



COLONEL
RANDY C. GINN
DIRECTOR

STATE OF MISSISSIPPI
TATE REEVES, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI HIGHWAY SAFETY PATROL
SEAN J. TINDELL, COMMISSIONER

LT. COLONEL
MALACHI J. SANDERS
DEPUTY DIRECTOR

September 18, 2020

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.

I. MINIMUM QUALIFICATIONS FOR TROOPER SCHOOL

Per MS Code § 45-3-9, at the time of appointment, applicant shall be twenty-one (21) years of age and shall have:

A. Sixty (60) hours and/or an associate degree from an accredited educational institution with a minimum grade point average of 2.0 on a 4.0 scale;

or

B. A high school diploma or GED and at least four (4) years of active military duty or six (6) Years of National Guard duty; a Department of Defense Form 214 (DD 214), Certificate of Release of Discharge from Active Duty, or a National Guard Bureau Form 22 (NGB 22), Report of Separation, or a National Guard Bureau Form 23 (NGB 23), ARNG Retirement Credit Points Statement must be submitted by the applicant;

or

C. A high school diploma or GED, minimum standard certification from an accredited law enforcement academy, and a minimum of one (1) year of law enforcement field experience;

or

D. A high school diploma or GED if the applicant is not less than twenty-three (23) years of age.

II. BACKGROUND APPLICATION

THIS APPLICATION MUST BE RECEIVED BY THE MDPS HUMAN RESOURCES DEPARTMENT BY OCTOBER 31, 2020. You are to complete ALL SECTIONS of the application, and provide the following attachments:

- A. Copy of your Driver License,
- B. High school Diploma, GED, or transcripts
- C. Copy of DD-214, if applicable

*Non-Mississippi residents must also include a certified copy of birth certificate.

These items may 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 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. Incomplete applications will be returned to the applicant. 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 Test (Reading);
- 3. Agility/Drug Test/PT;
- 4. Structured Oral Process (SOP);
- 5. Candidate Profile Summary (CPS);
- 6. Polygraph and Psychological Screening; and
- 7. Begin Trooper School.

III. DRUG SCREEN AND UMMC EXAM

Each applicant must pass a drug screening test. Therefore, if you are taking any prescribed medications, you will need to provide proof of your prescription(s) at the time of the drug screening test.

IV. PHYSICAL TRAINING TESTING DAY

A physical training test and drug screen will be given should your application be accepted. If any applicant fails to complete any part of the physical training test, they 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. The applicant must complete any failed portion before going to the next exercise. It is not advisable to drink highly caffeinated beverages/energy drinks or consume any enhanced energy products prior to participating in, or during the course of, the agility/physical 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 test requirements:

- 1) run one mile in eight and one-half (8 1/2) 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

Send the completed application packet to:

Mississippi Department of Public Safety
PO Box 958
Jackson, MS 39205
ATTN: Human Resources

DO NOT SEND ANY APPLICATIONS TO THE MISSISSIPPI STATE
PERSONNEL BOARD



MDPS BACKGROUND APPLICATION

DATE:

Mail to:

Position Applied For:

Patrol Officer

MS Department of Public Safety
Post Office Box 958
Jackson, MS 39205
ATTN: Human Resources

**THIS FORM MUST BE FILLED OUT ONLINE AND THEN
PRINTED AND MAILED IN TO HUMAN RESOURCES**

NOTICE: 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 1/2 X 11 SHEETS OF PAPER AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

PERSONAL HISTORY

1. Full Name:

2. SSN:

LAST

FIRST

MIDDLE

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

B. Have you ever legally changed your name:

NO

YES

DATE

PLACE

COURT

C. Date of Birth
Place of Birth
Marital Status

D. Driver License No./State
Has your privilege to operate a motor vehicle ever been suspended or
revoked? yes no
If yes, explain fully:

E. Are you a citizen of Mississippi? yes
Are you a citizen of the United States yes

no
no

For how long?
For how long?

If you have been naturalized?

Date:

Certification No.

