



Mississippi Delta Community College
Law Enforcement Training Academy
Accredited by the Mississippi Board of Standards and Training

Amy Vanderford, Director of Training Wesley Hazelwood, Training Officer
Kate Ware, Administrative Assistant

P.O. Box 668, Moorhead, MS 38761 Office
(662) 246-6436

To All Self Sponsored Cadets:

Thank you for your interest in the MDCC Law Enforcement Training Academy. We are the premier Law Enforcement Training Academy for the State of Mississippi. We blend education and training during the eleven weeks you will be attending.

Self-sponsored Cadets are required to submit to an extensive background check. Please fill out the packet and sign where indicated. Please note, some signatures must be notarized. Then, along with a check or money order for \$150.00 made out to Chris McCain, mail these forms and money to MDCC LETA, Kate Ware, P. O. Box 668, Moorhead, MS 39761. It takes several weeks to get the information back to our office once we send it to the private investigator. So, it is imperative that we receive all paperwork by the pre-entrance pt test date.

If you have any questions, please feel free to contact our office.

Sincerely,
Kate Ware
MDCC LETA

**ADVISEMENT TO CANDIDATE
REGARDING FALSE STATEMENTS**

CANDIDATE NAME:

The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true.

Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired from a job or been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application and to fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

CERTIFICATION

I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.

Signature: _____

Date: _____

Chris McCain

AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth

This release, when presented by a duly authorized representative Chris McCain constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to Chris McCain: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy; my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment as a, Sworn Law Enforcement Officer by the State of Mississippi. 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 an investigation, which may provide pertinent data for Chris McCain to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for acceptance to the Mississippi Delta Community College Law Enforcement Officers Training Academy. I understand that all materials pertaining to this back ground investigation become the property of Chris McCain and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and hi/her 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. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

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

Signature: _____

Street Address: _____

City, State, Zip Code: _____

Must be signed in Presence of a Notary: _____

State of _____,

County/City of _____,

Subscribed and Sworn before me this _____ day of _____ 20 ____.

My Commission Expires _____ (Signature of Notary) _____



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

FULL-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:			

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
1025 Northpark Drive
Ridgeland, Mississippi 39157
Telephone # - (601) 977-3777, Fax # - (601) 977-3773

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 declared bankruptcy? | Yes | No |
| 4 Have you ever been arrested or charged with a crime? | Yes | No |
| 5 Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement? | Yes | No |
| 6 Have you ever been found guilty or pled guilty or no contest to a crime? | 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 felony or a misdemeanor involving moral turpitude, 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 am of good moral character, **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 (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 _____

PERSONAL DATA

TODAY'S DATE: / /		POSITION APPLIED FOR:		
YOUR FULL LEGAL NAME :		ALIAS OR FORMER NAME(S):		
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: - -		
STREET ADDRESS:		CITY:	STATE:	ZIP:
DRIVER'S LICENSE # :		STATE OF ISSUANCE:		
HOME PHONE: () -	CELL PHONE: () -	PRIMARY E-MAIL ADDRESS:		
MOTHER'S NAME AND ADDRESS:				
FATHER'S NAME AND ADDRESS:				
MARITAL STATUS (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				

NAME CHANGES

List any name changes in order of most recent to the oldest. Include adoption, marriage, and divorce. Documentation must be provided for each name change, e.g. marriage certificate, court order, etc.

PREVIOUS NAME:	DATE OF CHANGE:	REASON:
PREVIOUS NAME:	DATE OF CHANGE:	REASON:

Spouse's Full Name and Address (if different)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)
STREET ADDRESS	CITY	COUNTY	STATE ZIP CODE

Former Spouse's Name and Address (if applicable)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)
STREET ADDRESS	CITY	COUNTY	STATE ZIP CODE

Former Spouse's Name and Address (if applicable)* :

LAST NAME	FIRST	MIDDLE	(MAIDEN)
STREET ADDRESS	CITY	COUNTY	STATE ZIP CODE

*THIS INFORMATION IS FOR IDENTIFICATION PURPOSES ONLY

EDUCATION

Select the highest year or level of education you have completed:

8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 Associates
 Bachelors
 Masters
 Ph.D./J.D.

