



SCOTT COUNTY SHERIFF'S OFFICE

530 AIRPORT ROAD

FOREST MS 39074

APPLICATION INSTRUCTIONS

Read the following instructions carefully before completing your application. You must furnish all requested information. The information you provide will be used to determine your qualifications for employment. If you fail to answer all questions on your application fully and accurately, you may delay consideration of your application and may lose opportunities.

1. Complete the attached "Application for Employment" using a typewriter or pen.
2. Check your application to be sure the following attachments are enclosed
 - a. A recent, unmounted full faced photograph
 - b. A certified copy of your birth certificate
 - c. An official transcript of your school record showing the date of graduation/GED (High School/College)
 - d. A certified copy of your DD-214 (Military Discharge) if applicable
3. If you have a change of name, address, or telephone number please notify the Scott County Sheriff's Offices
4. Applications that are not legible or that are incomplete will not be considered
5. All applicants will be drug tested prior to employment
6. The Scott County Sheriff's Office is an Equal Opportunity Employer

Application for Employment

Date _____ Position Applied For _____

NOTICE: Please type or print in Black/Blue ink. All questions MUST be answered. If a question is not applicable so state N/A. If space available is not sufficient for complete answers, or if you wish to furnish additional information, attach separate sheets of the same size as this application and number answers to correspond with questions. DO NOT MISTATE OR OMIT information as the statements made herein are subject to verification to determine your qualifications for employment.

I. Personal History

1. Name _____
First Middle Last

(A) List all other names you have used, including nicknames and maiden name of female applicants. 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 _____
Number of Children _____

(D) Race: American Indian White Hispanic Black Asian

(E) Sex: Male Female

(F) Are you a Citizen of Scott County: Yes No Are you a Citizen of the United States: Yes No

If you have been naturalized Date: _____

II. Residences

1. Present Address _____

Street and Number

City _____ County _____ State _____ Zip _____

List chronologically ALL of your residences for the past 10 years

DATES FROM--TO	STREET ADDRESS	CITY	STATE

III. Education

EDUCATIONAL BACKGROUND: 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

High School Diploma GED Date: _____

NAME OF HIGH SCHOOL	LOCATION	DATES TO --FROM	CITY	STATE

NAME OF COLLEGE	CREDITS RECEIVED	FIELD OF STUDY	DATES ATTENDED	DEGREE

Skills and Experience

List any special abilities, interest with a degree of proficiency _____

IV. Military Record

1. Have you ever served on active duty in the Armed Forces of the United States YES or NO

Branch of Service _____ Dates Served From _____ To _____

Military Occupation _____ Rank _____

2. Type of Discharge: Please Circle

Honorable Medical Hardship Expiration of Enlistment Retires Other _____

3. Are you a member of the National Guard or Other Reserve Unit Yes No

Branch _____

V. Court Records

1. Have you ever been charged with any violation including traffic tickets

Date	Place	Charge	Disposition	Date of Disposition

2. Have you ever been a party of a civil, criminal , chancery action in County, Circuit, or Chancery Court
Yes or No

Date	Court	Nature of Action	Disposition	Date of Disposition

VI. Driving Record

Give the following information concerning any vehicle operator's license you have held or hold

Kind of License	State	D.L. Number	Date of Expiration

VII. References

Give three references that are not relatives, who are responsible adults of reputable standing in their communities.

1. Complete Name _____

Home Address _____

City _____ State _____

Home Phone _____ Business or Cell Phone _____

2. Complete Name _____

Home Address _____

City _____ State _____

Home Phone _____ Business or Cell Phone _____

CONTINUED REFERENCES

3. Complete Name _____
Home Address _____
City _____ State _____
Home Phone _____
Business or Cell Phone _____

VIII. Employment

Please List Chronologically **ALL EMPLOYERS** Full and Part-Time

Employer _____	Address _____
Phone _____	Job Title _____
Supervisors Name _____	Dates Employed (Month and Year) _____
Full Time /Part-Time	Duties _____

Employer _____	Address _____
Phone _____	Job Title _____
Supervisors Name _____	Dates Employed (Month and Year) _____
Full Time /Part-Time	Duties _____

Employer _____	Address _____
Phone _____	Job Title _____
Supervisors Name _____	Dates Employed (Month and Year) _____

Full Time /Part-Time Duties _____
Employer _____ Address _____
Phone _____ Job Title _____
Supervisors Name _____ Dates Employed (Month and Year) _____
Full Time / Part-Time Duties _____

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

1. YES / NO Employers Name _____ Date _____

Reason _____

2. YES / NO Employers Name _____ Date _____

Reason _____

3. YES / NO Employers Name _____ Date _____

Reason _____

IX. Relatives

A. Father

Name_____

Address_____

Age_____ Occupation_____

B. Mother

Name_____

Address_____

Age_____ Occupation_____

C. Children

1. Name_____

Address_____

Age_____

2. Name_____

Address_____

Age_____

3. Name_____

Address_____

Age_____

D. Wife(s)/Husband(s)

1. Name _____

Address _____

Occupation _____ Age _____

2. Name _____

Address _____ Age _____

Occupation _____ Age _____

X. Consumer Report

1. Have you or your spouse ever declared bankruptcy or defaulted on a loan?

Yes or No

2. Have you ever had a judgement issued against you or your spouse?

Yes or No

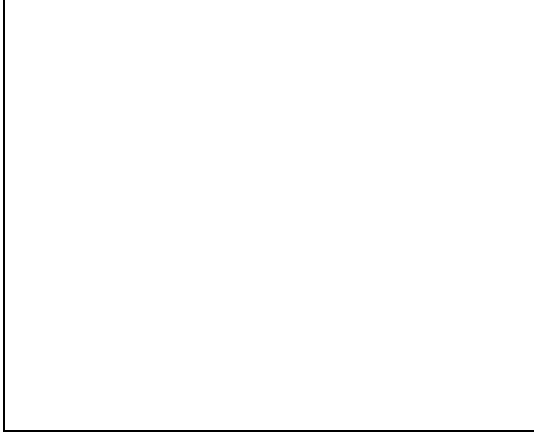
3. Reason for bankruptcy or default

4. Reason for Judgement

XI. Applicants Photo/ Permission Record

All records submitted become property of the Scott County Sheriff's Office

Please attach a photograph that fits in the box below



I am authorizing the Scott County Sheriff's Office to conduct a full background investigation for the purpose of employment. I hereby acknowledge that if hired I understand that there is a probationary period for one year. Withholding any information from this application or making a false statement will be basis for dismissal from the Scott County Sheriff's Office

Applicants Signature As Usually Written

Date