



Maureen Fraser
Mayor

Town of Collierville

Police Department



Dale Lane
Chief of Police

Dear Applicant:

I greatly appreciate your interest as an applicant to become a police officer with the Town of Collierville, Tennessee.

Enclosed in your application packet is material relevant to minimum requirements and the selection process for the Collierville Police Department. Applicants are expected to read all material enclosed within this packet prior to submitting an application, so you will know what will be expected of you to complete the selection process.

This selection process is long and arduous, but for the successful candidate that is selected, the rewards are great and all who apply will benefit from the experience. This process could take up to one year but usually applications are processed in six months or less.

Applications are kept on file for one year. When filling vacancies, all eligible applications on file are considered provided they have been filled prior to any posted cut-off dates. The Town of Collierville Human Resources Department can always advise whether any openings exist. Testing is conducted as needed. Applicants will receive a notice if eliminated during any phase of the process. If you do not receive a notice, your application is still active and being considered.

Again, I appreciate your interest in the Collierville Police Department and wish you the best during this endeavor.

Sincerely,

Dale Lane, Chief of Police
Collierville Police Department



The Town of Collierville

Human Resources Department

Dear Applicant,

If you are applying for a position with the Collierville Police Department, you must supply the following information:

1. **High School Transcript OR Diploma***
2. Military Discharge Form DD214 (if applicable)

*If applicant has GED, GED diploma and transcript must be supplied.

Please be advised that you will not be called for further testing if all requested information is not received when you turn in your application. If you need to wait for a transcript to be sent to you, keep your application until it can be turned in COMPLETE.

If you have not been to college or if you have not been in the military, you need to state on your application "No Military" or "No College" so your application will be considered complete.

If you have any questions, contact Human Resources at (901) 457-2290.

NOTICE TO ALL APPLICANTS

Body art may not contain images and words that are offensive to others.

COLLIERVILLE POLICE DEPARTMENT
POLICE OFFICER APPLICANT ORIENTATION

I. MINIMUM STANDARDS

A. The following are minimum standards for police officer applicants.

- 1. Be a U.S. Citizen.**
- 2. Requires a high school diploma or GED.**
- 3. Not have been convicted of or pleaded guilty to or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor** or controlled substance.**

****Liquor includes all alcoholic beverages.**
- 4. If applicant has been in military, they must have Honorable Discharge.**
- 5. Pass a physical examination given by licensed physician.**
 - a. An examination is done after conditional job offer is made.**
 - b. Applicants for positions in Police Department shall be required to take a drug test as a condition of employment during a pre-employment medical examination.**
 - c. Applicants shall be disqualified from further consideration for employment under the following circumstances:**
 - (1) Refusal to submit to a required drug test; or**
 - (2) A confirmed positive drug test indicating drug use prohibited by Collierville Police Department Drug Policy.**
- 6. Vision must be 20/20 or correctable to 20/20. Uncorrected vision may be a maximum of 20/100. Normal color perception is a must.**
- 7. Must be psychologically certified as stated in T.C.A. 38-8-106. Psychological will be given to determine fitness.**
- 8. Must pass an intensive background investigation to include credit, police and driving record. Contact may be made with former employers, associates, and classmates. Involvement in civil lawsuits should be explained on application.**
- 9. Officers must maintain residency in Tennessee or Mississippi so long as they are able to respond to duty within one hour. The State of Arkansas would be the only exception and will not be allowed under this policy for residency.**

It will be incumbent upon the officer to be in compliance with the one hour response time and it is also to be understood by the officer that should state law either in Mississippi or Tennessee change that would alter the provisions of this policy, the offer will be required to follow the new law as written unless a provision is made by law that would grant him/her a special status for non-compliance.
- 10. A Computer Voice Stress Analyzer (CVSA) examination will be given concerning truthfulness on your application.**
- 11. 70% or above on written examination.**
- 12. Pass a job-related physical fitness exam consisting of an obstacle course.**

13. Within six months of employment or by Special Order of the Chief, individual must successfully complete basic training at the State Police Academy.
14. Meet all minimum standards and rules specified by Tennessee Peace Officers Standards and Training Commission.
15. Complete probationary period.

