

# **CITY OF PEARL POLICE DEPARTMENT**

## **I. APPLICATION AND PERSONAL HISTORY QUESTIONNAIRE**

In addition to completing a standard City Employment Application, candidates for employment with the City of Pearl Police Department are also required to complete a Personal History Questionnaire (PHQ).

To thoroughly complete the PHQ, applicants must provide:

1. Complete mailing addresses (including zip codes) for all places of residence since age fourteen (14)
2. All schools attended
3. All places of employment for the last ten (10) years
4. Immediate family members (including date of birth)
5. References: four (4) character references (not relatives) who have known you for five years or more and three (3) personal friends (not relatives) with whom you are currently associated.

## **II. REQUIRED DOCUMENTS**

All applicants must submit copies of the following listed documents, except college and high school transcripts which must be “OFFICIAL,” meaning sealed in an envelope.

1. Birth Certificate – Government Issued (i.e., State, County, etc.) or a valid U.S. Passport.
2. Naturalization Certificate (if applicable): The original Certificate must be presented for review, as Federal Law prohibits copying the certificate.
3. Copy of Social Security Card.
4. High School Diploma or State-Issued GED Certificate and an Official High School Transcript. Official College Transcript (if applicable).
5. Valid Driver’s License
6. Military DD214 (if applicable).
7. Selective Service Card (if applicable) or visit [www.sss.gov](http://www.sss.gov)
8. Any other certificates that may reflect job qualifications should also be submitted. A current driving record if you are holding an out-of-state driver’s license.
9. Bankruptcy discharge, including a list of creditors (if applicable).
10. Police report(s) and final disposition(s) of any arrest (felony or misdemeanor). This would include an expungement, sealed record, dismissal of charges, etc. All domestic-related cases, whether complainant or accused. Other sources for obtaining this information would be personal records, personal attorney, arresting agency, and county clerk’s office.

*\*Notification: It is requested that you provide your Social Security number as part of our employment process. We request your Social Security number for the following purposes: tax reporting; identification and for verifications such as former employment; criminal records and credit worthiness; benefit processing and identification; reporting to other government agencies; as a unique identifier for search purposes.*

**CITY OF PEARL POLICE DEPARTMENT**  
**PRE-EMPLOYMENT**  
**PERSONAL HISTORY QUESTIONNAIRE**  
**INSTRUCTIONS**

This personal history questionnaire must be completed by the applicant. All answers must be hand printed in ink or typed and be completely legible.

Read all questions completely. Answer all questions fully and truthfully.

*All information contained herein will be subject to verification.*

If a question does not apply, mark *N/A* in the appropriate space.

If the answer requires more space, use the back of the page.

Complete mailing addresses are mandatory, including zip codes for residences, schools, employers, and character references.

Failure to provide complete addresses, including zip codes, may slow down these until the necessary addresses are provided to the employment office.

**\*\*WARNING\*\***

APPLICANTS ARE EXPECTED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION.

FALSIFICATION AND/OR THE OMISSION OF INFORMATION IN THIS QUESTIONNAIRE MAY SUBJECT THE APPLICANT TO DISQUALIFICATION.

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*Applicant's Full Name (PRINT)*

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*Position Applied For*

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*Applicant's Signature*

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*Date*

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*Date Submitted*

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*Reviewer*

# CITY OF PEARL POLICE DEPARTMENT

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

**DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

*(Patrol, Dispatch, Court Services, Admin, Animal Control)*

## **II. EDUCATIONAL**

9. Indicate below the schools you have attended (Include incomplete courses)

Indicate the type of High School you attended:

- ☐ Traditional                      ☐ Home School                      ☐ Distance Learning
- ☐ Did not attend high school                      ☐ Other

	Name & Address (City/State)	No. Full Yrs. Work Completed	When Attended	Graduated Yes/No	Degree Awarded	Major Field
High Schools						
Universities or Colleges						
Extension or Correspondence Courses						

10. If you did not graduate from high school, have you passed the General Educational Development (GED) test?

☐ Yes    ☐ No

If yes, when and where did you complete the GED? \_\_\_\_\_

## **III. MARITAL**

NOTE: Questions included in this section are intended to assist in conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

11. Marital Status (check one):    ☐ Single                      ☐ Married                      ☐ Divorced

☐ Engaged                      ☐ Separated                      ☐ Widowed

12. Name of Spouse: \_\_\_\_\_

13. Name of Former Spouse(s): \_\_\_\_\_

14. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ Yes ☐ No

*If yes, give name(s) and details:*

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15. Is any member(s) of your immediate family now in prison or on either probation or parole?

