

Town of Collierville

Police Department



Dale Lane
Chief of Police

Stan Joyner Mayor

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



Shanda Ford, *HR Manager*Elaine Hurdle, *Compensation Analyst*Valerie Bogard, *Benefits Administrator*Vanessa Paulino, *HR Coordinator*Brooke Laster, *Recruiting Specialist*

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)

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.

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

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 contendre 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.
 - 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.
 - 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 noncompliance.
 - 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, TENNESSEE CLASSIFICATION DESCRIPTION

CLASSIFICATION TITLE:

POLICE OFFICER

PURPOSE OF CLASSIFICATION

The purpose of this classification is to perform responsible, general duty police work in protecting the life, persons, and property of the citizens of the Town of Collierville through even handed enforcement of laws and ordinances.

ESSENTIAL FUNCTIONS

The following duties are normal for this position. The omission of specific statements of the duties does not exclude them from the classification if the work is similar, related, or a logical assignment for this classification. Other duties may be required and assigned.

Works under the supervision of a senior officer to enforce all applicable codes, ordinances, laws and regulations, including traffic, criminal, and civil, in order to protect life and property, prevent crime, and to promote public safety and security.

Patrols in assigned area of the Town during a specified period in a motor vehicle or on foot; operates stationary radar and other specialized law enforcement equipment for traffic control; checks vacant residences or unattended commercial and industrial buildings to detect any suspicious activity.

Conducts criminal investigations and/or responds to dispatched calls involving narcotic, vice, homicide, rape, assault, abduction, missing persons, juvenile, child abuse/neglect, abuse of elderly, auto/property theft, burglary, robbery, gang activity, vandalism, arson, financial, embezzlement, fraud, forgery, internal affairs, or other crimes.

Performs vice control or suppression work investigating persons and places suspected of being engaged in gambling, prostitution or other illegal activities.

Collects, prepares, and preserves evidence and organizes testimony for presentation in court; makes court appearances to testify on behalf of the Town; performs preliminary and follow-up investigative work; gathers evidence, takes photographs at investigative scenes and may find, discover, and preserve latent fingerprints; protects and preserves crime scenes; interrogates and interviews witnesses, victims, suspects, and other persons.

Performs rescue functions at accidents, emergencies, and disasters, which may include lifting, dragging or carrying people away from dangerous situations, securing/evacuating people from particular areas, assessing physical injuries, administering CPR or first aid, or extinguishing small fires.

Provides assistance or backup support to other officers, emergency medical providers, fire department personnel, state/federal law enforcement agencies, other law enforcement agencies, or other public service agencies: provides emergency response on a twenty-four hour basis as needed.

Issues and/or serves arrest warrants, search warrants, subpoenas, or other documentation as needed.

Performs public service duties: provides general assistance to the public, such as providing directions, inspecting residential/business properties, assisting stranded motorists, providing general information pertaining to safety, juvenile problems, civil/criminal matters, legal assistance, ordinances, or other issues; assists in providing information about various law enforcement activities to organized groups or the general public.

Page 1 Last Revised: September 13, 2019

Operates a variety of standard and specialized machinery, equipment, and tools associated with law enforcement, which may include a police vehicle, standard/emergency vehicles, surveillance van, firearms, chemical weapons, emergency equipment, surveillance equipment, crime scene vacuum, hood vent, patrol unit camera, photographic equipment, tape recorder, video recorder, night vision scope, audio/video transmitters, receiver, metal detector, radio/communications equipment, radar/laser equipment, alcohol testing equipment, testing kits, processing kits, handcuffs, restraining devices, baton, flashlight, fire extinguisher, measuring devices, fingerprint brushes, casting kits, Kevlar vest, gas mask, helmet, safety equipment, or hand tools.

Inspects/maintains assigned police vehicle, uniform, weapons, or other equipment.

Follows safety procedures, utilizes safety equipment, and monitors work environment to ensure safety of employees and other individuals; performs driving functions in a safe and efficient manner under various conditions, including day/night hours, congested traffic, adverse weather conditions, and emergency situations involving speeds in excess of posted limits.

Prepares or completes various forms, reports, correspondence, logs, checklists, case files, investigative reports, crime analysis summaries, offense reports, supplemental reports, crime scene reports, intelligence reports, surveillance reports, criminal history requests, confidential information files, crime scene reports, sketches, witness observation forms, property receipts, Miranda waiver forms, firearm use reports, use of force reports, domestic violence forms, missing person reports, field interview reports, citations, summonses, warrant requests, pickup slips, affidavits, extradition waiver forms, inventory records, vehicle maintenance requests, work injury reports, vacation/leave requests, or other documents.