II. BENEFITS

- A. Current starting pay is \$48,560.00 per year with regular pay increases.
- B. You will receive 12 sick days annually. You will receive 10 working days vacation after first year through nine years; 15 working days 10 through 19 years and 20 working days 20 years and over.
- C. Employee and Dependent health insurance is available at a nominal cost. Life insurance policy is provided at low cost on employees equal to four times annual salary.
- D. All Employees are at will, probationary employees for one year. If not otherwise notified, at the end of a year, employees become regular full-time employees and will be covered under the Town of Collierville Personnel Policies and Procedures.
- E. Employees are covered under the Town's Defined Benefit Pension Plan. Retirement is fully funded by the Town.
- F. There are 11 paid holidays.
- G. Uniforms and specialized equipment will be furnished.

III. TRAINING

- A. You will receive initial on-the-job training under a field training officer. Successful completion of training is mandatory for continued employment.
- B. Sometime during the first six months of employment you will be sent to a state approved basic recruit school. Successful completion of training is mandatory for continued employment.
- C. You will receive an additional 40 hours in-service training annually which you must successfully complete to retain your position.

IV. GENERAL

- A. Your normal work week is 41 ¼ hours.
- B. All secondary off duty employment is subject to prior written approval at the discretion of the Chief of Police and conflicts with a police officer's duties will not be approved.

V. NOTICE TO CANDIDATES NOT APPROVED

Candidates not yet appointed to probationary status normally may reapply and be retested, and re-included on the eligibility list. Candidates who have been rejected for cause (background investigation, medical, etc.), will not be allowed to reapply. Candidates rejected due to initial scores being below cutoff may be allowed to reapply and be retested one additional time; if again disqualified by scores, no further application will be allowed.

Revised 07/23/2024

TOWN OF COLLIERVILLE EMPLOYMENT APPLICATION



THE TOWN OF COLLIERVILLE IS AN EQUAL OPPORTUNITY DRUG FREE WORKPLACE EMPLOYER

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an **accommodation** in order to complete the application or any part of the hiring and employment process, please call the following number: **901-457-2290**. Prior to completing this application, be sure to read the **JOB DESCRIPTION** of the position for which you are applying.

As you complete the application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the Town of Collierville to be withdrawn or employment with the Town of Collierville terminated. **Failure to fully complete this application in a legible manner may result in immediate rejection.**

This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply.

GENERAL INFORMATION

Date: _____ Job Number (see job advertisement) 1. _____ 2. _____

Position Desired 1. _____ 2. _____

Are you applying for: _____ Full Time _____ Part Time _____ Seasonal

If Part Time, what days/hours are you available: _____

Have you applied with the Town of Collierville before? (Circle) Yes No

Have you been employed by the Town of Collierville before? (Circle) Yes No

If YES, please complete the following: Length of Service: _____

Position Held: _____ Department: _____

PERSONAL INFORMATION

Your Name: _____
Last First Middle

Phone Numbers: Home _____ Cell _____ Business _____

Address: _____
Number Street

City State Zip Code

Email Address: _____

PERSONAL INFORMATION (cont.)

Do you have a legal right to work in the U.S.? (Circle) Yes No

Are you over the age of 18? (Circle) Yes No

Are you related to any town official or employee? Yes _____ No _____ If yes, please state name, department and relationship: _____

Do you possess a valid driver's license? Yes No For what state? _____ Expiration Date: _____

CDL? Yes _____ No _____ Class: _____ Endorsements: _____

Have you read the job description for the position(s) you are applying for? Yes _____ No _____

Can you perform the essential functions of this/these position(s)? Yes _____ No _____

List any job related special qualifications and skills (licenses, certifications, skills with machines, etc.): _____

List computer software programs and number of years' experience: _____

How did you find out about this position? Please select all that apply:

TOC HR Department _____ TOC Employee (please specify) _____

Website (please specify) _____ Newspaper (please specify) _____

Career Fair (please specify) _____ Other _____

YOUR EDUCATION AND TRAINING

Circle highest grade completed:

HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	1	2	3	4	1	2	3	4

SCHOOLS	NAME & ADDRESS OF SCHOOL	CHECK IF GRAD	DEGREE OBTAINED	S/Q HRS	MAJOR COURSE WORK
HIGH SCHOOL/ GED					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
VOCATIONAL/ BUSINESS					
MILITARY SCHOOLS					
OTHER STUDIES/ SPECIAL TRAINING					

EXPERIENCE

A RESUME OF YOUR EMPLOYMENT RECORD WILL NOT BE ACCEPTED IN PLACE OF THE REQUESTED EMPLOYMENT INFORMATION

Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers, including self-employment, military service and volunteer work, **to account for ten (10) years of employment. Use an additional sheet, if necessary.** Account for all periods of unemployment, but if you were unemployed because of medical reasons do not give any specific information, just state "medical." A resume may be included as a supplement to the application.

