

MISSISSIPPI STATE TROOPER



CADET CLASS

66

CANDIDATE APPLICATION PACKET

December 13, 2021

Dear Applicant,

Thank you for your interest in becoming a Mississippi State Trooper. The first step in the Trooper school candidate process is meeting the minimum qualifications below and completing the application.

MINIMUM QUALIFICATIONS FOR TROOPER SCHOOL CLASS 66

At the time of appointment, applicant shall be twenty-one (21) years of age, a citizen of the United States, a resident of the State of Mississippi, and of good moral character. Applicant shall have a high school diploma or GED, a minimum standards certification from an accredited law enforcement academy, and two (2) or more years of law enforcement field experience.

I. APPLICATION

THIS APPLICATION MUST BE RECEIVED BY THE MHSP ADMINISTRATIVE OPERATIONS DIVISION BY THE CLOSE OF BUSINESS ON JANUARY 21, 2022. You are to complete ALL SECTIONS of the application and provide the following attachments:

- A. Photocopy of your Driver License;
- B. Certified copy of transcripts;
- C. Certified copy of your Birth Certificate;
- D. Copy of Minimum Standards Certification; and
- E. Copy of DD-214, if applicable.

These items might take some time to obtain, so you will need to request them as soon as possible in order to meet the application deadline. The attachments will become the property of MDPS and will not be returned to you. No application will be accepted unless it is complete and all required documents are attached. Once the application has been approved, information will be forwarded via mail, email, or phone regarding the next step in the process. The entire process consists of:

- 1. Application Approval;
- 2. Computerized Testing & Structured Oral Process;
- 3. Agility/PT/Drug Test;
- 4. MMPI (Minnesota Multiphasic Personality Inventory);
- 5. Fingerprinting, Polygraph and Psychological Screening; and
- 6. Candidate Profile Summary.

II. DRUG SCREEN AND PHYSICAL EXAM

Each applicant must pass a drug screening. If you are taking any prescribed medications, you are highly encouraged to provide proof of your prescription(s) at the time of the drug screening.

III. PHYSICAL TRAINING TESTING DAY

A physical training test will be given should your application be accepted. An applicant that fails to complete any part of the physical training test will be given 10 minutes to rest and one additional attempt to complete that part of the test, with the exception of the run, which will have a rest period of 20 minutes. Applicant must complete any failed portion before advancing to the next exercise. It is not advisable to drink highly caffeinated beverages/energy drinks or consume any enhanced energy products prior to or during participation in the physical training testing process. This could affect your physical test results and may disqualify you from the process. You must be able to complete the following physical training test requirements:

1. Run one mile in eight and one-half (8 ½) minutes for males, or ten (10) minutes for females; and 2) properly execute the following exercises: agility run, 25 push-ups for males, or 15 push-ups for females in two (2) minutes and 20 sit-ups in two (2) minutes.

Any applicant who fails any part of this phase of testing will be immediately disqualified from the candidate process.

Good luck and thank you for your interest in becoming a Mississippi State Trooper!

Sincerely,



Randy C. Ginn, Colonel
Director, MHSP
Assistant Commissioner, DPS

DO NOT SEND ANY APPLICATIONS TO THE MISSISSIPPI STATE PERSONNEL BOARD

SEND THE COMPLETE APPLICATION PACKET TO:

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

ATTN: Administrative Operations Division

PO Box 958/Box A2

Jackson, MS 39205

For additional questions or concerns related to the Trooper school candidate process, please contact the Administrative Operations Division at 601-987-1259 or email us at adminop@dps.ms.gov.

MDPS/MHSP PATROL BACKGROUND APPLICATION

Date: _____

Mail To:
MS Department of Public Safety
MS Highway Safety Patrol
Post Office Box 958/Box A2
Jackson, MS 39205
Attn: MHSP Administrative Operations Division

NOTICE: Application **MUST** be typewritten or clearly printed. ALL questions **MUST** be answered. If a question is not applicable, so state. **APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.** IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH 8 ½ x 11 SHEETS OF PAPER AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

PERSONAL HISTORY

Full Name: _____ 2. SSN: _____
Last First Middle

List all other names you have used including nicknames; maiden name, etc. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

Have you ever legally changed your name?

No Yes _____

Date of Birth _____ Date _____ Place _____ Court _____
Driver License No./State _____

Place of Birth _____

Marital Status _____

Has your privilege to operate a motor vehicle ever been suspended or revoked? No Yes

If yes, explain fully: _____

Are you a citizen of Mississippi? Yes No

For how long? _____

Are you a citizen of the United States? Yes No

For how long? _____

If you have been naturalized: Date: _____

Certificate No. _____

Provide email address: _____

RESIDENCES

1. Present Address:						
Street and Number	City	County	State	Zip Code	Telephone	

2. Mailing Address:						
Street and Number	City	County	State	Zip Code	Telephone	

3. List chronologically ALL of your residences for the past 10 years. (Include addresses while attending school if away from home.) **Begin with most recent.**

[illegible]

EDUCATION

Do you have a high school diploma? _____

Do you have a GED certificate? _____

Date Received: _____

Name of High School	Location	Dates		Date Diploma Received
		FROM	TO	

[illegible]

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

No

Yes _____

School

Date _____

Type of Action

License/Certification/Registration	Date	Type of Action			
LICENSE, CERTIFICATE, REGISTRATION (A copy of the appropriate license or certificate must be attached if required by the job description)					
Title/Type	License Number	Name of Licensing Agency	Specialization	Certification Date (Orig.)	Expiration Date

REFERENCES

List three references who have known you well during the past five years and who are responsible adults of reputable standing in their communities. Example: property owners, business owners, professionals clergy, etc. Also list three social acquaintances in your own age group. Do not include relatives in either list.