Receives various forms, reports, correspondence, investigative reports, offense reports, supplemental reports, internal/external police agency reports, crime stopper reports, crime scene reports, evidence, photo logs, property receipts, witness statements, audio/video tapes, surveillance tapes, photographs, sketches, criminal history reports, driver history reports, BOLO notices, bulletins, credit reports, laboratory reports, medical examiner reports, medical records, fingerprint records, handwriting samples, pawn records, financial records, telephone records, forged documents, employment records, Beer Board applications, employment applications, citations, summonses, subpoenas, court dispositions, court records, crime statistics, laws, codes, ordinances, policies, procedures, maps, diagrams, bulletins, manuals, reference materials, or other documentation; reviews, completes, processes, forwards or retains as appropriate.

Operates a personal computer, general office equipment, or other equipment as necessary to complete essential functions, to include the use of word processing, database, e-mail, Internet, or other computer programs.

Monitors inventory of department equipment and supplies: conducts periodic inventory counts; ensures availability of adequate materials to conduct work activities; initiates requests for new/replacement materials.

Maintains records, logs, and files of work activities: maintains current manuals, policies/procedures, bulletins, map books, and other materials for reference and/or review.

Communicates in person, via telephone, and/or via two-way radio: provides information and assistance; responds to requests for service or assistance; communicates effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.

Communicates with supervisors, officers, employees, dispatchers, other divisions/departments, law enforcement agencies, fire personnel, emergency/medical personnel, jail personnel, court officials, attorneys, victims, complainants, prisoners, suspects, informants, school personnel, the public, the media, outside agencies, and other individuals as needed to obtain information, coordinate activities, review status of work, exchange information, or resolve problems.

Responds to complaints and questions related to law enforcement issues and activities: mediates civil disputes; provides information, researches problems, and initiates problem resolution.

Creates/maintains positive public relations with the general public: maintains and promotes peace and order in the community; assists in creating public awareness programs; provides education and information to the public on laws, law enforcement, crime prevention, drug abuse, gang awareness, safety, and related issues.

Assists in providing training for new recruits, patrol officers, outside agencies, Citizens Police Academy students, and other individuals or organizations.

Attends shift meetings, training sessions, and seminars as required to remain knowledgeable of departmental operations/activities, to promote improved job performance, and to stay current with changing policies, procedures, codes, and criminal/civil case law; encouraged to participate in physical fitness training and continuing education activities; reads professional literature; maintains professional affiliations.

Attends work on a continuous and regular basis.

ADDITIONAL FUNCTIONS

May participate in conducting tours of the Police Station to schoolchildren or in other public crime safety education programs.

Performs general/clerical tasks, which may include making copies, sending/receiving faxes, filing documentation, or processing incoming/outgoing mail.

Provides assistance to other employees or departments as needed.

Performs other related duties as required.

MINIMUM QUALIFICATIONS

Requires a High School diploma or GED; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job. Incumbents must be a citizen of the United States of America. Applicants who are a Veteran must possess an Honorable Discharge and provide a DD214. Must possess upon hire or complete within six (6) months of hire the State of Tennessee Police Officer P.O.S.T certification and maintain appropriate certification throughout employment. Must possess and maintain a valid driver's license. Must be in compliance with TCA 38-8-106.

PERFORMANCE APTITUDES

<u>Data Utilization</u>: Requires the ability to review, classify, categorize, prioritize, and/or analyze data. Includes exercising discretion in determining data classification, and in referencing such analysis to established standards for the purpose of recognizing actual or probable interactive effects and relationships.

<u>Human Interaction</u>: Requires the ability to apply principles of persuasion and/or influence over others in coordinating activities of a project, program, or designated area of responsibility.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate and control the actions of equipment, machinery, tools and/or materials requiring complex and rapid adjustments.

<u>Verbal Aptitude</u>: Requires the ability to utilize a wide variety of reference, descriptive, and/or advisory data and information.

<u>Mathematical Aptitude</u>: Requires the ability to perform addition, subtraction, multiplication, and division; the ability to calculate decimals and percentages; the ability to utilize principles of fractions; and the ability to interpret graphs.

