NMLETC Self-Sponsor APPLICATION PACKET

Read ALL information carefully and fill out all forms COMPLETELY.

It is your responsibility to provide complete, accurate, and up-to-date information and copies of all documents requested. Inaccurate and incomplete information could have an effect on your opportunity for employment with the City. 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 acceptance to NMLETC.

INSTRUCTIONS

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- Review the application to insure that you have completed all sections and provided all information requested. An accurate and complete form will help expedite your investigation.

Personal History Statement

A. Applicant Identification –	- information _J	provided in	this section	is used for	identification	purposes
only.						

1.	Name							
		Last	First	Middle				
2.	Address							

Street Address and/or Post Office Box

3.	Phone Number	•	E-Mail_			_
4.	Date of Birth _	Month / Day / Yea	ar	5. Social Security Nu	ımber	
6.	Place of Birth_					-
		City	State	County	Country	
7.	Driver's Licens	se Number				-
	Expiration Dat	e		State of Issue		
8.	U.S. Citizen?	Yes	No			
9.	Nickname(s), n	naiden name,	or other i	names by which you h	ave been known	
• 10.	Scars, tattoos, o	or other distir	nguishing	marks		_
						_
						_
						_
	Have you previous enforcement ag	•	ted an app	lication for employme	ent or tested with NMLI	ETC or any other
Yes		No		If yes, list what agend	cy, dates of application,	and disposition.
<u>Age</u>	<u>ncy</u>	Date	Result	<u>t</u>		

B. **Residences** - List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra page if necessary.

From	То	Address

past ten years, includin	g part-time, temporary of xtra pages if necessary. Pl	or most recent job, list all em r seasonal employment. I ease indicate if you are fearfu	nclude all periods
1. Employer		Dates of employment	_
Address			
City	Sta	ate Zip	
Phone Number	Job Title		_
Duties			_
Supervisor	Name of a Co-wo	orker	_
Reason for leaving			_
2. Employer		Dates of employment	_
Address			
City	Sta	ate Zip	
Phone Number	Job Title		-
Duties			_
Supervisor	Name of a Co-wo	orker	_
Reason for leaving			_
3. Employer		Dates of employment	<u>-</u>

City	State Zip
Phone Number	Job Title
Duties	
Supervisor	Name of a Co-worker
Reason for leaving	
4. Employer	Dates of employment
Address	
City	State Zip
Phone Number	Job Title
Duties	
Supervisor	Name of a Co-worker
Reason for leaving	
5. Employer	Dates of employment
Address	
City	State Zip
Phone Number	Job Title
Duties	
Supervisor	Name of a Co-worker
Reason for leaving	

	1.	Have you served in the U. Yes No	S. Armed for	rces? (Include National Guard Service)	
	2.	Date of Service From	To	Military Service No	_
		Branch of Service		Unit Designation	_
		Highest Rank Held		Type of Discharge	_
3.		ve you ever been a defendatishment? **	ant in a court	martial, Article 15, Captain's Mast or othe No	r non-judicial
				ovide a written explanation (typed or p paper, signed and dated by applicant	
If	you	received a discharge other		ole, give complete details.	
					_
					_
					_
					_

E. Educational History

1. School and College

High School or College Attended	City an	nd State	Da	tes Attended	Graduate	d		ester Hrs pleted	Major
		From		То	Yes		No		

Have you ever attended a Full-Time Law Enforcement Training Academy in Mississippi? If yes, list location and date attended List any law enforcement training attended. Give name and date of any school or course. List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and other pertinent information.							
List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and other pertinent							
List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and other pertinent		•	eement trainin	g attended. (Give name and	d date of any	school or
address of school, dates attended, course of study, certificate, and other pertinent							
	addre	ss of school, d	*			*	

List any special licenses you hold (such licensing authority, original date of issue) 2. List any specialized machinery or equip If you are fluent in a foreign language, it (excellent, good, fair).	e, and date of ex	xpiration.	wing
If you are fluent in a foreign language, i	ment that you ca	an operate.	
If you are fluent in a foreign language, i	ment that you ca	an operate.	
If you are fluent in a foreign language, i	ment that you ca	an operate.	
If you are fluent in a foreign language, i	ment that you ca	an operate.	
If you are fluent in a foreign language, i	ment that you ca	an operate.	
If you are fluent in a foreign language, i	ment that you ca	an operate.	_
			_
			_
			_
(CACCHOIR, good, Idil).	ndicate in each	area your degree of fluer	ncy
Language Reading	Speaking	Understanding	Writing