PRESENT OR LAST EMPLOYER

Street Address, City, State _____

Phone Number _____

Starting Date _____ Ending Date _____ Hours/Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we contact this employer? Yes _____ No _____

Brief description of job duties: _____

Reason(s) for leaving: _____

NEXT PREVIOUS EMPLOYER

Street Address, City, State _____

Phone Number _____

Starting Date _____ Ending Date _____ Hours/Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we contact this employer? Yes _____ No _____

Brief description of job duties: _____

Reason(s) for leaving: _____

NEXT PREVIOUS EMPLOYER

Street Address, City, State _____

Phone Number _____

Starting Date _____ Ending Date _____ Hours/Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we contact this employer? Yes _____ No _____

Brief description of job duties: _____

Reason(s) for leaving: _____

REFERENCES

Please list three responsible persons (*other than relatives or former employers*) who have knowledge of your qualifications for employment.

Name	Address	Phone Number	Years

READ THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION:

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein may cause an offer of employment made by the Town of Collierville to be withdrawn or my employment with the Town of Collierville terminated. I further understand that all information provided herein is public record and is subject to review upon request.

I authorize the Town of Collierville to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal and driver’s license, and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize these parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept that under Tennessee law, any information with the exception of medical, will become public record upon receipt by the Town of Collierville. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Town of Collierville or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Town of Collierville’s handling, processing, investigation, etc. of my application for employment with the Town of Collierville.

If I am hired, I agree to conform to the rules and regulations of the Town of Collierville set forth in the Town of Collierville’s personnel policies and procedures and acknowledge that these rules and regulations may be changed by the Town of Collierville at any time, at the Town of Collierville’s sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the Town of Collierville. I agree to conform to the Town of Collierville’s drug-free workplace policy and agree to submit to drug tests as required by the Town of Collierville.

Applicant’s Signature _____ Date _____

**APPLICATIONS MUST BE SIGNED AND DATED.
UNSIGNED APPLICATIONS WILL RESULT IN IMMEDIATE REJECTION.**

TOWN OF COLLIERVILLE
Human Resources
500 Poplar View Parkway
Collierville, TN 38017



NOTICE TO APPLICANTS
Screening tests for illegal drug
use may be required as a
condition of employment

COLLIERVILLE POLICE DEPARTMENT



BACKGROUND INFORMATION PACKET

NOTICE: The last two pages **MUST** be signed in front of a witness when you are turning your information in to the Human Resources Department.

This form is to be completed by anyone applying for a position in the Collierville Police Department.

Form #10

NOTICE TO ALL APPLICANTS FOR POLICE OFFICER WITH THE TOWN OF COLLIERVILLE

Preparing a new employee with the training needed to begin their work as an entry level police officer for the Town of Collierville requires sending them through a state approved basic police school. The total cost to the Town of Collierville in this training is approximately \$5,000.00 (five thousand dollars). The Town will incur these costs, providing an applicant who becomes employed by the Town agrees to remain with the Department for two (2) years following completion of the basic police school.

If an applicant, once employed, should leave the Police Department prior to this, (s)he shall reimburse the Town 1/24th (one twenty-fourth) of the total cost of training for every month prior to the completion of their 24 (twenty-four) months.

This notice is to any applicant who is successful in receiving a job offer from the Police Department. The job offer is contingent on the applicant signing a contract with the Town to the aforementioned conditions.



Collierville Police Department Personal History Statement

Instructions to the Applicant

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for a position with the Collierville Police Department. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is necessary to document background investigations as required by the Regulations of the State's Commission of Peace Officer Standards and Training.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job. For example, being fired from a job or having an arrest record may not in itself be grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, do not divulge information concerning physical or medical conditions, either past or current.

Please print legibly in ink or type your responses to this questionnaire. Please read each question carefully and follow the instructions about answering that question. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

Authority to Release Information

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Collierville Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal employment history be disclosed to the above department.

I hereby authorize any representative of the Collierville Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Collierville Police Department, whether said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that 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 a background investigation that may provide pertinent data for the Collierville Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, financial status, criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys of law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Collierville Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Collierville Police Department's acceptance and processing of my application for employment, I agree to hold the Collierville Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment in any way connected with the decision whether or not to employ me with the Collierville Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, Unites States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Collierville Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this Release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to validity of this Release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fee arising out of or by reason of complying with this request.

Full Name: _____
Signature

Full Name: _____
Typed or Printed Name

Current Address: _____

Witness _____

Date: _____

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes.