<u>Functional Reasoning</u>: Requires the ability to apply principles of influence systems, such as motivation, incentive, and leadership, and to exercise independent judgment to apply facts and principles for developing approaches and techniques to resolve problems.

<u>Situational Reasoning</u>: Requires the ability to exercise judgment, decisiveness and creativity in situations involving the evaluation of information against sensory, judgmental, or subjective criteria, as opposed to that which is clearly measurable or verifiable.

ADA COMPLIANCE

APPROVALS

<u>Physical Ability</u>: Tasks require the regular and sustained performance of moderately physically demanding work, typically involving some combination of climbing and balancing, stooping, kneeling, crouching, and crawling, and that generally involves lifting, carrying, pushing, and/or pulling of moderately heavy objects and materials (20-50 pounds), may occasionally involve heavier objects and materials (up to and possibly exceeding 100 pounds).

<u>Sensory Requirements</u>: Some tasks require the ability to perceive and discriminate colors or shades of colors, sounds, odor, depth, texture, and visual cues or signals. Some tasks require the ability to communicate orally.

Environmental Factors: Performance of essential functions may require exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, temperature and noise extremes, fumes, hazardous materials, machinery, vibrations, electric currents, traffic hazards, bright/dim light, toxic agents, disease, pathogenic substances, violence, animal/wildlife attacks, animal/human bites, explosives, firearms, or rude/irate and/or combative customers.

James Lewellen, Town Administrator Jay Jeffries, Director Human Resources

The Town of Collierville, Tennessee, is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the Town will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

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 INFORM	ATION ——				
Date:	Job Number ((see job advertiseme	ent) 1	2	
Position Desired 1.			4.5		
Are you applying for:	Full Tim	e			
If Part Time, what days/hour	rs are you available	:			
Have you applied with the T					
Have you been employed by	the Town of Collie	erville before? (Circ	ele) Yes	No	
If YES, please complete the	following: Length	of Service:			
Position Held:		Dep	partment:		
PERSONAL INFORM	MATION ——				
Your Name:					,
	Last	First		Middle	
Phone Numbers: Home		Cell		Business	
Address:					
	Number	Stree			
	City	State		Zip Code	
Email Address:					

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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 tow	m official	or employee? Yes	s No	If yes,	please state	e name, department
	•						
Do you	possess a valid dri	ver's lice	nse?Yes No	For what state?		Expiration	on Date:
CDL?	Yes No_		Class:	Endorsements	s:		
			or the position(s) you				
-	_	_	ions of this/these pos				
			ations and skills (lice				
List ally	Job Terated specia	i quaiiiica	ations and skins (nee	iises, cermications	s, skills with mach	ines, etc.).	
* * .			1 1 0				
List con	nputer software pro	ograms ar	nd number of years' e	experience:			
How di	d you find out abou	ut this pos	sition? Please select	all that apply:			
TOC H	R Department			TOC Employee (p	olease specify)		
Website	e (please specify)			Newspaper (please	e specify)		
Career 3	Fair (please specify	y)		Other			
YOUI	R EDUCATIO	N AND	TRAINING				
Circle h	ighest grade comp	leted:	THE CHIEF	07		CD 4 D	TIL TO COTTO
				OL 4 1 2		GRAD	UATE SCHOOL 3 4
			1 2 3	4 1 2	3 4	1 2	3 4
		1					
S	CHOOLS	NA1	ME & ADDRESS	СНЕСК	DEGREE	S/Q	MAJOR COURSE
~		1	OF SCHOOL	IF GRAD	OBTAINED	HRS	WORK
HIC	SH SCHOOL/						
	GED						
	NI LECE OR						
	OLLEGE OR NIVERSITY						
G	RADUATE						
	SCHOOL						
	CATIONAL/ BUSINESS						
1							
λ	MILITARY				†		
	SCHOOLS						
	ER STUDIES/ IAL TRAINING						

DEDCOMAL INFORMATION (

EXPERIENCE -

A RESUME OF YOUR EMPLOYMENT RECORD <u>WILL NOT</u> 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. <u>Use an additional sheet, if necessarv</u>. 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.