☐ Yes ☐ No

*If yes, give name(s) and details:*

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#### **IV. RESIDENCES**

16. List every city/county in which you have lived since attaining the age of 16, with present address at top:

From (Mo/Yr)	To (Mo/Yr)	Address of Residence	City, County, State	Landlord

## V. WORK HISTORY

17. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency that required certification or licensure from any Commission, Board, or Agency after a conditional offer was made? ☐ Yes ☐ No *If yes, list the agency name and give details:*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

18. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of Mississippi.) ☐ Yes ☐ No

If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

If such certification or license was ever suspended, revoked, or any sanctions taken against it by the issuing authority, plea list the agency's name taking the action against the certification or license, the date of the action, the reason for the action, and the period of time for the suspension, revocation, or sanction.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

19. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, for any position because of criminal or personal misconduct or rules of violation? ☐ Yes ☐ No

*If yes, list the organization(s) name and give details:* \_\_\_\_\_

20. Do you object to wearing a uniform? ☐ Yes ☐ No

21. Do you object to working nights? ☐ Yes ☐ No

22. Do you object to working rotating shifts? ☐ Yes ☐ No

23. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training, and otherwise performing official duties?

24. List ALL jobs, positions, or appointments you have held in the last ten years, including part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a Reason for Leaving for each job. Include military service in proper tie sequence and temporary part-time jobs. If there are gaps in your employment, please provide an explanation for each period of unemployment.

a. Title of present or last position: \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_  
*Name Phone Number*

\_\_\_\_\_  
*Street City State Zip Code*

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

\_\_\_\_ Full Time \_\_\_\_ Yrs. \_\_\_\_ Mos. \_\_\_\_ Part Time \_\_\_\_ Yrs. \_\_\_\_ Mos.

*If part time, number of hours worked per week:* \_\_\_\_\_ *No. of employees supervised by you:* \_\_\_\_\_

Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Title of present of last position: \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

*Name*

*Phone Number*

*Street*

*City*

*State*

*Zip Code*

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

\_\_\_\_ Full Time \_\_\_\_ Yrs. \_\_\_\_ Mos. \_\_\_\_ Part Time \_\_\_\_ Yrs. \_\_\_\_ Mos.

Duties:

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Reason for leaving:

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c. Title of present of last position: \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

*Name*

*Phone Number*

*Street*

*City*

*State*

*Zip Code*

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

\_\_\_\_ Full Time \_\_\_\_ Yrs. \_\_\_\_ Mos. \_\_\_\_ Part Time \_\_\_\_ Yrs. \_\_\_\_ Mos.

If part time, number of hours worked per week: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

Duties:

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Reason for leaving:

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d. Explain periods of unemployment of three months or more:

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## **VI. MILITARY**

25. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

*If yes, what branch and what was the last rank achieved?*

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26. If you are presently a member of the National Guard or any military reserve, give the units, location, and describe your obligation:

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## **VII. USE OF ALCOHOL OR DRUGS**

27. Do you drink alcoholic beverages?

28. Have you ever used, to include tasting, any illegal drugs, including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation? ☐ Yes ☐ No

*If yes, what were the circumstances, drugs used, and when did the usage last occur?*

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29. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

☐ Yes ☐ No

*If yes, what were the circumstances, drugs used, and when did the usage last occur?*

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30. Have you ever purchased, possessed, manufactured, grown, delivered, or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? ☐ Yes ☐ No ☐ I don't know

*If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale:*

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## **VIII. CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes". You must list any and all criminal charges regardless of the date of the offense and the disposition (to include dismissals, not guilty, nol pros, pre-trial diversion, or any other disposition where you entered a plea of guilty.) Juvenile charges or arrests should also be listed. Include all offenses other than minor traffic offenses. Specifically include DUI, DWI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of an accident. You must include any and all convictions regardless of whether or not the convictions were expunged. If you list a charge, please attach certified and true copies of warrant(s) and judgement(s) for each offense, even if documentation and charges have previously been reported to this agency.

31. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?  
(The term "charged," as used in this question, includes being issued a criminal citation or summons.)