Did you graduate from high school or receive a GED? Yes No

List the school name, location, and year you graduated high school or received the GED certificate:

NAME OF SCHOOL	LOCATION	DATE

If you attended college, list the name(s) of the college or university, the location, and the year(s) that you attended/graduated, your major, and number of credit hours or type of degree you obtained:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	YEARS ATTENDED	DEGREE OR CREDIT HOURS EARNED

List any training or schools that you attended and received certificates of completion. Examples are basic recruit course, advanced police training, EMT, etc.

TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED

List any technical skills you have, whether or not acquired through formal education or training:

EMPLOYMENT (continued)

(4)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(5)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(6)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

EMPLOYMENT (continued)

(10)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(11)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

Have you ever been fired, been asked to resign, or been given the option to resign in lieu of being dismissed from any job that you have held?

Yes No If yes, explain below:

Have you ever received any disciplinary action from an employer such as a written notice or suspension?

Yes No If yes, explain below:

MILITARY SERVICE

Have you ever served in any branch of the U.S. military? Yes No If yes, which branch(es)?

Dates of Service (Indicate whether **Active Duty** or **Reserve**):

<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____
<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____
<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____

List principal duties:

Did you receive anything less than an honorable discharge? Yes No If yes, explain:

Have you been convicted at a military court martial or received any non-judicial punishment (e.g. Article 15, Captain's Mast, etc)?

Yes No If yes, explain:

DRIVING HISTORY

Do you have a valid driver's license? Yes No If yes, provide the following information:

Current Driver's License Number _____ State _____ Class _____ Expiration Date _____

Does your license have any restrictions? (Must wear glasses, daytime driving only, etc.)

Yes No If yes, list the restriction(s): _____

List any other states where you have possessed a driver's license. Provide driver's license number, if known, and years that you were licensed in each state:

DRIVING HISTORY (continued)

Have you ever had your driver's license suspended, cancelled, or revoked? This includes all states where you've had a driver's license.

Yes No If yes, explain below:

In the past five (5) years, have you been issued any traffic citations for moving or criminal violation such as speeding, reckless driving, DWI/DUI, running red light, careless driving, etc.?

Yes No If yes, how many? _____

If you answered YES to the previous question, list the type of violation(s), where the violation took place, and the date you received the citation:

VIOLATION TYPE

CITY/COUNTY/STATE

DATE

In the past five (5) years, have you been involved in any traffic accidents in which you were a driver, whether or not you were at-fault?

Yes No If yes, how many? _____

If you answered YES to the previous question, list the accidents and explain the circumstances. Also, list the investigating agency, agency case report number (if known), and location of the accident(s):

CRIMINAL ACTIVITY

Indicate if you have ever **committed**, been **arrested**, or been **charged** for any of the crimes listed below. Provide explanation on Supplemental Information pages 24-25.

Definitions:

COMMITTED – You have done something that is against the law, but were never caught or the crime went undetected.

ARRESTED – You were taken into custody, handcuffed and booked into some type of jail.

CHARGED – You were issued a “Notice to Appear” or other type of summons or citation that required you to appear in court to answer to a criminal charge.

	COMMITTED		ARRESTED		CHARGED		AGE AT TIME
Burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Armed Robbery/Robbery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Illegal Possession of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sale of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DWI or DUI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Passing Worthless/Bad Checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Auto Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Assault/Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Domestic Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Murder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoplifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft from an Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vandalism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rape/Other Sex Crime(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Indecent Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Perjury/False Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Possession/Distribution of Child Pornography	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer Related Crimes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child Abuse/Neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Forgery/Uttering a Forgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prostitution/Soliciting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Other Criminal Offense:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you been under investigation by any law enforcement agency for **any** crime in the past? This includes any investigation of a criminal nature and does not include crimes such as speeding, careless driving, etc.