		SK:	
Street Address, City, State		à	
Phone Number		Hours/Week	
Your Job Title		May we contact this employer? Yes	No
		Thay we contact this employer.	
Reason(s) for leaving:			
NEXT PREVIOUS EMPLO			- 8
		<u> </u>	
Phone Number			
Starting Date	Ending Date	Hours/Week	
Supervisor's Name and Title			
Your Job Title		May we contact this employer? Yes	No
Reason(s) for leaving:			
NEXT PREVIOUS EMPLO	OYER		
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

Name	Address	Phone Number	Years

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

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

TOWN OF COLLIERVILLE

REFERENCES

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 <u>MUST</u> be signed in front of a witness when you are turning your information in to the Human Resources Department.

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 <u>Americans with Disabilities Act</u> 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:	Full Name:
Signature	Typed or Printed Name
Current Address:	Witness
Date:	_

<u>Personal</u>

The following information is requested of you	ou for verification and c	contact purposes.		
Your Name (please print or type)				
Last		First		Middle
Other Names (including nicknames) you ha	ive used or been know	n by:		
, , , , , , , , , , , , , , , , , , , ,		•		
2. Please list address at which you can		Ctata		7:
Number Street	City	State		Zip
3. Please list the local telephone number	r(s) at which you	/		()
can be contacted.		()		()
		Hrs you can be conta	acted:	Hrs you can be contacted:
4. Birthdate		5. You must be a cit	tizen of the	United States or a
ii Birtinato				o is eligible for and has applied
(Month) (Day) (Y	ear)			ide such documentation?
			_	
C. Casial Casumita Number			<u>ES</u>	NO
6. Social Security Number				Privacy Act of 1974, disclosure sed for identification purposes to
		ensure that proper red		
7. For the purposes of identification, ple	ease provide the follo		Jordo die e	bianioa.)
, , , , , , , , , , , , , , , , , , ,				
(Height) (Weight)		(Hair Color)		(Eye Color)
Scars, tattoos, or other distingui	iehina marke:			
ocars, tattoos, or other distingui	isining marks.			
Relatives and References				
During the course of the background invest	igation, persons who k	now you will be asked to	o comment	on your suitability for a position
with the Town of Collierville Police Departm	ent. Inquiries will be o	confined to job-relevant r	matters.	
8. Please supply the appropriate information	ation in the spaces p	rovided below. If a cat	tegory is n	ot applicable, write in "N/A."
	A daluara		Talamban	
If living, name of your:		son can be contacted ate and Zip Code)	contacted	e at which person can be
Father	(include oity, ote	ate and zip code)	contacted	
Mother				
Father-In-Law				
Fauler-III-Law				
Mother-In-Law				
Spouse				
Former Spouse(s)				
(-)				
	1			

Relatives and References Continued

If living, name of	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)	or your.	(include City, State, and Zip code)	person can be contacted
Step-mother			
Step-father			
Step-brother(s) and Step-	cictor(c)		
Step-brother(s) and Step	-515161(5)		
Other relatives with who	om vou have a cl	l ose personal relationship (including childr	ren)
	Relationship		
	Relationship		
	rtolationomp		
	Deletionality		
	Relationship		
	Relationship		
9. Below, please list the	ı ose individuals w	। rith whom you have resided during the last	t 10 years (list no information prior to
your 15 th birthday). Exc	lude family mem	bers.	, ,

Relatives and References Continued

10. In the space below Exclude relatives and for		3-5 individuals who have	knowledge of you and you	our qualifications.
Name		ss where person can be cor (include City, State and Zip		phone at which can be contacted
		•		
Education			l	
Education				
		s and Training requires a բ current situation with rega		
I possess a high so	chool diploma from a U.S. ii	nstitution.		
I passed the G.E.D	. (General Education Deve	elopment) test.		
I passed the Califor	rnia High School Proficienc	y Examination.		
I possess a two-yea	ar college degree.			
I possess a four-ye	ear college or university deg	ree.		
I do not currently ha	ave a high school diploma	or its equivalent, but I plan to	satisfy the requirement in	the future as follows:
When:				
How:				
investigation, persons v		ve attended beginning wit learning environment will		
•	Location of School	Dates A	ttended	School References
Name of School	(City and State)	From Month/Year	To Month/Year	(teachers, counselors, etc.)

Education Continued

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.)
YesNo
If yes, please explain (include school date and circumstances.)

