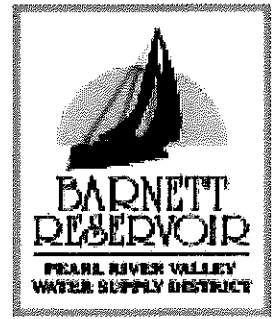




# RESERVOIR POLICE

Post Office Box 2180  
Ridgeland, Mississippi 39158-2180  
Telephone: 601-992-9894



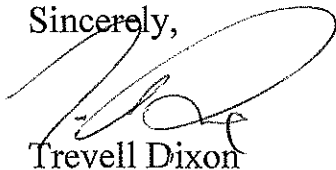
Thank you for your interest in a career at the Reservoir Police Department. We are a subdivision of the Pearl River Valley Water Supply District which is a Mississippi State Agency and as such, we offer our personnel all available state benefits such as;

- Free Employee Health Insurance with Affordable Family Coverage
- 18 Days Vacation in Year One (12 Hours Monthly Accrual)
- 12 Days Medical Leave Annually Year One
- 10 Holidays Annually
- Participation in the State Retirement System
- State Credit Union Access

In this packet, you will find a Mississippi State Service Application as well as other relevant forms needed to evaluate your application. Please carefully read and fully complete each document. Failure to do so will adversely affect your application.

We look forward to exploring this opportunity with you. The Reservoir Police Department is an equal opportunity employer.

Sincerely,



Trevell Dixon

Reservoir Police Chief

A Division of The  
PEARL RIVER VALLEY WATER SUPPLY DISTRICT  
AN AGENCY OF THE STATE OF MISSISSIPPI

# STATE OF MISSISSIPPI APPLICATION



Return Completed Application to:  
RESERVOIR POLICE DEPARTMENT  
Post Office Box 2180  
Ridgeland, Mississippi 39158

For Staff/Official Use Only

Received: \_\_\_\_\_

**Important! Please Read Before you begin the application process:**

**Applicants must complete and attach the "Supplemental Questions" page when applicable.** This page is located in the application packet download Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

**-TYPE OR PRINT IN BLACK INK-**

## JOB INFORMATION

POSITION #:	POSITION TITLE:
-------------	-----------------

## PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

## EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- Some High School       Some College       Associate's Degree       Master's Degree       Doctorate Degree  
 High School       Technical College       Bachelor's Degree       Specialist's Degree

## HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES  NO   
IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7  8  9  10  11  12

## COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

**CERTIFICATES & LICENSES**

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

**WORK HISTORY**

DATES From                      To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From                      To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

### WORK HISTORY

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

**AGENCY WIDE QUESTIONS**

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES  NO
2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- \_\_\_\_\_
- (AGENCY NAME) (CURRENT JOB TITLE)
3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES  NO
4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- \_\_\_\_\_
- (AGENCY NAME) (PREVIOUS JOB TITLE) (DATE OF RIF)
5. ARE YOU A VETERAN OF THE ARMED FORCES?  YES  NO  
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED?  YES  NO
7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?  
 YES  NO

**TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)**

- |   |  |  |
|---|--|--|
| <p>8. INDICATE YOUR RACE</p> <p><input type="checkbox"/> AMERICAN INDIAN</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> Other</p> | <p>9. INDICATE YOUR GENDER</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> | <p>10. AGE GROUP:</p> <p><input type="checkbox"/> UNDER 18</p> <p><input type="checkbox"/> 18-25</p> <p><input type="checkbox"/> 26-39</p> <p><input type="checkbox"/> 40-54</p> <p><input type="checkbox"/> 55-69</p> <p><input type="checkbox"/> 70+</p> |
|---|--|--|

**ADDITIONAL INFORMATION**

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

**APPLICANT DECLARATIONS**

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## SUPPLEMENTAL QUESTIONS

**Important! Please Read Before you begin the application process:**

**Applicants must complete and attach the "Supplemental Questions" page when applicable.** Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

### ADDITIONAL WORK HISTORY

#### JOB INFORMATION

JOB NUMBER: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_

#### COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATES ATTENDED
SCHOOL LOCATION (CITY/STATE)	MAJOR	

#### CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

#### WORK HISTORY

DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES

## AGENCY SPECIFIC QUESTIONS

**Use additional sheets of paper if needed.**

1. Do you currently hold a valid Drivers License from any state? \_\_\_\_\_  
If so, Provide the State of Issue, License Number & Expiration Date below;

2. Have you had any Traffic Citations in the past 10 years? \_\_\_\_\_  
If so, Please list below by date and include the offense and jurisdiction where it occurred;

3. Have you ever been arrested or charged with Driving or Boating under the Influence "DUI/BUI"? \_\_\_\_\_  
If so, list the date(s) and Jurisdictions where the offense occurred.

