** **Male** **Female**

ETHNIC GROUP: *Please check one of the descriptions below corresponding to the ethnic group to which you most identify.*

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

BLACK OR AFRICAN-AMERICAN: Not of Hispanic origin.

HISPANIC OR LATINO: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin

NATIVE HAWAIIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

WHITE: Not of Hispanic origin.

OTHER

REFERENCES

Give three references (not relatives) who are responsible adults of reputable standing in their communities, such as home owners, property owners, business or professional men or women including your family physician, if you have one, who has known you well during the past five years and three social acquaintances in your own age group.

CHARACTER REFERENCES

COMPLETE NAME: _____ NO. YEARS OF ACQUAINTED _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

COMPLETE NAME: _____ NO. YEARS OF ACQUAINTED _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

COMPLETE NAME: _____ NO. YEARS OF ACQUAINTED _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

SOCIAL ACQUAINTANCES

COMPLETE NAME: _____ NO. YEARS OF ACQUAINTED _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

COMPLETE NAME: _____ NO. YEARS OF ACQUAINTED _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

COMPLETE NAME: _____ NO. YEARS OF ACQUAINTED _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

PART-TIME LAW ENFORCEMENT APPLICATION FOR CERTIFICATION - PART I

READ THE INSTRUCTIONS ON PAGE 2

In accordance with the Law Enforcement Officers Training Program (LEOTP) MCA § 45-6-1 et al. Warning: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to \$10,000.00 and a jail sentence of up to 5 years. Further, the LEOTP authorizes the BLEOST in § 45-6-11 (7) to cancel and recall any certificate obtained through misrepresentation or fraud.

1. Name: _____
Give Full Name - First Middle Last
2. SSN: _____
3. Date of Hire: ____ / ____ / ____ 4. Date of Birth: ____ / ____ / ____
5. Title/Rank: _____
6. Department: _____
Dept.'s
7. Telephone: _____
8. Address: _____
Post Office Box or Street City & Zip Code
9. Has the applicant ever been certified under the LEOTP? No () Yes () 10. Certificate No. _____
Number of High
11. **Education**, Years Completed ____, School Diploma ____, or GED ____, Degree(s) _____

12. **EMPLOYMENT RECORD** List all employment. Begin with your most previous employment and work back. Use an additional 8.5 x 11 sheet of paper if necessary.

Agency/Department	Position	City/State		Month	Day	Year
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

13. **TRAINING RECORD** List all completed law enforcement training consisting of eighty (80) hours or more. Include copies of certificates of completion. Use an additional 8.5 x 11 sheet of paper if necessary.

Name of Course	Location	Course Length		Month	Day	Year
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

INSTRUCTIONS

Complete Parts I, II and III of the "Application for Certification" form for all newly hired part-time/reserve law enforcement officers. Return the form to the Board on Law Enforcement Officer Standards and Training (BLEOST) within thirty days of the officer's date of hire.

Mississippi Code § 73-50-1 Pursuant to the provisions of the Military Family Freedom Act, Mississippi shall recognize occupational licenses obtained from other states for military members and their families.

Mississippi Code § 73-50-2 Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states.

Part I

Type or print in ink when completing this form. Record the applicant's full name, social security number, date of hire as a full-time law enforcement officer, date of birth, current position or rank, the name of the employing agency/department, the department's telephone number and mailing address. Check whether or not the applicant has ever been certified under the Law Enforcement Officers Training Program (LEOTP). If the answer is yes, enter the applicant's certificate number. State the number of years of education completed by the applicant. Check whether the applicant has a high school diploma or GED, and denote any degrees earned other than a high school diploma or GED (i.e., BS - Bachelor of Science, BA - Bachelor of Arts, etc.).

List all past employment that has been held by the applicant, beginning with the applicant's most previous employment and working back. Include the name of the employer, the position held, the city and state where employed, and the dates of said employment.

List all law enforcement training consisting of eighty (80) hours or more that has been successfully completed by the applicant. Include copies of the certificates of completion and any other documentation available, such as a course curriculum.

Part II

This portion of the form must be completed by the applicant. **Circle** the answer that applies. A "yes" answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the questions, items one (1) through ten (10) that are answered "yes" must be explained to the Board. **The explanation must be typed or printed in ink on a separate eight and a half (8½") by eleven (11") inch sheet of paper, signed and dated by the applicant and include all related court documents.**

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars (\$100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. **All traffic offenses involving drugs or alcohol, are to be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: pre-trial diversion, probation, fines, restitution, or community service.** The applicant must sign and date "Part II - Applicant's Background Investigation Review" before a Notary Public.