G. Arrests, Detentions, Convictions, Traffic Citations and Litigation

1.		you ever been arrested or charged with a crime?
	Yes_	No
	2.	Have you ever received any alternatives to sentencing such as probation before judgement
	-	al diversion, non-adjudication of guilt or have you ever had an expungement.
	Yes_	No
	3.	Have you ever been found guilty or pled guilty or no contest to a crime.
	Yes_	No
4.	Have	you ever been involved as a party in civil litigation?
	Yes_	No
	5. surety	Have you ever been refused a surety bond or turned down for employment that required a y bond?
	,	Yes No
7.		Are you currently subject to any protective order, temporary protective order, restraining temporary restraining order, or any other court order? Yes No Have you been issued a traffic citation within the previous 5 years? YesNo
8.		Has your driver's license ever been suspended or revoked? YesNo
	printe with	answer to any of above is yes (Section G, 1-8), provide a written explanation (typed o ed in ink) on a separate 8 1/2 by 11 inch sheet of paper, signed and dated by applican related court documents. Include a separate written explanation for each incident wher cable.
9.	With	what company do you carry auto insurance?
10.		ribe, in a brief narrative, any traffic accidents you have been ved in as a driver.

**Provide a written explanation (typed or printed in ink) on a separate 8 1/2 by 11 inch sheet of paper, signed and dated by applicant.

H. Marital and F	Family History					
1. Are you? Si	ingle Married	_ Separated_	Div	orced Wide	owed	
Full name of pres	ent spouse Maid	en name	Age	DOB		
Spouse's present of	employment, address	(City/State), j	phone nu	mber		
Full name of form	ner spouse(s) Maid	en name	Age	DOB		
List all children adopted, and foster	en related to you or your children)	our spouse. (I	Natural, i	n-vitro, step-ch	ildren,	
Name	Relation	Date of E	Birth	Address	S	upported by Whom
• List all other of	dependents					
Name	Relatio	on	Date	e of Birth	A	ddress
	atives in the following teased, so indicate.	order: father	, mother	(include maide	n name), br	others and
Name	Relation	Date of E	Birth	Address	Ph	one Number

	Name	Address		
	Home Phone	Work Phone	Years	Known
	Name	Address		
	Home Phone	Work Phone	Years	Known
3.	Name	Address		
	Home Phone	Work Phone	Years	Known
4.	Name	Address		
	Home Phone	Work Phone	Years	Known
5.	Name	Address		
	Home Phone	Work Phone	Year	rs Known
	mhershins in Organizatio	ns (Past and/or Present)		
Me		Type of Organizat	ion	
Лe	Name and Address of Organization	Type of Organizat (social, fraterna professional, etc	l,	Date of Membership

K. Personal Declarations

	_	-	any other drug not prone circumstances?	escribed by your physic
Have			narcotics to anyone?	
If yes,	explain in detail.			
4.	_	nt's evaluation of	fe or details not menti your suitability for en	oned herein which may

AGREEMENT

I hereby certify that the answers and statements herein are true, and correct without consequential omissions of any kind. I hereby agree that any falsification contained in this information shall be considered good and sufficient cause for rejection of this application and/or discharge. I understand that a complete background investigation will be conducted as a condition of this employment. I authorize the aforementioned companies, persons and/or public institutions to give any information concerning me or my employment whether or not it is on their records. I hereby release said companies or persons from all liability for any damages whatsoever from issuing this information.

• As a part of this investigative process, I will submit the following documents: proof of U.S. Citizenship, proof of age, verification of my identity, a social security card, and a discharge

certificate or separation papers (for applicants who have served in the Armed Forces only).

- I will accept employment for a temporary period depending upon my ability to satisfy the requirements of this agency, the Law Enforcement Officer Training Program (Section 45-6-1 to 45-6-17 of the Mississippi Code as amended), and the Board on Law Enforcement Officer Standards and Training.
- I hereby authorize the employing agency to deduct from my wages due me at any time, the value of monies or property advanced to me or on my behalf for which I am accountable; such as, but not limited to, travel advances, agency credit cards, and/or agency property damaged, lost or misappropriated by me.
- If employed on either a permanent or temporary basis, I agree to abide by all rules, policies, and regulations of the agency now in force, or that may be hereafter established.

ONLY SIGNED APPLICATIONS ARE CONSIDERED VALID				
(Signature)	(Date)			

(revised 06/2017)