REFERENCES:			
(a) Complete Name _____	No. Yrs. Acq. _____	Occupation _____	
Home Address _____	Business Address _____		
City, State _____	Home Phone _____	Business Phone _____	
(b) Complete Name _____	No. Yrs. Acq. _____	Occupation _____	
Home Address _____	Business Address _____		
City, State _____	Home Phone _____	Business Phone _____	
(c) Complete Name _____	No. Yrs. Acq. _____	Occupation _____	
Home Address _____	Business Address _____		
City, State _____	Home Phone _____	Business Phone _____	
SOCIAL ACQUAINTANCES:			
(a) Complete Name _____	No. Yrs. Acq. _____	Occupation _____	
Home Address _____	Business Address _____		
City, State _____	Home Phone _____	Business Phone _____	
(b) Complete Name _____	No. Yrs. Acq. _____	Occupation _____	
Home Address _____	Business Address _____		
City, State _____	Home Phone _____	Business Phone _____	
(c) Complete Name _____	No. Yrs. Acq. _____	Occupation _____	
Home Address _____	Business Address _____		
City, State _____	Home Phone _____	Business Phone _____	

EMPLOYMENT

List chronologically ALL EMPLOYMENT, including summer and part-time. **Begin with most recent.**

Current or Most Recent Employer:	Address :		Phone Number:
Job Title:	Supervisor's Name:		Number Supervised by You
Date Employed (Mo./Yr.)	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving
Date Separated (Mo./Yr.)	Duties:		
Full-Time			
Part-Time			

Employer:	Address:		Phone Number:
Job Title:	Supervisor's Name:		Number Supervised by You
Date Employed (Mo./Yr.)	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving
Date Separated (Mo./Yr.)	Duties:		
Full-Time			
Part-Time			

Employer:	Address:		Phone Number:
Job Title:	Supervisor's Name:		Number Supervised by You
Date Employed (Mo./Yr.)	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving
Date Separated (Mo./Yr.)	Duties:		
Full-Time Part-Time			

Employer:	Address:		Phone Number:
Job Title:	Supervisor's Name:		Number Supervised by You
Date Employed (Mo./Yr.)	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving
Date Separated (Mo./Yr.)	Duties:		
Full-Time Part-Time			

Have you ever been dismissed or asked to resign from any employment/position you have held?

No

Yes

Employer's Name

Date

Reason:

Are you now employed by an agency of the Federal or State government?

Yes

No

Have you been employed by the Federal Government within the past 90 days?

Yes

No

Agency

Location

MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____

Dates Served From _____ to _____

Military Operation: _____

Rank: _____

Type Discharge:

Type Release from active duty:

☐ Honorable

☐ Expiration of Enlistment

☐ Hardship

☐ Retired

☐ Dishonorable

☐ Other _____

☐ Other (Explain) _____

Reserve Status: None Active Inactive

☐ Discharge Date: _____

Are you a member of the National Guard or other Reserve Unit? Yes No

Branch: Army Navy Air Force Marine Corps Coast Guard

If you are in a pay status requiring drills, meetings or camps, give Unit and Location. _____

If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offense, type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail.

Offense	Type of Court Martial	Disposition of Charge	Fine, Restrictions & Confinement

COURT RECORD

Have you ever been arrested or charged with a felony violation? Yes No
 If yes, list all felony violations and any convictions of any crime by any court pending or non-pending (against you). (Add attachment if applicable.)

Date	Place	Charge	Final Disposition	Details

Have you ever been arrested or charged with a misdemeanor violation? Yes No
 If yes, list all misdemeanor violations and any convictions of any crime by any court pending or non-pending (against you). (Add attachment if applicable.)

Date	Place	Charge	Final Disposition	Details

Have you ever been a party to any civil (garnishments, bankruptcy, etc.), quasi-criminal or chancery action, in County, Circuit or Chancery Court? Yes No (Give date, place, court, names or parties involved, nature of action, and final disposition.)

Date	Court	Parties Involved	Nature of Action	Final Disposition

Have you ever received a traffic citation/ticket? Yes No If yes, list all traffic citations. pending or non-pending (against you). (Add attachment if applicable)

Date	Place	Charge	Final Disposition	Details

RELATIVES

ALL APPLICANTS MUST GIVE COMPLETE INFORMATION CONCERNING THEIR RELATIVES. If you have been married more than once, give the requested information concerning each former husband or wife. Even if a relative is deceased, give all the information requested, and indicate last residence and year of death. Include step brothers and sisters, half brothers and sisters, and if you or your wife have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents.

