



JACKSON COUNTY SHERIFF'S DEPARTMENT

Mike Ezell
Sheriff

John Ledbetter
Chief Deputy

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for a position with the **Jackson County Sheriff's Department**.

- **It is your responsibility to complete this form and provide all required information.**
- **If you are filling out a printed copy of this form, neatly print in blue or black ink.**
- **You must respond to all items and questions. If a question does not apply to you, write N/A (not applicable) in the space provided for your response.**
- **If you need more space for any response, use the last page of these instructions and identify the additional information by the question number.**

Disqualifications

There are very few **automatic** basis for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate and truthful responses.

I have read and I understand the above instructions.

Signature

Date

Name: _____ Position: _____ Date: _____

APPLICATION FOR EMPLOYMENT



JACKSON COUNTY SHERIFF'S DEPARTMENT

Mike Ezell, Sheriff
PO Box 998
Pascagoula, MS 39568-0998

IMPORTANT NOTICE: Applications must be typewritten or clearly printed. All questions must be answered. If a question is not applicable, so state. **APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCEPTED.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and provide Sections for which the question is answered. It is the responsibility of the applicant to notify the Jackson County Sheriff's Department of any address and/or phone number change.

All Applicants must attach items 1 through 7.

- 1. Recent color photograph of yourself
- 2. A photocopy of your birth certificate (Long Form)
- 3. A photocopy of your High School Diploma or G.E.D. Certificate
- 4. A photocopy of your voter registration card
- 5. A photocopy of your driver's license
- 6. A photocopy of your social security card
- 7. Prior Military Service – Must attach copy of DD-214 Long Form (Sections 23-30)
- 8. If naturalized citizen, provide proof for verification of Naturalization papers
- 9. Applicant Fingerprint Card completed at Adult Detention Center – (228) 769-3211
65 Bruce Evans Drive, Pascagoula, MS 39567 – Blackout Period 11 a.m. to 1 p.m.

IMPORTANT NOTICE: A complete background investigation will be conducted that will include a psychological profile. All offers of employment will be conditional based on a medical examination and inquiry including a drug/alcohol screening test.

Jackson County is an equal opportunity employer
and does not discriminate on the basis of sex, race, creed, religion, age or handicap.



JACKSON COUNTY CIVIL SERVICE COMMISSION

PO Box 998

Pascagoula, MS 39568-0998

POSITION AND AGENCY

Have you applied for a law enforcement position previously? YES NO If so, when?

Position applying for: F/T Enforcement Corrections Dispatch Clerical
 P/T Enforcement Auxiliary

APPLICANT INFORMATION

Last Name		First	Middle
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Race	Sex	Blood Type	Social Security No.
Maiden and/or any other names you have used.			

Reminder: Provide a copy of Birth Certificate (Long Form) and Naturalization Certificate, if naturalized!

PERSONAL INFORMATION

Date of Birth	Place of Birth (City, County, State, Country)		
Driver's License Number	License State	License Type	License Expiration
Are you a citizen of the United States of America?			
If Naturalized, provide the date and location of your naturalization.			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Full Name of Present Spouse		Spouse's Date of Birth	
Spouse's Present Employer	Position Held	Employer's Phone Number	
Address of Spouse's Employer			Apartment/Unit #
City	State	ZIP	
Neighbor or Relative with Whom You Are in Regular Contact.			
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		

RESIDENCE HISTORY NOTE: If you leased or rented any residence below include name and address of landlord. You should list all residences in which you have lived over the last 10 years. If you need additional space, please provide on separate page. If in military service during this time frame, list dates and branch only, unless you resided off base. Do not list mailing addresses.

Current Street Address		Apartment/Unit #
City	State	ZIP
Date Moved to This Address	Landlord Name and Address, if Applicable	
Street Address		Apartment/Unit #
City	State	ZIP
Date Moved to and from This Address	Landlord Name and Address, if Applicable	
Street Address		Apartment/Unit #
City	State	ZIP
Date Moved to and from This Address	Landlord Name and Address, if Applicable	
Street Address		Apartment/Unit #
City	State	ZIP
Date Moved to and from This Address	Landlord Name and Address, if Applicable	
Street Address		Apartment/Unit #
City	State	ZIP
Date Moved to and from This Address	Landlord Name and Address, if Applicable	

FAMILY

List all brothers and sisters. Include half-brothers and sisters, as well as step-brothers and sisters and include exact relationship. For sisters, include maiden name if the sister is now married.

Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone

VEHICLE INFORMATION

Year	Make	Model	Tag	State	Color
Year	Make	Model	Tag	State	Color
Year	Make	Model	Tag	State	Color

EDUCATION			
High School	Address		
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree
College	Address		
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree
College	Address		
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree
Give any additional information concerning your education. If you are not a high school graduate, list the highest grade you attended. If you have an equivalency certificate, list the type and location it was earned.			

LIST MEMBERSHIP IN ANY CIVIC, SOCIAL, FRATERNAL ORGANIZATIONS, ETC.			
Organization	Location	Involvement	Dates Involved

Financial Obligations			
Creditor	Total Debt	Payment	Delinquent?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a judgment ever been issued against you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.			
Have you ever declared bankruptcy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.			

CRIMINAL ARREST HISTORY

List all arrests, whether you were actually charged or not. Include all traffic offenses for the last 5 years.

Date	Charge(s)
Arresting Agency	City and State
Court	Disposition Including Any Fine and Sentence
Date	Charge(s)
Arresting Agency	City and State
Court	Disposition Including Any Fine and Sentence
Date	Charge(s)
Arresting Agency	City and State
Court	Disposition Including Any Fine and Sentence

MILITARY SERVICE Reminder: If you have prior military service, provide DD-214 (Long Form).

Branch	From	To
Branch	From	To
Present Draft Classification	Has It Ever Been Changed?	When?
Rank at Discharge	Type of Discharge	
If other than honorable, explain.		
Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment? If yes, explain.		

ADDITIONAL INFORMATION

Have you previously applied for a position with this department? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when? How many times?
Have you ever been declined the purchase of a firearm? If yes, explain.
Have you ever had a certificate, license, or privilege removed, revoked, suspended or voluntarily relinquished the same under state, federal or other laws? If yes, explain.

PREVIOUS EMPLOYMENT

Provide the last three employers for which you have worked beginning with your current employer.

Company		Phone
Supervisor		E-mail Address
Street Address		Apartment/Unit #
City	State	ZIP
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? Yes No

Company		Phone
Supervisor		E-mail Address
Street Address		Apartment/Unit #
City	State	ZIP
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? Yes No

Company		Phone
Supervisor		E-mail Address
Street Address		Apartment/Unit #
City	State	ZIP
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? Yes No

Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during, or at the conclusion of any such investigation into your activities? If yes, explain.

REFERENCES

List the names, addresses and telephone number of three persons whom you have known for at least the past **five** years. These persons must **NOT** be relatives, present or former employers or former supervisors. Local references are preferred. Do not list spouses as separate references, and include the reference's title (Mr., Mrs., Ms., Dr., Rev., Etc.).

Full Name	Relationship	How Long Known
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Full Name	Relationship	How Long Known
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Full Name	Relationship	How Long Known
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	

OTHER

Have you ever attended a law enforcement academy? YES NO If so, when and where?

Have you completed any correctional or dispatch training? YES NO If so, when and where?

Have you completed any type of medical training? YES NO If so, when and where?

Do you have any specialized training that would benefit a law enforcement agency?

DISCLAIMER AND SIGNATURE

We are an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis, including age, sex, race, creed, color, religion, national origin or physical disabilities.

I represent and warrant that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief, and that falsification, misrepresentation or omission of any information may be just cause for the rejection of this application.

All applications must be filled out completely and turned in with a non-returnable color photograph of the applicant. Part time jobs, in addition to regular employment, may be considered to be a conflict of interest if they prevent you from working auxiliary duties and activities.

Signature

Date



JACKSON COUNTY SHERIFF'S DEPARTMENT

Mike Ezell
Sheriff

John Ledbetter
Chief Deputy

Release of Information Authorization

Last Name	First	Middle	Gender	Race	DOB	SSN
Place of Birth: City		County	State		Country	

This release, when presented by a duly authorized representative of the Jackson County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data and records to the Jackson County Sheriff's Department: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

The authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Jackson County Sheriff's Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Jackson County Sheriff's Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Jackson County Sheriff's Department.

I understand that all materials pertaining to this background investigation become the property of the Jackson County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this Release of Information Authorization will be as valid as an original thereof, even though the said photocopy does not contain an original of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

State of _____

County/City of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, (Signature of Notary) _____

Signature _____
Street Address _____
City, State, Zip Code _____