Residence Individuals, who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

. Please list all of your resider ur most current residence.	nces during the last 10 years (lis	t no information	orior to your 15	th birthday). Begin with
		Da	tes	If rented, give name 8
Address of Residence	City, State & Zip Code	From Month/Year	To Month/Year	address of the person responsible for the collection of rent

Experience and Employment

be included as employment.) part-time or voluntary. If you in sequence in the spaces pro	e past 10 years. (For the purpos For identification and verification have had intervening periods of vided.	n, please indicate the nature of military service or unemployme	ement, volunteer work should the activity, i.e., full-time, ent, please list those periods
Dates of employment	Name and addre	ess of employer	Name of Supervisor
From To			
Mo. Yr Mo. Yr			Name(s) of co-worker(s)
/	Telephone No.		(-)
Full-time Part-time Voluntary	Title or duties (for identification p	urposes)	
Reason for Leaving:			
Military Service	Not Employed	Mo. Yr. From /	Mo. Yr. To /
<u> </u>	<u> </u>		
Dates of employment	Name and addre	ess of employer	Name of Supervisor
From To Mo. Yr Mo. Yr			Name(s) of co-worker(s)
	Telephone No.		
Full-time Part-time Voluntary	Title or duties (for identification p	urposes)	
Reason for Leaving			
Military Service	Not Employed	Mo. Yr. From /	Mo. Yr. To /
Detect of small small	Name		Name of Owner days
Dates of employment	Name and addre	ess of employer	Name of Supervisor
Dates of employment From To Mo. Yr Mo. Yr	Name and addre	ess of employer	•
From To	Name and addre	ess of employer	Name of Supervisor Name(s) of co-worker(s)
From To	Name and address Telephone No. Title or duties (for identification p		•
From To Mo. Yr Mo. Yr // Full-time Part-time Voluntary	Telephone No.		•
From To Mo. Yr Mo. Yr //Full-time Part-time	Telephone No.	urposes)	Name(s) of co-worker(s)
From To Mo. Yr Mo. Yr // Full-time Part-time Voluntary	Telephone No.		•
From To Mo. Yr Mo. Yr /	Telephone No. Title or duties (for identification p	urposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To /
From To Mo. Yr Mo. Yr	Telephone No. Title or duties (for identification p	urposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr.
From To Mo. Yr Mo. Yr /	Telephone No. Title or duties (for identification p	urposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor
From To Mo. Yr Mo. Yr — J — Full-time — Part-time — Voluntary Reason for Leaving Military Service Dates of employment From To	Telephone No. Title or duties (for identification p	urposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To /
From To Mo. Yr Full-timePart-timeVoluntary Reason for Leaving Military Service Dates of employment From To Mo. Yr//	Telephone No. Title or duties (for identification purple) Not Employed Name and address Telephone No.	urposes) Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor
From To Mo. Yr Mo. Yr — J — Full-time — Part-time — Voluntary Reason for Leaving Military Service Dates of employment From To	Telephone No. Title or duties (for identification p	urposes) Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor
From To Mo. Yr Full-time Part-time Voluntary Reason for Leaving Military Service Dates of employment From To Mo. Yr / /	Telephone No. Title or duties (for identification purple) Not Employed Name and address Telephone No.	urposes) Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor

Experience and Employment continued

Dates of employment	Name and addr	ess of employer	Name of Supervisor	
From To				
Mo. Yr Mo. Yr			Name (a) of an average (a)	
			Name(s) of co-worker(s)	
	Telephone No.			
Full-time	Title or duties (for identification p	ourposes)	1	
Part-time	This of dation (for identification)	, a. p. c. c. j		
Voluntary				
Reason for Leaving				
		Mo. Yr.	Mo. Yr.	
Military Service	Not Employed	From /	To /	
Dates of employment	Name and addr	ess of employer	Name of Supervisor	
From To Mo. Yr Mo. Yr				
IVIO. 11 IVIO. 11			Name(s) of co-worker(s)	
/				
	Telephone No.			
Full-time	Title or duties (for identification p	ourposes)]	
Part-time	·			
Voluntary				
Reason for Leaving				
		Ma Va	Ma Va	
Military Service	Not Employed	Mo. Yr.	Mo. Yr.	
Willitary Service	Not Employed	/	10 /	
		<u> </u>		
Dates of employment	Name and addr	ess of employer	Name of Supervisor	
From To	Name and addr	ess of employer	Name of Supervisor	
Dates of employment From To Mo. Yr Mo. Yr	Name and addr	ess of employer		
From To	Name and addr	ess of employer	Name of Supervisor Name(s) of co-worker(s)	
From To		ess of employer		
From To Mo. Yr Mo. Yr/////	Telephone No.			
From To				
From To Mo. Yr Mo. Yr ////Full-time	Telephone No.			
From To Mo. Yr Mo. Yr ///Full-time Part-time	Telephone No.			
From To Mo. Yr Mo. Yr //Full-time Part-time Voluntary	Telephone No.	ourposes)	Name(s) of co-worker(s)	
From To Mo. Yr Mo. Yr ///Full-time Part-time Voluntary Reason for Leaving	Telephone No. Title or duties (for identification p			
From To Mo. Yr Mo. Yr ///Full-time Part-time Voluntary Reason for Leaving	Telephone No.	ourposes) Mo. Yr.	Name(s) of co-worker(s) Mo. Yr.	
From To Mo. Yr Mo. Yr //	Telephone No. Title or duties (for identification p	ourposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To /	
From To Mo. Yr Mo. Yr ///	Telephone No. Title or duties (for identification p	ourposes) Mo. Yr.	Name(s) of co-worker(s) Mo. Yr.	
From To Mo. Yr Mo. Yr ///	Telephone No. Title or duties (for identification p	ourposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To /	
From To Mo. Yr Mo. Yr ///	Telephone No. Title or duties (for identification p	ourposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor	
From To Mo. Yr Mo. Yr ///	Telephone No. Title or duties (for identification p	ourposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To /	
From To Mo. Yr Mo. Yr ///	Telephone No. Title or duties (for identification purple) Not Employed Name and addr	ourposes) Mo. Yr. From /	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor	
From To Mo. Yr Mo. Yr —	Telephone No. Title or duties (for identification p	Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor	
From To Mo. Yr Mo. Yr —	Telephone No. Title or duties (for identification pure state of the control of t	Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor	
From To Mo. Yr Mo. Yr	Telephone No. Title or duties (for identification pure state of the control of t	Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor	
From To Mo. Yr Mo. Yr —	Telephone No. Title or duties (for identification pure state of the control of t	Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor	
From To Mo. Yr Mo. Yr	Telephone No. Title or duties (for identification pure state of the control of t	Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor Name(s) of co-worker(s)	
From To Mo. Yr Mo. Yr	Telephone No. Title or duties (for identification particle) Not Employed Name and addr Telephone No. Title or duties (for identification particle)	Mo. Yr. Mo. Yr. ess of employer purposes) Mo. Yr.	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor Name(s) of co-worker(s) Mo. Yr.	
From To Mo. Yr Mo. Yr	Telephone No. Title or duties (for identification pure state of the control of t	Mo. Yr. From / ess of employer	Name(s) of co-worker(s) Mo. Yr. To / Name of Supervisor Name(s) of co-worker(s)	

Experience and Employment Continued

	if your present employer was c when should such contact be r		the background investigation?
	mployment, please explain in th		
If "yes," please explain (i	ed work absences for reasons o nclude when, name of employer	r, why)	YesNo
If "yes," please give details (i	or asked to resign from any plac nclude when, where, circumstar	nces).	
	cessful or unsuccessful candid s," please give details (include		
Military Service			
21. If you are a male under ag	e 26, please provide the followi	ng:	
Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
If "yes," please supply the			/esNo
Branch of Service	Service Number	Dates of Service/ to/	Type of Discharge
23. Are you currently particip	ating in any military reserve or l	National Guard program?	_YesNo
24. Have you ever been the se or military reserves?Ye circumstances).	ubject of any judicial or non-jud esNo If "yes," please	icial disciplinary action while in e give details (include branch of	n the military, National Guard f service, when, where

Military Service Continued

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.					
Name	Contact Address	C	ontact Telephone	<u>Years</u> From	<u>Known</u> To
		()		
		()		
		()		
		()		

<u>Financial</u>

26. The management of personal finan Therefore, please fill in the financial stands to be used in evaluating your qualification.	tement below.	Be con	nplete and accurate. The amount of in	ndebtedness ir	itself will
Current Monthly Income	e		Current Monthly Expe	nditures	
Monthly Salary	\$		Real Estate (mortgage) payment(s)	\$	
Spouse's salary	\$		Rent	\$	
Other monthly income – describe			Other monthly payments – describe		
			Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations.		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	
Current Assets	1	1	Current Liabilities		
Savings	\$		Real Estate Indebtedness	\$	
Checking			Long Term Loans		
Real Estate			Charge Accounts		
Stocks and Bonds			Other liabilities – describe		
Life Insurance (cash value of whole life policy)					
Autos					
Other Assets – describe					
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	

Financial Continued

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.				
27.			ts, or other financial liabilities.	
	Name of Firm	Address		
28.	Have you ever filed or declared bank If "yes," please give details (include	ruptcy?YesNo		
29. I	Have any of your bills ever been turn	ned over to a collection agency?	YesNo	
If "yes," please give details (include when, firms involved, circumstances).				
30.	Have you ever had purchased good If "yes," please give details (include	s repossessed?YesNo e when, firms involved, circumstances).		