1. Your Name (please print or type)				
Last	First	Middle		
Other Names (including nicknames) you have used or been known by:				
2. Please list address at which you can be contacted.				
Number	Street	City	State	Zip
3. Please list the local telephone number(s) at which you can be contacted.			() Hrs you can be contacted:	() Hrs you can be contacted:
4. Birthdate (Month) (Day) (Year)			5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? YES NO	
6. Social Security Number			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	
7. For the purposes of identification, please provide the following:				
(Height)	(Weight)	(Hair Color)	(Eye Color)	
Scars, tattoos, or other distinguishing marks:				

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment on your suitability for a position with the Town of Collierville Police Department. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."		
If living, name of your:	Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
Father		
Mother		
Father-In-Law		
Mother-In-Law		
Spouse		
Former Spouse(s)		

Personal History Statement

Relatives and References Continued

If living, name of your:	Address where person can be contacted (include City, State, and zip code)	Telephone at which person can be contacted
Brother(s) and Sister(s)		
Step-mother		
Step-father		
Step-brother(s) and Step-sister(s)		
Other relatives with whom you have a close personal relationship (including children)		
	Relationship	
	Relationship	
	Relationship	
	Relationship	
9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.		

Personal History Statement

Relatives and References Continued

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.		
Name	Address where person can be contacted (include City, State and Zip)	Telephone at which person can be contacted

Education

<p>11. The Commission on Peace Officer Standards and Training requires a police officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.</p> <p><input type="checkbox"/> I possess a high school diploma from a U.S. institution.</p> <p><input type="checkbox"/> I passed the G.E.D. (General Education Development) test.</p> <p><input type="checkbox"/> I passed the California High School Proficiency Examination.</p> <p><input type="checkbox"/> I possess a two-year college degree.</p> <p><input type="checkbox"/> I possess a four-year college or university degree.</p> <p><input type="checkbox"/> I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:</p> <p>When:</p> <p>How:</p>				
<p>12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with these contacts.</p>				
Name of School	Location of School (City and State)	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

Personal History Statement

Experience and Employment

15. Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.			
Dates of employment	Name and address of employer		Name of Supervisor
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving:			
___ Military Service ___ Not Employed		From Mo. Yr. /	To Mo. Yr. /
Dates of employment	Name and address of employer		Name of Supervisor
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving			
___ Military Service ___ Not Employed		From Mo. Yr. /	To Mo. Yr. /
Dates of employment	Name and address of employer		Name of Supervisor
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving			
___ Military Service ___ Not Employed		From Mo. Yr. /	To Mo. Yr. /
Dates of employment	Name and address of employer		Name of Supervisor
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving			
___ Military Service ___ Not Employed		From Mo. Yr. /	To Mo. Yr. /

Personal History Statement

Experience and Employment Continued

Dates of employment		Name and address of employer	Name of Supervisor
From Mo. Yr	To Mo. Yr		
___/___	___/___		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.	
		Title or duties (for identification purposes)	
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. /	To Mo. Yr. /
Dates of employment		Name and address of employer	Name of Supervisor
From Mo. Yr	To Mo. Yr		
___/___	___/___		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.	
		Title or duties (for identification purposes)	
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. /	To Mo. Yr. /
Dates of employment		Name and address of employer	Name of Supervisor
From Mo. Yr	To Mo. Yr		
___/___	___/___		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.	
		Title or duties (for identification purposes)	
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. /	To Mo. Yr. /
Dates of employment		Name and address of employer	Name of Supervisor
From Mo. Yr	To Mo. Yr		
___/___	___/___		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.	
		Title or duties (for identification purposes)	
Reason for Leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo. Yr. /	To Mo. Yr. /

Personal History Statement

Experience and Employment Continued

<p>16. Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," when should such contact be made?</p>
<p>17. If you have had no prior employment, please explain in the space below.</p>
<p>18. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain (include when, name of employer, why)</p>
<p>19. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, circumstances).</p>
<p>20. Have you ever been a successful or unsuccessful candidate for another position requiring police officer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, name of agency, circumstances).</p>

Military Service

<p>21. If you are a male under age 26, please provide the following:</p>			
Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
<p>22. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please supply the following information:</p>			
Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
<p>23. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include branch of service, when, where circumstances).</p>			

Personal History Statement

Financial Continued

31. Have your wages ever been garnished? Yes No
 If "yes," please give details (include when, where, why)

32. Have you ever been delinquent on income or other tax payments? Yes No
 If "yes," please give details (include when, where, why)

Legal

33. Have you ever entered a guilty plea or a plea of nolo contendere or been convicted of a misdemeanor of Federal or State laws or municipal ordinances?