☐ Yes ☐ No *If yes, give details below: (attach extra sheets if necessary)*

- |                           |                               |
|---------------------------|-------------------------------|
| a. Offense Charged: _____ | Law Enforcement Agency: _____ |
| Date: _____               | Disposition of Case: _____    |
| b. Offense Charged: _____ | Law Enforcement Agency: _____ |
| Date: _____               | Disposition of Case: _____    |
| c. Offense Charged: _____ | Law Enforcement Agency: _____ |
| Date: _____               | Disposition of Case: _____    |

32. Have you ever had a Domestic Violence Protection Order issued against you? (Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.) ☐ Yes ☐ No

Date of Issuance: \_\_\_\_\_ County of Issuance: \_\_\_\_\_  
Name of Plaintiff: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

33. Under federal law, you may be disqualified from receiving or possessing a firearm if you meet any of the following conditions:

- currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year
- have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under these criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm
- are a fugitive from justice
- are an unlawful user of, or addicted to, marijuana or any depressant, stimulant or, narcotic drug, or any other controlled substance
- have been adjudicated mentally defective or have been involuntarily committed to a mental institution
- have been discharged from the Armed Forces under dishonorable conditions
- are illegally in the United States
- have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above, is defined in federal law so as to exclude most misdemeanors in Mississippi.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper that accompanies this form.

34. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

☐ Yes ☐ No I don't know (explain below).

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)? ☐ Yes ☐ No

Offense Charged: \_\_\_\_\_

Law Enforcement Agency Date: \_\_\_\_\_

Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Have you ever been charged with a felony? (Including any charges expunged) ☐ Yes ☐ No

*If yes, give details:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Have you ever been placed on probation? ☐ Yes ☐ No *If yes, give details*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Do you possess a valid driver's license from the State of Mississippi? ☐ Yes ☐ No

License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

38. Do you now possess, or have you ever possessed, a driver's license issued by any state other than

Mississippi? ☐ Yes ☐ No *If yes:* License Number: \_\_\_\_\_ State: \_\_\_\_\_

39. Was your driver's license ever suspended or revoked? ☐ Yes ☐ No

*If yes, state which and give reasons:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Was your driver's license restored? ☐ Yes ☐ No When? \_\_\_\_\_

41. Have your driving privileges ever been restricted? ☐ Yes ☐ No *If yes, give details:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **IX. CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

42. Briefly explain your reasons for applying for this position:

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43. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

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44. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

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## **X. REFERENCES**

DO NOT LIST THE SAME PERSON TWICE

A. List four (4) character references (not relatives) who have known you for five years or more and who could appraise your character, abilities, experiences, personality, and other qualities.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*

Place of Employment: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*

Place of Employment: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*  
Place of Employment: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*  
Place of Employment: \_\_\_\_\_

B. List three (3) personal friends (not relatives), including girlfriends/boyfriends with whom you are currently associated:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*  
Place of Employment: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*  
Place of Employment: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*  
Place of Employment: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*  
Place of Employment: \_\_\_\_\_

## INVESTIGATION AUTHORIZATION AND DISCLOSURES

I understand that the City of Pearl, Mississippi, may conduct a criminal records check or a consumer credit check to verify my suitability for employment. If the City of Pearl, Mississippi, engages a consumer reporting agency to report on my credit or personal history, I authorize it to do so.

I understand that an investigative consumer report, including information as to my character, general reputation, personal characteristics, and mode of living, may be made. I understand that, within a reasonable time period, I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and further that I may request a written summary of my rights from the consumer reporting agency involved.

I understand that this application for employment is not a contract and that employment with the City of Pearl, Mississippi, is “at will,” which means that either the employer or the employee may terminate the employment relationship at any time, for any reason, with or without prior notice. I further understand that all employment is continued on that basis and that no one has the authority to alter the nature of the “at-will” employment.

I hereby consent to permit the City of Pearl, Mississippi, to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for employment, background, past performance, education, or related matters. I expressly give my consent to any discussions regarding the foregoing, and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action against anyone providing or seeking such information.

I certify that I have provided and will provide information throughout the hiring process, including on this application for employment and in interviews with the City of Pearl, Mississippi, that is true, correct, and complete to the best of my knowledge. I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for employment. I understand that misrepresentations or omissions may cause my immediate rejection as an applicant for a position with the City of Pearl, Mississippi, or my termination from employment.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_