4. Have you ever had a drivers license suspended for any reason? \_\_\_\_\_  
If so, list the state of issue of the License, Date, and reason for suspension;

5. Have you ever been arrested? \_\_\_\_\_  
If so, In what Jurisdiction, the date, on what charge and were you convicted?

6. Have you ever been convicted of a felony? \_\_\_\_\_

7. Have you ever been convicted of a crime of Domestic Violence? \_\_\_\_\_

8. List all Traffic Accidents in which you were the driver;

9. Have you ever written an Insufficient Funds Check or a Check written on a closed account? \_\_\_\_\_  
If so, List all incidents below:

10. Have you ever filed for Bankruptcy? \_\_\_\_\_  
If so, Please list all filings and date below;

**AGENCY SPECIFIC QUESTIONS**

**Use additional sheets of paper if needed.**

11. Are you now, or have you ever been a party to a civil lawsuit, either plaintiff, defendant or witness? \_\_\_\_  
List date, court of jurisdiction and your involvement below:

12. Have you every had a diciplinary action by an employer? \_\_\_\_\_  
If so, Please provide the date, employer and explain the circumstances.:

13. The Reservoir Police Department is a 24 hour per day, 7 day a week, 365 days a year operation.  
Do you understand that if you are hired, you are subject to work any shift based on the needs of the department? \_\_\_\_\_

14. Can you Swim? \_\_\_\_\_ (A swim test is a requirement for employment)

15. Have you ever operated a motorized vessel (Powerboat)? \_\_\_\_\_

16. Do you have a Valid Mississippi Boater Education Card? \_\_\_\_\_

17. Are you currently certified as a Basic Law Enforcement Officer by the BLEOST? \_\_\_\_\_  
If so, What is your certificate number? \_\_\_\_\_

18. Please use the space below to write a paragraph or two on why you are or want to be a Law Enforcement Officer AND Why you want to join the Reservoir Police Department.

Blank space for writing answers to question 18.



## **AGENCY SPECIFIC DOCUMENTATION REQUIREMENTS**

**A COPY OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE YOUR APPLICATION:**

- 1.) A COPY OF THE APPLICANT'S HIGH SCHOOL DIPLOMA OR GED CERTIFICATE.
- 2.) COPY OF APPLICANT'S VALID DRIVERS LICENSE.
- 3.) COPY OF APPLICANT'S SOCIAL SECURITY CARD OR BIRTH CERTIFICATE.
- 4.) A COPY OF THE APPLICANT'S CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DoD FORM D.D. 214) IF APPLICABLE.

# **RESERVOIR POLICE**

## **RELEASE OF INFORMATION**

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_  
**CELL PHONE** \_\_\_\_\_  
**E-MAIL ADDRESS** \_\_\_\_\_  
**SOCIAL SECURITY #** \_\_\_\_\_  
**DOB** \_\_\_\_\_

I the undersigned do hereby authorize and direct the Pearl River Valley Water Supply District/Reservoir Police and any duly authorized representative of a public safety agency to provide the PRVWSD/Reservoir Police full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the PRVWSD/Reservoir Police 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 PRVWSD/Reservoir Police 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 PRVWSD/Reservoir Police and its authorized agents, the public and all others, individually and collectively, from any and all 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# RESERVOIR POLICE DEPARTMENT

## PRE-EMPLOYMENT

### POLYGRAPH BOOKLET

*(Please Print or Type)*

Full Legal Name: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: Male  Female  Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Last 4 Digits Only)

County/Parish of Residence: \_\_\_\_\_

If you have ever taken a polygraph examination before, please give the date and reason for the examination below.

DATE	AGENCY OR BUSINESS	RESULTS <i>(Pass, Fail, or Inconclusive)</i>

## PREFACE

The information contained in this booklet is an integral part of your application process, which will be used by your polygraph examiner and background investigator. The information that you provide in the forthcoming pages is confidential and will be viewed by the polygraph examiner, the background investigator, and members of the Reservoir Police Department (RPD) chain of command for review and hiring purposes.

We realize that it would be a rarity for any applicant to have no mistakes or personal indiscretions in their past, so we place a high degree of value on your honesty and integrity in answering the following questions truthfully. We ask that you be completely honest in each and every area of this booklet. Do not minimize, alter or exclude any details about any information in this booklet. If you are uncertain about a particular issue in any of these areas specific to your situation, you should err on the side of caution and include the information about that issue. The polygraph examiner is authorized by the RPD to ask any and all questions relating to the information in this booklet. During the polygraph examination, you will have an opportunity to give an explanation on any and all information you disclosed.

In reference to the area of work history, the term "reprimand" refers to any written reprimands or disciplinary actions. In the areas of criminal activity and illegal drugs, the polygraph examiner understands that there may be information you are reluctant to provide or apprehensive to disclose. However, your failure to disclose any information in these areas will definitely have an adverse impact on the results of your polygraph examination and application for employment with the Reservoir Police Department.



**WORK HISTORY**

1. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment.