Approx. Date	Police Agency	Circumstances

34. Have you ever been placed on court probation as an adult? Yes No
 If "yes," please give details (include when, where, why).

35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No If "yes," please give details (include when, where, why).

Personal History Statement

Legal Continued

<p>36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? _____ Yes _____ No If "yes," please give details (include date, law enforcement agency, circumstances).</p>
<p>37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? _____ Yes _____ No If "yes," please give details (include when, where, name, location of court, and circumstances).</p>

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

38. Tennessee Driver's License Number			Expiration Date
Name under which license was granted			
39. Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
<p>40. Have you ever been refused a driver's license by any state? _____ Yes _____ No If "yes," please explain (include when, where, why).</p> 			
<p>41. Tennessee law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.</p>			
Company	Address	Policy Number	Date of Expiration

Personal History Statement

Motor Vehicle Operation Continued

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
44. If there is anything you wish to discuss about your driving record, please use the space below.			
45. Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include what, when, where, why).			

Personal History Statement

General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium? ____ Yes ____ No
If "yes," please explain (include company name and address, date and reason).

47. Have you ever applied for a permit to carry a concealed weapon? ____ Yes ____ No
If "yes," please provide the following information:

Permit granted? ____ Yes ____ No	Date	Name of law enforcement agency
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Purpose

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date Completed

COLLIERVILLE POLICE DEPARTMENT PRE-EMPLOYMENT STANDARDS FORM

I, (print name legibly) _____, do hereby affirm that responses to the questions below are true and correct.

- A. I am 21 years old or older: Yes _____ No _____
- B. I am a high school graduate or possess a GED: Yes _____ No _____
- C. I am a citizen of the United States: Yes _____ No _____

READ EACH OF THE FOLLOWING QUESTIONS CAREFULLY BEFORE YOU ANSWER IT.

- A. Have you ever been convicted of a felony: Yes _____ No _____
- B. Have you ever entered a guilty plea or a plea of nolo contendere or been convicted of a misdemeanor of Federal or State laws or municipal ordinances relating to:
1. Force: Yes _____ No _____
 2. Violence: Yes _____ No _____
 3. Theft: Yes _____ No _____
 4. Dishonesty: Yes _____ No _____
 5. Gambling: Yes _____ No _____
 6. Liquor/Controlled Substances** Yes _____ No _____

****Liquor includes all alcoholic beverages.**

- C. Have you ever served in the armed forces: Yes _____ No _____
If yes, were you released with an Honorable Discharge: Yes _____ No _____
- D. I am in good physical condition and I will submit to a Physical examination: Yes _____ No _____
- E. I am of good moral character and I do authorize the Collierville Police Department to conduct a thorough Background check into my past: Yes _____ No _____
- F. I am free of all apparent mental disorders and I will Submit to a required State psychological test: Yes _____ No _____
- G. I do agree to be fingerprinted as required by State law: Yes _____ No _____

I certify that I meet P.O.S.T. standards for employment as a Police Officer in the State of Tennessee on this _____ day of _____, 2026.

Signature: _____

Witness: _____

COLLIERVILLE POLICE DEPARTMENT

PHYSICAL AGILITY TEST

HOLD HARMLESS AGREEMENT

The undersigned has requested permission of the Chief of the Collierville Police Department to participate in the Police Physical Agility Test to be conducted at the Police Firing Range Complex, 136-140 Shelton Road, Collierville, Tennessee.

IN CONSIDERATION OF THE REQUIREMENT, I HEREBY WAIVE ALL CLAIMS OF LIABILITY FOR BODILY INJURY AND/OR PROPERTY DAMAGE AGAINST THE TOWN OF COLLIERVILLE, THE TOWN OF COLLIERVILLE POLICE DEPARTMENT AND/OR ANY INDIVIDUAL MEMBERS THEREOF FOR PERSONAL INJURIES THAT I MIGHT INCUR IN CONSIDERATION OF THIS PHYSICAL AGILITY TEST, I HEREBY WILL ASSUME ALL RESPONSIBILITY OF ANY ACCIDENT OR INJURIES OCCURRING DURING SUCH TEST PROCEDURES.

It is also understood that my presence at this location is granted subject to the discretion of the officers of the Town of Collierville Police Department conducting these tests and such permission for my presence may be revoked at any time.

Applicant's Signature

Date

Applicant's Name Printed Legibly

_____/_____/_____
Applicant's Social Security Number

Witness

Date