



# RESERVOIR POLICE

Post Office Box 2180  
Ridgeland, Mississippi 39158-2180  
Telephone: 601-992-9894  
Facsimile: 601-992-4621



**BARNETT RESERVOIR**  
PEARL RIVER VALLEY WATER SUPPLY DISTRICT

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,

Perry Waggener  
Reservoir Police Chief

# 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:
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### 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:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> 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			



### 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



**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