

# EMPLOYMENT APPLICATION



**GEORGE COUNTY SHERIFF'S OFFICE**  
355 Cox Street, Suite B  
Lucedale, MS 39452

### Position Applied for:

- |  |   |
|--|---|
| <input type="checkbox"/> Deputy Sheriff            | <input type="checkbox"/> Corrections Deputy |
| <input type="checkbox"/> Part Time Deputy          | <input type="checkbox"/> Dispatcher         |
| <input type="checkbox"/> Administrative / Clerical | <input type="checkbox"/> Other _____        |

*The George County Sheriff's Office is committed to complying with all State and Federal laws prohibiting employment discrimination or harassment based on race, color, religion, gender, sexual orientation, pregnancy, gender identity, genetic information, national origin, citizenship, age, or physical or mental disability.*

**All applicants must provide a copy of the following:**

- 1. Recent photograph of yourself**
- 2. Certified copy of your birth certificate**
- 3. Transcript of school record or GED Certificate**

**NAME of APPLICANT**

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

\_\_\_\_\_  
Street Address                      Date of Birth

\_\_\_\_\_  
City                      State                      Zip                      Telephone Number

Have you worked here before?  Yes  No    If yes when? \_\_\_\_\_

Have you applied here before?  Yes  No    If yes when? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Do you have a valid MS Drivers License?  Yes  No

Marital Status:    Married     Single     Divorced     Separated     Widowed

**FULL NAME OF CURRENT SPOUSE**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Spouse Date of Birth

\_\_\_\_\_  
Spouse's Present Employer                      Position                      Employer Telephone Number

**Neighbor or Relative with whom you are in regular contact:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Street Address                      Telephone Number

\_\_\_\_\_  
City                      State                      Zip

# EMPLOYMENT APPLICATION

## RESIDENCY HISTORY

List chronologically all of your residences for the past 10 years. Beginning with your current address. List on separate page as needed.

Street Address			Dates lived at this Address
City	State	Zip	Landlord Name and Address (if applicable)
Street Address			Dates lived at this Address
City	State	Zip	Landlord Name and Address (if applicable)
Street Address			Dates lived at this Address
City	State	Zip	Landlord Name and Address (if applicable)

## FINANCIAL INFORMATION

Are you currently delinquent with any of your financial obligations? Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever had a Judgement issued against you? Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever filed for bankruptcy? Yes  No

If Yes, Explain: \_\_\_\_\_

## EDUCATIONAL INFORMATION

High School Name	Institution Address
From _____ To _____	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational /Trade School Name	Institution Address
From _____ To _____	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____
College, School Name	Institution Address
From _____ To _____	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____

List any additional information concerning your education. If you are not a High School Graduate, list highest grade attended. If you have an Equivalency Certificate, list the type and location it was earned below:

\_\_\_\_\_

# EMPLOYMENT APPLICATION

## CRIMINAL ARREST HISTORY

List ALL arrests, whether you were convicted or not. Include all traffic offenses for the past five (5) years. List on separate page as needed.

Date: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ City and State: \_\_\_\_\_

Court: \_\_\_\_\_ Disposition: \_\_\_\_\_  
\*\* Include fine and Sentence.

Date: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ City and State: \_\_\_\_\_

Court: \_\_\_\_\_ Disposition: \_\_\_\_\_  
\*\* Include fine and Sentence.

Date: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ City and State: \_\_\_\_\_

Court: \_\_\_\_\_ Disposition: \_\_\_\_\_  
\*\* Include fine and Sentence.

Date: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ City and State: \_\_\_\_\_

Court: \_\_\_\_\_ Disposition: \_\_\_\_\_  
\*\* Include fine and Sentence.

## MILITARY SERVICE RECORD

Were you, or are you now, in the U.S. Armed Forces?  Yes  No If yes, Provide a DD-214

If yes, what branch of service? \_\_\_\_\_ Discharge type: \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_

List duties while in the service: \_\_\_\_\_

List specialized training: \_\_\_\_\_

## MEMBERSHIPS IN ANY CIVIC, SOCIAL, FRATERNAL ORGANIZATIONS, ETC...

Organization	Location	Involvement	Dates
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# EMPLOYMENT APPLICATION

## FAMILY / RELATIVES

List all brothers and sisters. Include half-brothers and sisters and any step-brothers and sisters. Include the exact relationship. List Maiden name if the sister is married. List on separate page as needed.

Full Name	Relationship
Street Address	Telephone Number
City State Zip	
Full Name	Relationship
Street Address	Telephone Number
City State Zip	
Full Name	Relationship
Street Address	Telephone Number
City State Zip	

## PERSONAL REFERENCES

List three personal references whom you have known for the past five years or more, not including relatives.