Part III

This part of the background investigation review must be completed by the head of the department or someone with authority to sign as the department head. There must be a letter on file, at this office, stating specifically who has the authority to sign as the department head. This letter of authorization will have to be signed by the head of the department.

Each procedure must be **initialed** (ex. - *JD* 1. A personnel ...) by the agency head to indicate completion of said procedure. **The applicant's fingerprints must be submitted to the Criminal Information Center of the Mississippi Department of Public Safety (see the address below).** If procedure number four (4) is not applicable to the officer in question enter N/A in the space provided. "Part III - Agency's Background Investigation Review" must be signed and dated before a Notary Public by the department head or someone with authority to sign as the department head.

Mail Application to:
MS Department of Public Safety / Division of Public
Safety Planning
Office of Standards and Training
Post Office Box 1633
Canton, Mississippi 39046
Telephone # (601) 391-4896; Fax # (601) 391-4439

Mail Fingerprints to:
Criminal Information Center/MJIC
Department of Public Safety
"Fingerprints"
3891 Highway 468 West
Pearl, Mississippi 39208
Telephone # (601) 933-2600; Fax # (601) 933-2676

PART II - APPLICANT'S BACKGROUND INVESTIGATION REVIEW

Important, read the instructions before completing this form

Circle One

- 1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment? Yes No
- 2. Has a judgement ever been issued against you? Yes No
- 3. Have you ever been arrested or charged with a crime? Yes No
- 4. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, or non-adjudication of guilt? Yes No
- 5. Have you ever been found guilty or pled guilty or no contest to a crime? Yes No
- 6. Have you ever had an expungement? Yes No
- 7. Have you ever been refused a surety bond or turned down for employment that required a surety bond? Yes No
- 8. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities? Yes No
- 9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs? Yes No
- 10. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws? Yes No

I, the undersigned do hereby authorize and direct any duly authorized representative of a public safety agency to provide the POST full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the POST regarding my certification and my qualifications to be a certified law enforcement officer. It is my intent to provide full and free access to all information about me including my: work record, background and reputation, military records, educational records, financial status, criminal history and/or arrest record, information in investigatory files, job performance, attendance records, complaints or grievances, records or recollections of attorneys whether representing me or another person in any case in which I have had an interest, polygraph examinations, internal affairs investigations, discipline files and files which are deemed to be confidential and/or sealed.

I further authorize and direct the POST to provide copies of said records and/or any other record or document contained or related to my certification application and record to any duly authorized representative of a public safety agency.

I hereby release the POST and its authorized agents, the public safety agency and its authorized agents and all others, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that should any information of a criminal nature surface, the information may be turned over to the appropriate authorities.

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a crime that is not listed above, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I have engaged in no conduct or action that would greatly diminish the public trust in the competence and reliability of a law enforcement officer, **that I have provided my employer with a full explanation (without any omissions) of each and every "yes" answer to the above questions, one (1) through ten (10) of Part II of the "Application for Certification" form, and that these explanations and court documents (if any) are attached to this form,** that I am at least twenty-one (21) years old, that I have read and understand this form, all the instructions contained therein and do hereby confirm that all of the information contained in this application and/or all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the ____ day of _____, 20__.

Applicant's Signature

Print Applicant's Name

NOTARY PUBLIC

I, the undersigned authority in and for _____ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part II of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part II of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the ____ day of _____, 20__.

Notary Public _____

PART III - AGENCY BACKGROUND INVESTIGATION REVIEW

Warning: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to \$10,000 and a jail sentence of up to 5 years. Further, the Law Enforcement Officers Training Program authorizes the Board in MCA § 45-6-11 (7) to cancel and recall any certificate obtained through misrepresentation or fraud.

The agency head or authorized signatory must **initial** (ex. - 1. A personnel ...) the procedures that have been completed on the applicant named in this form. **All the procedures are required to be completed with the possible exception of procedure number four (4).** If the applicant has not served in the military enter N/A in the space provided.