Yes No If yes, provide explanation below:

CRIMINAL ACTIVITY (continued)

NOTE: If you are arrested or detained by a law enforcement agency at any time after completing this packet, while still involved in or attending the Mississippi Delta Community College Law Enforcement Training Academy, it is your responsibility to notify the Personnel of MDCC LETA at 662-246-6436. Failure to do so will result in the immediate disqualification from the hiring process.

Have you ever been arrested, charged, issued a notice to appear, cited, or pled no contest for any offense? Provide an explanation of any of the above to include the initial charge, charges that may have been reduced, and the disposition of each charge on pages 24-25.

(For police officer applicants, this includes any sealed or expunged records)

Yes No If yes, list the following:

ARRESTING AGENCY	CHARGE	CITY/COUNTY/STATE	DATE

Were you ever convicted, had adjudication withheld, pled no contest, or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previously listed offenses, or any other offenses that may not have been listed?

Yes No If yes, provide explanation below:

Have you, as an adult, had any sexual involvement with a person under the age of 18?

Yes No If yes, provide explanation below:

Have you ever had sexual involvement or any sexual contact with any person who was semi-conscious, unconscious or under the influence of drugs or alcohol to the extent that they were not able to communicate coherently?

Yes No If yes, provide explanation below:

DRUG ACTIVITY

List below any and all drug usage. Provide additional information regarding drug usage on the Supplemental Information Pages. Include a description of the circumstances, the type of drug and any additional explanation.

DRUG	USED	APPROXIMATE DATE FIRST USED	APPROXIMATE DATE LAST USED	NUMBER OF TIMES USED
Marijuana/THC/Salvia	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>			
PCP/Angel Dust	Yes <input type="checkbox"/> No <input type="checkbox"/>			
STP/Speed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mushrooms/Psilocybin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medication Not Prescribed to You	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Steroids	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prescription Drug Abuse/Pill-Popping	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Speedballs	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rohypnol (Ruffies)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Inhalants	Yes <input type="checkbox"/> No <input type="checkbox"/>			
LSD	Yes <input type="checkbox"/> No <input type="checkbox"/>			
GHB/GBL	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Methamphetamine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you have sold, purchased, and/or supplied any illegal drugs or prescription medication (even to/from friends or relatives at no profit to yourself), estimate the dollar amount the illegal drugs or medication would have been worth (i.e. "street value"); check the amount that is the closest representation and explain:

\$10,000
 \$5,000
 \$3,000
 \$2,000
 \$1,000
 \$500
 \$300
 \$200
 \$100
 Less than \$100
 None

DRUG ACTIVITY (continued)

Have you ever held a job where the use of illegal drugs during working hours was common practice?

Yes No If yes, provide explanation below:

How many times have you used marijuana or other illegal drugs during work hours, including lunches or breaks? Check the approximate number and explain:

500 400 300 200 100 75 50 25 15 10 5 None

ON-THE-JOB USE OF ALCOHOL

Have you ever held a job where the use of alcohol (on-the-job) was common practice?

Yes No If yes, provide explanation below:

How many times have you consumed alcoholic beverages during work hours? This includes lunch and breaks, as well as while you were actually working. Explain below:

500 400 300 200 100 75 50 25 15 10 5 None

Have you ever been under the influence of alcohol or drugs you consumed prior to your assigned workday that affected your performance on the job?

Yes No If yes, provide explanation below:

CIVIL COURT AND CREDIT HISTORY

Have you ever been, or are you currently, a party to a civil suit? (This includes divorce, small claims, evictions, foreclosures, child support, judgments, bankruptcies, etc.)

Yes No If yes, explain below and provide county and state where case(s) filed:

CONVERSION OF PROPERTY/GOODS FROM EMPLOYER(S)

Employees sometimes take things from their place of employment without permission. This includes, but is not limited to, actually taking/removing property, giving away merchandise to friends or relatives, or borrowing with or without permission and failing to return the property.