F. Email address

RESIDENCES

	Address	(last 10 years) City	State	Zip Code	Telephone Number
Present Address					
Mailing Address					
DATES					
FROM	TO	APT. NO.	STREET ADDRESS	CITY	STATE

EDUCATION

EDUCATIONAL BACKGROUND:

Do you have a high school diploma?
Do you have a GED certificate?
Date Received:

Circle highest school year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

		DATES	
NAME OF HIGH SCHOOL	LOCATION	TO	FROM
			DATE DIPLOMA RECEIVED

NAME OF COLLEGE OR UNIVERSITY	TOTAL CREDITS RECEIVED			FIELD OF STUDY OR AREAS OF CONCENTRATION			DATES ATTENDED		TYPE DEGREE (B.S., M.Ed., etc. & Date Received (Mo./Yr.)
	Quarter	Semester	Major	Hours	Minor	Hours	From	To	

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
	Action

REFERENCES

REFERENCES:

A. COMPLETE NAME	NO. YEARS ACQUAINTED	OCCUPATION
HOME ADDRESS	BUSINESS ADDRESS	
CITY, STATE	HOME PHONE	BUSINESS PHONE
B. COMPLETE NAME	NO. YEARS ACQUAINTED	OCCUPATION
HOME ADDRESS	BUSINESS ADDRESS	
CITY, STATE	HOME PHONE	BUSINESS PHONE
C. COMPLETE NAME	NO. YEARS ACQUAINTED	OCCUPATION
HOME ADDRESS	BUSINESS ADDRESS	
CITY, STATE	HOME PHONE	BUSINESS PHONE

ACQUAINTANCES:

A. COMPLETE NAME	NO. YEARS ACQUAINTED	OCCUPATION
HOME ADDRESS	BUSINESS ADDRESS	
CITY, STATE	HOME PHONE	BUSINESS PHONE
B. COMPLETE NAME	NO. YEARS ACQUAINTED	OCCUPATION
HOME ADDRESS	BUSINESS ADDRESS	
CITY, STATE	HOME PHONE	BUSINESS PHONE
C. COMPLETE NAME	NO. YEARS ACQUAINTED	OCCUPATION
HOME ADDRESS	BUSINESS ADDRESS	
CITY, STATE	HOME PHONE	BUSINESS PHONE

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

NO

YES Reason:

EMPLOYMENT

List chronologically ALL EMPLOYMENTS, INCLUDING SUMMER AND PART-TIME

Currently or Last Employer:	Address:	Phone Number:
Job Title:	Supervisor 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 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 Name: _____ Number Supervised by you: _____

Date Employed (Mo./Yr.): _____ Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____
 \$ Per \$ Per

Date Separated (Mo./Yr.): _____ Duties: _____

Full-time
Part-time

Employer: _____ Address: _____ Phone Number: _____

Job Title: _____ Supervisor Name: _____ Number Supervised by you: _____

Date Employed (Mo./Yr.): _____ Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____
 \$ Per \$ Per

Date Separated (Mo./Yr.): _____ Duties: _____

Full-time
Part-time

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

NO

YES Employer's Name: _____ Date: _____

LAW ENFORCEMENT TRAINING

Have you ever attended a law enforcement training academy? YES NO

If yes, what state and which law enforcement training academy?

Did you graduate from the law enforcement training academy? YES NO

If yes, list date of graduation and law enforcement number

If no, list the date you left the training academy and the reason for leaving

MILITARY RECORD

A. Have you ever served on active duty in the Armed Forces of the United State? 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

Other (Explain) Other

B. 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 Coast Guard

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

C. If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offenses, 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, RESTRICTRIONS, & CONFINEMENT
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COURT RECORD

A. 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
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B. 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
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C. 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
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D. 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
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RELATIVES

ALL APPLICANTS MUST GIVE COMPLETE INFORMATION CONCERNING THEIR RELATIVES.

A. Father

Name	Occupation
Address	Employer
	Employer Address
Age	Date and Place of Naturalization
Place of Birth	

B. Mother

Name	Occupation
Address	Employer
	Employer Address
Age	Date and Place of Naturalization
Place of Birth	

C. Spouse

Name	Occupation
Address	Employer
	Employer Address
Age	Date and Place of Naturalization
Place of Birth	

D. Children

Name	Occupation
Address	Employer
	Employer Address
Age	Date and Place of Naturalization
Place of Birth	

E. Children

Name	Occupation
Address	Employer
	Employer Address
Age	Date and Place of Naturalization
Place of Birth	

If appointed as a member of the Mississippi Highway Safety Patrol, are you willing to accept assignment or transfer to any part of the State of Mississippi?
NOTE: Unwillingness to accept statewide assignment may jeopardize potential employment.

NO YES

CLICK BUTTON TO RESET FORM
PRINT FORM BEFORE RESETTING

Attach an unmounted full face photograph of yourself, not larger than 2 3/4 by 2 1/4 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.

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 and seal of office, this ____ day of _____, 20__.

NOTARY PUBLIC

My Commissioner 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 and and seal of office, this ____ day of _____, 20__.

NOTARY PUBLIC

My Commissioner Expires:

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 State 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, consul 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 (Dahlonaga, 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 Services 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, band or communities pursuant to PL 668, 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: _____