Complete Name (no initials) and Address	Occupation, Name and Address of Firm where Employed	Date and Place of Naturalization
<u>FATHER</u> Name _____ Address _____ Age _____ Place of Birth _____		
<u>MOTHER</u> Name _____ Address _____ Age _____ Place of Birth _____		
<u>WIFE OR HUSBAND</u> Name _____ Address _____ Age _____ Place of Birth _____		
<u>CHILDREN</u> Name _____ Address _____ Age _____ Place of Birth _____		
Name _____ Address _____ Age _____ Place of Birth _____		
Name _____ Address _____ Age _____ Place of Birth _____		
Name _____ Address _____ Age _____ Place of Birth _____		
<u>BROTHERS AND SISTERS</u> Name _____ Address _____ Age _____ Place of Birth _____		
Name _____ Address _____ Age _____ Place of Birth _____		

Complete Name (no initials) and Address	Occupation, Name and Address of Firm where Employed	Date and Place of Naturalization
Name _____ Address _____ Age _____ Place of Birth _____		
Name _____ Address _____ Age _____ Place of Birth _____		

[CLICK HERE TO RESET/CEAR FORM](#)

ALL APPLICANTS

Attach an unmounted full face photograph of yourself, not larger than 2 ¼ by 2 ½ inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS AN APPROPRIATE PHOTOGRAPH IS INCLUDED.

**ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE
STATE OF MISSISSIPPI**

I understand that all appointments are probationary for a period of one year, during which time the employee must demonstrate his fitness for continued employment by the Department of Public Safety. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Department of Public Safety, and I agree to these conditions.

(Signature of the applicant as usually written.)

APPLICANT'S AFFIDAVIT

**STATE OF MISSISSIPPI
COUNTY OF _____**

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me that he/she signed and delivered the above and foregoing waiver on the date therein mentioned and for the purpose therein expressed.

GIVEN under my hand and seal of office, this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

EQUAL OPPORTUNITY EMPLOYER

AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

DATE: _____

TO WHOM IT MAY CONCERN:

Having made application to the State of Mississippi, the Department of Public Safety/Mississippi Highway Safety Patrol and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the Department of Public Safety and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

SIGNATURE: _____

ADDRESS: _____

STATE OF MISSISSIPPI
COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me that he/she signed and delivered the above and foregoing waiver on the date therein mentioned and for the purpose therein expressed.

GIVEN under my hand and seal of office, this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

**THIS APPLICATION INVALID UPON EXPIRATION OF NOTARY PUBLIC SIGNATURE
OR ONE (1) YEAR FROM DATE OF APPLICANT SIGNATURE**

Selective Service Registration

As required by Section 25-9-351(a), Mississippi Code Annotated, 1972:

- (a) Every male between the ages of eighteen (18) and twenty-six (26) who is required to register under the federal Military Selective Service Act, 50, USCS App. 4453, and is seeking employment with the State of Mississippi shall submit to the person, commission, board or agency to which his application is submitted satisfactory documentation of his compliance with the draft registration requirements of the Military Service Act.

If you fall into one of the following categories listed below, you will not be required to register:

Persons not Required to be Registered:

- a. The following persons are not required to be registered:
- (1) Aliens legally admitted to the United States as non-immigrants under section 101(a)(15) of the Immigration and Nationality Act, as amended (66 STAT. 153; 8 U.S.C. 1101) and who continue to maintain the non-immigrant status; e.g., visitor for business or pleasure, foreign diplomatic representatives, technical attaches of foreign embassies and legations, consuls general, consuls, vice consuls, diplomatic agents, members of NATO or other international organizations who are not United States citizens and members of their families, educational exchange students, and representatives for foreign information media.
 - (2) Commissioned officers, warrant officers and enlisted men who are active duty in the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard, and commissioned officers of the National Oceanic Atmospheric Administration and the regular Public Health Service.
 - (3) Cadets at the United States Military Academy, the United States Air Force Academy, the United States Coast Guard Academy, and midshipmen at the United States Naval Academy.
 - (4) Students enrolled in the officer procurement program at the following military colleges, the curriculum of which has been approved by the Secretary of Defense:

The Citadel (Charleston, SC)
North Georgia College (Dahlonega, GA)
Norwich University (Northfield, VT)
Virginia Military Institute (Lexington, VA)
 - (5) Members of the reserve components of the Armed Forces, the Coast Guard and the Public Health Service while on duty. Active duty in the Public Health Service must be performed by officers of the Reserve of the Public Health Service while assigned to staff of any of the various offices and bureaus of the Public Health Service, including the National Institutes of Health, or while assigned to the Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency of the National Oceanic and Atmospheric Administration, or while assigned to assist Indian Tribes, groups, bands or communities pursuant to PL 568, 83rd Congress, as amended.
- b. A person who is hospitalized or incarcerated at the time specified for his registration shall be exempt from registration during the period of confinement. Upon his release he shall present himself for registration.

NAME: _____
SOCIAL SECURITY NUMBER: _____
SELECTIVE SERVICE ID: _____