- 1. A personnel file on the applicant has been created and is being maintained at this agency. The file includes a release of information form or a letter allowing the release of information signed by the applicant. Copies of all the documents referenced below, in items two (2) through seven (7) of Part III of the "Application for Certification" form, are included in this file. This file will be maintained as long as the applicant is employed with this agency, and the file will be made available to the BLEOST upon receipt of a written request.
- 2. A complete background investigation on the applicant has been performed, has been reviewed by me and a copy of the background investigation is included in the applicant's personnel file.
- 3. The applicant's fingerprints have been submitted to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation and a copy of the FBI report will be included in the applicant's personnel file.
- 4. The applicant's official Certificate of Release or Discharge From Active Duty (D.D. Form 214) has been reviewed by me and a copy is included in the applicant's personnel file.
- 5. The applicant's official documentation certifying successful completion of high school or completion of the General Educational Development (GED) Testing Program has been reviewed by me and a copy is included in the applicant's personnel file.
- 6. I have reviewed appropriate official documents certifying the applicant's age and citizenship and copies of said documents are included in the applicant's personnel file.
- 7. The applicant has completed a medical examination by a licensed physician and the results have been reviewed by me. A copy of said examination is included in the applicant's personnel file.

I, the undersigned, do hereby swear and affirm that I or individuals under my supervision have made a thorough background investigation of this applicant, (print applicant's name) _____, including any answers of "yes" to questions one (1) through ten (10) in Part II of this form and written explanations for those answers and court documents are attached. I certify that all the procedures in Part III, one (1) through seven (7), that are applicable to the officer in question have been completed, that to the best of my knowledge the applicant is physically qualified to perform duties as a law enforcement officer, that the applicant has never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a crime that is not listed in this application, that I am satisfied the applicant has engaged in no conduct or action that would greatly diminish the public trust in the competence and reliability of a law enforcement officer, and that the applicant is at least twenty-one (21) years of age, that I have contacted each of the applicant's past employers (if any), and that the applicant is qualified to be a law enforcement officer as defined in **MCA § 45-6-3 (d)**.

Witness my signature this, the _____ day of _____, 20__.

Agency Head's/Authorized Signatory's Signature

Title

NOTARY PUBLIC

I the undersigned authority in and for _____ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part III of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part III of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20__.

Notary Public _____



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

FULL-TIME/PART-TIME BASIC/REFRESHER TRAINING PACKET MEMORANDUM

Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement (full-time only) and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (BLEOST) has enhanced fitness standards for law enforcement candidates. Students will be participating in vigorous physical fitness training (full-time, part-time) and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. The procedures for completing these forms are as follows:

<u>Title/Page Number</u>	<u>Usage</u>	<u>Disposition</u>
Memorandum	page i Provide information to the trainee's agency & to the examining physician	To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions	page ii Provide information to the attending physician and to the applicant	To be read by the physician and the applicant, then discarded
Physical Fitness Requirements	page iii Provide information to the physician and to the applicant	To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire	pages 1 & 2 Provide the physician with the trainee's current health information	To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination	pages 3, 4 & 5 To determine the applicant's ability to participate in the physical fitness program	To be completed and signed by the physician and returned to applicant's agency
NCIC Report and HS Diploma or GED First Aid / CPR Certification Salary Information	page 6 Provide information to BLEOST for certification and reimbursement purposes	To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver	page 7 To swear and affirm the validity of the information given within this document to the training academy and to BLEOST	To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary	page 8 Provide training eligibility information to the training academy and to BLEOST	To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

If you have any questions, please call the BLEOST staff at (601) 977-3777.

INFORMATION FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

- | | | |
|---------------------------------|------------------------------|----------------------------------|
| 1. Use of Firearms | 15. Sitting | 29. Hearing Voice Conversation |
| 2. Driving Emergency Vehicles | 16. Standing | 30. Color Identification |
| 3. Handcuff Prisoners | 17. Standing-Long Periods | 31. Close Vision |
| 4. Administer First Aid | 18. Kneeling | 32. Far Vision |
| 5. Rescue Operations | 19. Twisting Body | 33. Side Vision-Depth Perception |
| 6. Lifting & Carrying 0-70 lbs. | 20. Pushing | 34. Night Vision |
| 7. Direct Traffic | 21. Pulling | 35. Maintaining Balance |
| 8. Subdue Prisoners | 22. Running | 36. Operating Passenger Vehicles |
| 9. Pursue Suspects | 23. Sense of Touch | 37. Finger Dexterity |
| 10. Walking-Lateral Mobility | 24. Reaching | 38. Speaking |
| 11. Walking Rough Terrain | 25. Gripping Hands & Fingers | |
| 12. Bending | 26. Climbing Stairs | |
| 13. Stooping | 27. Climbing Ladders | |
| 14. Crouching | 28. Hearing Alarms | |