Estimate the value of property you have taken from all your employers combined; check the amount that is the closest representation and explain:

- \$5,000 \$4,000 \$3,000 \$2,000 \$1,000 \$500 \$400 \$300
\$200 \$100 \$50 \$25 \$15 \$10 \$5 None

CONVERSION OF MONEY FROM EMPLOYER(S)

Many jobs require employees to handle money or manage an expense account. However, some employees take money from their employer without permission to include taking cash, padding expense accounts and borrowing money without returning it.

Estimate the amount of money you have taken from employers; check the amount that is the closest representation and explain:

- \$5,000 \$4,000 \$3,000 \$2,000 \$1,000 \$500 \$400 \$300
\$200 \$100 \$50 \$25 \$15 \$10 \$5 None

RESIDENTIAL HISTORY (continued)

(2)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(3)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(4)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

RESIDENTIAL HISTORY (continued)

(8)

DATES OF RESIDENCE:		Rent <input type="checkbox"/> Own <input type="checkbox"/>		
From	To			
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

PERSONAL REFERENCES

List five (5) responsible people, other than relatives, past employers, or supervisors, who have personal knowledge of your qualifications for employment.

(1)

NAME:		NUMBER OF YEARS KNOWN:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	
HOME/CELL PHONE:		WORK PHONE:		
E-MAIL ADDRESS:		RELATIONSHIP:		

(2)

NAME:		NUMBER OF YEARS KNOWN:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	
HOME/CELL PHONE:		WORK PHONE:		
E-MAIL ADDRESS:		RELATIONSHIP:		

PERSONAL REFERENCES (continued)

(3)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(4)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(5)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

PREVIOUS LAW ENFORCEMENT EXPERIENCE

The following questions should only be completed by applicants who are currently employed, or have prior experience, in the areas of law enforcement, corrections, or security services.

1. Have you ever intentionally falsified an incident report? Yes No
2. Have you ever furnished drugs or other contraband to someone in your custody? Yes No
3. Have you ever lied or misrepresented facts to a supervisor? Yes No
4. Have you ever stolen or taken anything of value that was in your possession or from someone in your custody? Yes No

PREVIOUS LAW ENFORCEMENT EXPERIENCE (continued)

- 5. Have you ever been charged or convicted of contempt of court? Yes No
- 6. Have you ever accepted a bribe? Yes No
- 7. Have you ever tampered with, or destroyed, evidence? Yes No
- 8. Have you ever used excessive force under any circumstances or been investigated for use of excessive force? If yes, on how many occasions? _____ Yes No
- 9. Have you ever removed or stolen anything of value while on duty? Yes No
- 10. Have you ever lied under oath? Yes No
- 11. Have you ever taken any law enforcement action against a person based on ethnic, religious, or racial prejudices? Yes No
- 12. Have you ever been a subject to an internal investigation as either the subject of the investigation, a witness, or a person with knowledge? Yes No

If you answered "Yes" to any of the above questions, explain and provide copies of related documents. Failure to provide related documents will slow the progress of your background investigation:

SUPPLEMENTAL INFORMATION

Use this section to explain or expand upon any previously asked question. Please indicate the page number and topic that you are explaining:

SUPPLEMENTAL INFORMATION (continued)

PERSONAL DATA PACKET INFORMATION

Notice: The Mississippi Delta Community College Law Enforcement Training Academy/Chris McCain has asked that you provide your social security number (SSN). The decision to provide your SSN is your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, the Mississippi Delta Community College Law Enforcement Training Academy will use it for purposes of identification, and may share the information with other agencies for the same purpose. The request for your SSN is authorized by state law because use of your SSN is imperative for the Mississippi Delta Community College Law Enforcement Training Academy to fulfill its lawful duties and responsibilities.

CERTIFICATION

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY)

I, _____, hereby certify that all answers or statements in this personal data packet are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of acceptance made by the Mississippi Delta Community College Law Enforcement Training Academy to be withdrawn. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that I have been given sufficient opportunity and time to review the questions and their intent, and that I have answered them correctly.

Signature _____

Printed Name _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

20____, by _____ who is personally known or produced identification.

Type of identification produced: _____

(seal)

Notary Public Signature

Printed Name