Full Name	Relationship
Street Address	Telephone Number
City State Zip	Years known
Full Name	Relationship
Street Address	Telephone Number
City State Zip	Years known
Full Name	Relationship
Street Address	Telephone Number
City State Zip	Years known

# EMPLOYMENT APPLICATION

## EMPLOYMENT HISTORY List your last three employers, beginning with current employer.

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Employer Name / Company			Supervisor Name	
Street Address			Telephone	
City	State	Zip	eMail Address	
Job Title	Starting Salary \$		Ending Salary \$	

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Responsibilities

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Employed From: _____	Employed To: _____	Reason for Leaving: _____
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Current employer?  Yes  No      Can we contact your supervisor for a reference?  Yes  No

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Employer Name / Company			Supervisor Name	
Street Address			Telephone	
City	State	Zip	eMail Address	
Job Title	Starting Salary \$		Ending Salary \$	

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Responsibilities

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Employed From: _____	Employed To: _____	Reason for Leaving: _____
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Can we contact your supervisor for a reference?  Yes  No

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Employer Name / Company			Supervisor Name	
Street Address			Telephone	
City	State	Zip	eMail Address	
Job Title	Starting Salary \$		Ending Salary \$	

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Responsibilities

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Employed From: _____	Employed To: _____	Reason for Leaving: _____
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Can we contact your supervisor for a reference?  Yes  No

## EMPLOYMENT APPLICATION

### ADDITIONAL INFORMATION – CANDIDATE QUESTIONNAIRE

1. Have you been convicted of a felony crime (a pardon or nolo contendere does not nullify a conviction for BLEOST Certification)?  Yes  No
2. Within the past five years, have you engaged in conduct which clearly constituted a felony offense (e.g. theft, arson, DUI, assault, vandalism, drug abuse/drug distribution violations) even though not detected at the time of the event?  Yes  No
3. Do you have a domestic violence conviction or a documented history of domestic reports or calls for law enforcement intervention in domestic disputes?  Yes  No
4. Do you have a pending Protection from Abuse Order filed against you and/or a standing judicial order regarding Protection from Abuse?  Yes  No
5. Are you prohibited by Federal or State law from owning, possessing, or carrying a firearm, including but not limited to a pistol, handgun, rifle or shotgun?  Yes  No
6. Have you failed to pay or fraudulently filed taxes within the past five years?  Yes  No
7. Does your credit history indicate fraud, forgery, a documented history of repeated filing for bankruptcy, or theft by deception?  Yes  No
8. Do you have a civil record involving repeated failure to pay child support?  Yes  No
9. Have you received a DUI / BUI conviction within the past five years?  Yes  No
10. Are you or have you been a member of, or prominently associated with, gangs or any subservice or racist organization?  Yes  No
11. In the past five years, have you unlawfully used or possessed LSD, PCP, Heroin, Methamphetamine, Cocaine, Hallucinogens, Psilocybin Mushrooms or designer drugs (e.g. Ecstasy, Synthetic Cathinone, or their chemical derivatives and synthetic equivalents, etc.)?  Yes  No
12. Have you engaged in the unauthorized usage of any illegal drug while employed in a position of public trust (e.g. Sworn Law Enforcement Officer or Security Sensitive job classification)?  Yes  No
13. Have you ever unlawfully sold, manufactured, or distributed any illegal controlled substance in exchange for personal gain, financially or otherwise (e.g. sexual favors)?  Yes  No
14. Have you been arrested and are currently under bond for any felony or misdemeanor offense pending judicial process and adjudication?  Yes  No
15. Do you have any body art, tattoo(s), or brand(s) which could be deemed unprofessional and/or offensive, regardless of location?  Yes  No
16. Have you been terminated, forced to resign, or resigned in lieu of termination from a previous employer because of a proven theft, drug use, violent action or any act that impugns basic honesty?  Yes  No

***I hereby certify that the responses to the questions included herein and, if applicable, associated supplemental statements, are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of the time of discovery, may cause forfeiture on my part of any employment in the service of George County, State of Mississippi and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification.***

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

**GEORGE COUNTY SHERIFF'S OFFICE  
CONSENT AND RELEASE TO CONDUCT CRIMINAL BACKGROUND and  
REFERENCE CHECKS**

*Waiver Statement*

I, \_\_\_\_\_, hereby authorize the George County Sheriff's Office and/or its agents to conduct an investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the county.

I release the George County Sheriff's Office and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person for which I have been employed to furnish the information requested.

\*\*\*\*\*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Social Security Number

\_\_\_\_\_  
Driver's License Number State Expiration Date (mm/dd/yyyy)

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

**APPLICANT: READ THE WAIVER STATEMENT BEFORE SIGNING. IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.**

# EMPLOYMENT APPLICATION

***FOR AGENCY USE ONLY - DO NOT WRITE BELOW***

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Notes:

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Recommendations:

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