

### 13. Applicant's Statement

I understand that this application will become void one year 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 Gulfport.

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. Certified Copy of High School Diploma or General Equivalency Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Certified Copy of college transcripts (Police or if Required)            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Copy of Current Driver's License   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of DD-214 (If you served in the military)                           | <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. 2 inch by 2 inch full face color photo attached                          | <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 |

### 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

**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 Gulfport. 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 Gulfport 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

**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 Gulfport, 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 Gulfport.

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

Cont. ➤

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