**Employer #1:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #2:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #3:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #4:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

2. Describe any incidents that resulted in your being fired or asked to resign.

Employer #1: \_\_\_\_\_ When? \_\_\_\_\_

Why?

Employer #2: \_\_\_\_\_ When? \_\_\_\_\_

Why?

Employer #3: \_\_\_\_\_ When? \_\_\_\_\_

Why?

3. List any former employers who would give you a negative job reference, such as for work performance, personality conflicts, quitting without giving sufficient (2-3 weeks) notice, or other reasons.

Employer #1: \_\_\_\_\_ When? \_\_\_\_\_

Why?

Employer #2: \_\_\_\_\_ When? \_\_\_\_\_

Why?

Employer #3: \_\_\_\_\_ When? \_\_\_\_\_

Why?





**ACTIVITY INVOLVING PERSONS**

**Have you ever engaged in any of the following?**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Murder? -----                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Kidnapping? -----                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Physical assault? -----                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Domestic violence? -----                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Physical assault with a weapon? -----             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Excessive use of force in the line of duty? ----- | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Bribery? -----                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Perjury? -----                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Robbery? -----                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Terroristic threat? -----                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Organized criminal activity? -----               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Criminal gang activity? -----                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Child molestation? -----                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Child pornography? -----                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Sexual contact with a child? -----               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Sexual assault? -----                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



**ACTIVITY INVOLVING THEFT OR PROPERTY**

**Have you ever engaged in any of the following?**

- 1. Shoplifting or other theft of merchandise? ----- Yes  No
- 2. Theft of cash? ----- Yes  No
- 3. Theft from an employer? ----- Yes  No
- 4. Theft of military items? ----- Yes  No
- 5. Burglary? ----- Yes  No
- 6. Insurance fraud? ----- Yes  No
- 7. Identify theft? ----- Yes  No
- 8. Forgery?----- Yes  No
- 9. Theft of vehicle?----- Yes  No
- 10. Vandalism? ----- Yes  No
- 11. Criminal mischief? ----- Yes  No
- 12. Hit and run accidents? ----- Yes  No
- 13. Arson? ----- Yes  No



**ACTIVITY INVOLVING DRUG USE AND/OR DISTRIBUTION**

In recent years, drug use has become common in our society. The RPD recognizes that it would be unlikely to hire only candidates who have never experimented with some drugs. However, it is important that the RPD be aware of your prior experimentations because, as a peace officer, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug activities, and the defense could ask about your own personal drug use in an effort to attack or impeach your credibility.

In addition, the RPD needs to assess your involvement in the sale of drugs to another person (with or without profit to you); delivery of drugs to another person; transportation of drugs to be sold; trading of drugs for anything of value; manufacturing of drugs; cultivation of drug plants; or any other manner of involvement in a transaction involving drugs.

1. Have you ever experimented with any drug, including, but not limited to, marijuana, K2, spice, bath salts, steroids, prescription drugs, ecstasy, methamphetamine, or any other type of drug? If yes, for each drug with which you have experimented, use the space provided below to identify the drug, the number of times you experimented with it, when and where you experimented with it, the last time you experimented with it, and the last time you were around someone else using that drug. Yes  No
  
2. Have you ever experimented with drugs, including marijuana, while employed as a law enforcement, custodial, or correctional officer? Yes  No
  
3. Have you ever sold, manufactured, cultivated, transported, or delivered any type of drug for any reason? If yes, use the space provided below to describe the activity, the number of times you engaged in that activity, and when you engaged in that activity. Yes  No

ITEM #	EXPLANATION

**OTHER ACTIVITY**

- 1. Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of the United States government? Yes  No
- 2. Have you ever been a member of, or affiliated with, a group or organization that advocates violence, racism, or illegal activities, including, but not limited to, the Aryan Brotherhood, Bandidos, Crips, MS-13, Vice Lords, Simon City Royals (SCR's), or Gangster Disciples? Yes  No
- 3. Did you apply with the RPD for any reason other than gainful employment? Yes  No
- 4. Have you done anything in your past that, if known by the RPD, could possibly affect your application for employment? Yes  No

In the space below, explain all "yes" answers that you have given to questions 1 through 4. Include date (or period of time) and location of activity, as well as any other relevant circumstances.

ITEM #	EXPLANATION

**PLEASE READ, SIGN, AND DATE**

You have now completed the polygraph pre-test booklet/personal history statement. **You should stop for a moment and think about your answers to ensure that you have accurately provided all of the information that was requested. Review your answers. If you now recall any information that was requested that you did not include in the booklet, go back and make the correction.** Then, read and sign the statement below.

I certify that the foregoing answers are true, correct, and complete to the best of my knowledge and belief. I have not withheld, falsified, or misrepresented any information requested in this booklet. I hereby grant authorization to the Reservoir Police Department staff to contact any person or organization for information and/or documents to verify the validity of any previous statement.

---

Signature of Applicant

---

Date

**END OF BOOKLET**