

APPLICATION FOR EMPLOYMENT

Date: _____



GEORGE COUNTY REGIONAL CORRECTIONAL FACILITY
154 Industrial Road
Lucedale, MS 39452

Position Applied for:	
<input type="checkbox"/> Correctional Officer	<input type="checkbox"/> Secretary
<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Maintenance Staff

The George County Regional Correctional Facility is an equal opportunity employer, accepting applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

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

 Last First Middle 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? _____

Are you currently employed? Yes No Can we contact your supervisor? Yes No

When are you available to start work? _____

Do you have a valid MS Drivers License? Yes No DL Number: _____

RESIDENCES

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

#	Date from	Date To	Street Address	City	State
1					
2					
3					
4					
5					

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EDUCATIONAL INFORMATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE	MAJOR
HIGH SCHOOL					
COLLEGE					
GRADUATE					
VOCATIONAL/ TRADE					

EMPLOYMENT RECORD (you may attach a Resume)

List chronologically all of your employers for the past 10 years. List on separate page as needed

Name and address of employer	Dates Employed From To	Position and type of Work	Supervisor Name Telephone #	Reason for Leaving

MILITARY SERVICE RECORD

Where 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? _____

Dates of duty From: _____ To: _____

List duties while in the service: _____

List specialized training: _____

REFERENCES

List three personal references who have known you for one year or more, not including relatives

Name	Address	Telephone	Years Known

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ADDITIONAL INFORMATION

List any special skills or qualifications that you can bring to this job:

Do you speak any language other than English? If so, which?

List professional, business, or civic activities that you have engaged in, or office you held.

Can you use a computer? If so, what type of computer skills, software etc..

Do you have any special skills or experience that prepares you for the position offered?

COURT RECORD

Have you ever been arrested or charged with any violation including traffic citations? Yes No

List all information below

Date	Charge	Court	Disposition	Details

I certify that all the information I've given in this application is true and complete. I understand that if I am employed, any misrepresentation or omission is valid reason for dismissal. I authorize the George County Sheriff's Department to investigate the information given here.

Printed Name of Applicant	Signature of Applicant	Date Signed

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**GEORGE COUNTY REGIONAL CORRECTIONAL FACILITY
CONSENT AND RELEASE TO CONDUCT CRIMINAL BACKGROUND and REFERENCE CHECKS**

Waiver Statement

I, _____, hereby authorize the George County Regional Correctional Facility 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 Correctional Facility 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 furnishing the information requested.

Printed Name

Current Address

City State Zip

_____/_____/_____
Date of Birth (mmm/dd/yyyy) Social Security Number

Driver's License Number State Expiration Date (mmm/dd/yyyy)

Dated this the _____ day of _____, 20_____.

Signature

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