Financial Continued

31. Have your wages e If "yes," please giv	ver been garnished? re details (include when, where,	_YesNo why)
32. Have you ever been If "yes," please give	n delinquent on income or other re details (include when, where,	tax payments?YesNo why)
<u>Legal</u>		
33. Have you ever ente State laws or municipa	red a guilty plea or a plea of nol ordinances?	o contender or been convicted of a misdemeanor of Federal or
	or amanoso i	
Approx. Date	Police Agency	Circumstances
34. Have you ever beer If "yes," please giv	n placed on court probation as a re details (include when, where,	nn adult?YesNo why).
35. Were you ever requadult?	nired to appear before a juvenile YesNo If "yes," plea	court for an act which would have been a crime if committed by an ase give details (include when, where, why).

Legal Continued

	ted to a law enforcement agencils (include date, law enforceme		naway?YesNo	
	ever been involved as a plaintifi If "yes," please give details (inc			
Motor Vehicle Operation Operation of a motor vehicle is an incheck. To expedite this procedure, p	1 tegral part of the position of patrol office olease supply the following information.	er. An investigation of your driving h	istory will be made through a records	
38. Tennessee Driver's Licen	se Number		Expiration Date	
Name under which license was gran	ted			
39. Please list other states wi	nere 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	
40. Have you ever been refused a driver's license by any state?YesNo If "yes," please explain (include when, where, why).				
	nat operators and owners of mo ent liability insurance you have		tomobile liability insurance.	
Company	Address	Policy Number	Date of Expiration	

Motor Vehicle Operation Continued

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.				
Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license		
ved as a driver in a motor vehicl ils for each accident.	e accident within the last 5 year	s?YesNo		
Location	Injury _	Non-injury		
Police Agency				
Location	Injury _	Non-injury		
Police Agency				
Location	Injury _	Non-injury		
Police Agency				
Location	Injury _	Non-injury		
Police Agency				
Location	Injury _	Non-injury		
Police Agency				
44. If there is anything you wish to discuss about your driving record, please use the space below.				
en suspended, revoked, or place ils (include what, when, where, v	d on negligent operator's proba why).	tion?YesNo		
	Location (city) ved as a driver in a motor vehiclis for each accident. Location Police Agency Location	Location (city) Approximate Date ved as a driver in a motor vehicle accident within the last 5 year ils for each accident. Location Police Agency Location Police Agency		

General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium?YesNo If "yes," please explain (include company name and address, date and reason).				
47. Have you ever applied for a permit to If "yes," please provide the following	ng information:			
Permit granted?YesNo	Date	Name of law enforcement age	ency	
Purpose				
I have been a self a that all a tata was a	4			
I hereby certify that all statemen and I understand that any misstadismissal.				
Signature in Full		Date Completed		

COLLIERVILLE POLICE DEPARTMENT PRE-EMPLOYMENT STANDARDS FORM

I, (print	t name legibly), ‹	do hereby affi	rm that responses to	the
questic	ons 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 CAREF	ULLY BEFO	RE YOU ANSWER I	т.
A.	Have you ever been convicted of a felony:	Yes	No	
В.	Have you ever entered a guilty plea or a plea of no misdemeanor of Federal or State laws or municipa			а
	1. Force:	Yes	No	
	2. Violence:	Yes	No	
	3. Theft:	Yes	No	
	4. Dishonesty:		No	
	5. Gambling:		No	
	6. Liquor/Controlled Substances**		No	
	**Liquor includes all alcoholic beverages.			
Э.	Have you ever served in the armed forces:	Yes	No	
	If yes, were you released with an Honorable Disch	arge: Yes	No	
D.	I am in good physical condition and I will submit to	а		
	Physical examination:		No	
E.	I am of good moral character and I do authorize the			
	Collierville Police Department to conduct a thoroug			
	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	a Police Office	er in the State of Ten	ness
	day of, 20			
Signati	ure. W	/itness·		

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