Working conditions for law enforcement officers may include, but may not be limited to, the following:

- | | | |
|---|---|--|
| 1. Exposure to the Sun | 14. Work on High Ladders | 27. Working with Adult Mental Patients |
| 2. Exposure to Inside Temperature Extremes | 15. Working in Remote Locations | 28. Working Night Shifts |
| 3. Exposure to Outside Temperature Extremes | 16. Wearing Helmets | 29. Working Day Shifts |
| 4. Dampness | 17. Wearing Safety Glasses | 30. Working Weekends |
| 5. High Humidity | 18. Wearing Chemical-Resistant Clothing | 31. Exposure to Tobacco Smoke |
| 6. Noisy Work Areas | 19. Wearing Ear Plugs-Muffs | 32. Exposure to Other Smoke |
| 7. Work at Heights | 20. Wearing Rubber Boots | 33. Working at High Elevation |
| 8. Work in Confined Space | 21. Exposure to Bee Stings | 34. Working With Mentally Retarded Persons |
| 9. Work in Crowded Areas | 22. Exposure to Poison Oak | 35. Providing Remote Emergency Medical Assist. |
| 10. Working Alone | 23. Exposure to Dust or Pollen | 36. Scuba Diving |
| 11. Work with Inmates | 24. Exposure to Fumes | |
| 12. Exposure to Intense Light | 25. Air Travel | |
| 13. Exposure to Noxious Odors | 26. Working Long Hours | |

INFORMATION FOR THE PHYSICIAN - CONTINUED
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Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1 ½ mile run and is administered to all Full-time, Part-time and Refresher trainees. It is the same test at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full-time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ➤		20-29		30-39		40-50+	
	Score	Male	Female	Male	Female	Male	Female
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55
	70%	18:60	21:10	19:10	22:20	20:05	23:85
	50%	20:40	23:30	20:90	24:40	21:85	26:05
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12
	70%	14:30	17:18	15:30	18:30	16:30	19:42
	50%	18:10	21:38	19:10	22:50	20:10	24:02

AGE GROUPS ➤		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

To be completed by the applicant & the applicant's agency.

Applicant's Name _____

Doctor's Name _____

Applicant's Department/Agency _____

Name of Office or Clinic _____

Department's Address _____

Clinic's Address _____

Telephone Number _____

Telephone Number _____

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered Yes in this questionnaire. Write your own account in Sections B and C. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies Yes or No.
Explain each Yes answer in Section B and list physicians consulted in Section C.

	Condition	No	Yes	Hosp		Condition	No	Yes	Hosp
1	Head injury				24	Sensitivity to dust			
2	Back trouble, pain				25	Other allergies			
3	Any defect of bones/joints including amputations, dislocations or breaks				26	Frequent colds			
4	Lameness				27	Cancer, malignancy			
5	Rheumatism, arthritis				28	Tumor, growth, cyst			
6	Trick/locked knee, knee injury				29	Complications from childhood diseases			
7	Foot trouble				30	Polio			
8	Eye injury, surgery, disease				31	Rheumatic fever			
9	Wear or have worn glasses/contacts				32	Heart trouble, circulatory trouble			
10	Hard of hearing, hearing problems				33	High, low blood pressure			
11	Wear or have worn a hearing aid				34	Varicose veins			
12	Headaches				35	Pernicious anemia, leukemia, other blood disorders or ailments			
13	Mental illness, nervous breakdown				36	Hepatitis, jaundice, other liver ailments			
14	Addiction to drugs, alcohol				37	Diabetes, sugar in urine			
15	Fainting, dizzy spells				38	Ulcers, other stomach trouble			
16	Epilepsy, fits				39	Colitis			
17	Any disorder of the nervous system				40	Gall bladder trouble			
18	Tuberculosis, other lung trouble				41	Kidney/bladder trouble			
19	Shortness of breath				42	Piles/hemorrhoids			
20	Asthma				43	Rupture/hernia			
21	Bronchitis				44	Mononucleosis			
22	Allergic reaction to poison oak, ivy				45	HIV/ARC/AIDS			
23	Skin trouble								

HEALTH QUESTIONNAIRE - CONTINUED

SECTION A (contd.)		No	Yes
46	Have you ever had or been advised to have an operation?		
47	Have you ever been a patient (committed or voluntary) in a mental hospital?		
48	Have you had any other illness, injury or physical condition not previously named (other than in childhood)?		
49	Have you had an injury within the last 5 years which caused you to lose time from work?		
50	Have you ever been denied employment or insurance for medical reasons?		
51	Have you ever been deferred from military service for medical, emotional or health reasons?		
52	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
53	Have you ever received or applied for pension or compensation for disability or injury?		
54	Are you presently under the doctor's care for any condition?		
55	Have you taken any prescribed medication in the last 12 months for any reasons?		
56	Do you or have you ever had any physical or emotional limitations?		

SECTION B	Condition #	Explain all items answered Yes in Section A of this questionnaire. Continue on 8.5 x 11 sheets of paper, if necessary, and attach to this page.

SECTION C		If you saw a doctor for any conditions answered Yes then list the physician's name and office address below.	
Condition #	Physician's Name	Office Address (street/p.o. box, city, state)	

NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may cause revocation of certification and/or expulsion from training. MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

PHYSICAL FITNESS EXAMINATION

Name _____ Age ___ Male ___ Female ___ Height _____ Weight _____

THRESHOLD WEIGHT TABLE

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS

MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of _____ pounds to be: ___ satisfactory; ___ excessive; ___ deficient. Under proper medical supervision, the applicant should: ___ lose/___ gain - ___ lbs.

Comments: _____

1. VISUAL ACUITY (If applicant wears glasses, test and record with and without glasses.)
 With Glasses right 20/___ left 20/___ both 20/___ Fields of vision right ___ left ___
 W/out Glasses right 20/___ left 20/___ both 20/___ Depth ___ Color ___
 Perception Perception

Note any abnormalities or comments: _____

2. HEARING right 15/___ left 15/___

Drum perforation or damage: _____

Hearing aid ___ (Normal hearing is generally considered to be able to distinguish the words in a whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

3. HEAD Note any injury, deformity or disease involving:

nose and sinus _____ throat and neck _____

mouth _____ teeth and jaw _____

Note any abnormalities or comments: _____

4. LUNGS Note any abnormalities or comments: _____

5. CARDIOVASCULAR SYSTEM

<u>action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
at rest	___ / ___	___	___	___
after moderate exercise	___ / ___	___	___	___
two minutes after moderate exercise	___ / ___	___	___	___

Circulation to extremities: _____

EKG results: _____
 (The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. MUSCULO-SKELETAL SYSTEM (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility ____ Symmetry ____ Posture ____ Extremities ^{Upper} ____ Extremities ^{Lower} ____

Note any abnormalities or comments: _____

7. NERVOUS SYSTEM Note any abnormalities or comments: _____

8. ABDOMEN, RECTAL Note any abnormalities or comments: _____

9. GENITO-URINARY Urinalysis: Specific gravity ____ Sugar ____ ALB ____
Note any abnormalities or comments: _____

10. SKIN Note any abnormalities or comments: _____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? ____ If yes, explain on a separate 8 1/2 by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? ____
If so, explain on a separate 8 1/2 by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? ____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? ____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? ____ If not, please explain on a separate 8 1/2 by 11 sheet of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of the Attending Physician

Date of Examination

Signature of the Attending Physician

Attach a copy of the applicant's NCIC Report, proof of successful completion High School education (e.g. - High School Diploma or GED) and First Aid / CPR Certification to the top left corner of this page.

SALARY INFORMATION

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

NOTE: As of July 1, 2013 any officer (law enforcement trainee) who is not certified within one year from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$ _____ during his or her basic training.

Attach the applicant's payroll voucher below, if needed.

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the _____ Academy and will be considered on active duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Signature of Applicant (sign in ink)

Date Signed

APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department _____

Dept.'s Address _____ Dept.'s Phone Number _____
Street or Post Office Box City Zip

Name of Applicant _____ Social Security Number _____
Last, First Middle

Date of full-time Employment _____ Place of Birth _____ Date of Birth _____

Home Address _____ Home Phone Number _____
Street or Post Office Box City Zip

Total criminal justice experience (years) ____ . Criminal justice training completed ____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? ____ First Aid Card? ____

High School Graduate ____ or G. E. D. ____ Name of School City State

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience # of Years Rank Branch of Service

Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number _____ Alternate Contact & Phone Number _____

Attach the applicant's photograph below. Trim the photograph to fit.