



HARRISON COUNTY SHERIFF'S DEPARTMENT

APPLICATION FOR EMPLOYMENT

P. O. BOX 1480
GULFPORT, MS 39502

AN EQUAL OPPORTUNITY EMPLOYER

The Harrison County Sheriff's Department accepts 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.

IMPORTANT

Answer each question fully and accurately. **Incomplete applications will not be considered**. All information on your application is subject to verification.

- ⌚ This application will become void one (1) year after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.
- ⌚ Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment you are applying for.
- ⌚ If you have any questions regarding information on this application, please contact the Harrison County Sheriff's Department Personnel Department @ 228.896.0691.
- ⌚ Attach additional documents if needed.

APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:
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Social Security Number:	Drivers License Number:	Driver License State:	Date of Birth:
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Home Phone:	Work Phone:	Cellular Phone:	E-Mail Address
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Current Address					
	Street Number & Name	City	State	Zip Code	County
Mailing Address (If different)					
	Street Number & Name	City	State	Zip Code	County

POSITION APPLIED FOR

First:	Date Available to Start:	Date of Application:	List any alias names or ID numbers you may have used in the past (Include Maiden and Nicknames)	
Second:			1 ST	
Third:			2 ND	
			3 RD	
			4 TH	

WORK EXPERIENCE / EMPLOYMENT HISTORY

List ALL employment, full-time and part-time. Attach a separate sheet if necessary.

Current Employer					Phone				
Address					Start Date		Ending Date		
City		County					State		Zip Code
Job Title					Start Salary		Ending Salary		
Supervisor's Name					Work Performed				
Reason for Leaving									
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain.									

Former Employer					Phone				
Address					Start Date		Ending Date		
City		County					State		Zip Code
Job Title					Start Salary		Ending Salary		
Supervisor's Name					Work Performed				
Reason for Leaving									
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain.									

Former Employer					Phone				
Address					Start Date		Ending Date		
City		County					State		Zip Code
Job Title					Start Salary		Ending Salary		
Supervisor's Name					Work Performed				
Reason for Leaving									
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain.									

CRIMINAL HISTORY

Have you ever been arrested, detained, charged, convicted or pled guilty to a misdemeanor or felony offense? Yes No

Date of Arrest	Date of conviction	Agency	Charge	Final Disposition
				<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
				<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
				<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony

Explanations:

Have you ever been convicted of or pled guilty to any of the following misdemeanor offenses as an adult?

No Property (e.g. theft, burglary) Violent (e.g. battery)
 Sexual (e.g. lewd conduct) Other (e.g. disturbing the peace, possessing marijuana)

Have you ever used marijuana or marijuana derivative? (e.g. hashish)

No Yes (within last year) Yes (1-5years) Yes (5 years or longer)

Have you ever used other illegal drugs? (e.g. cocaine, heroin, GHB, LSD)

No Yes (within last 24 months) Yes (24-36 months ago)
 Yes (3-5 years ago) Yes (5-10 years ago)
 Yes (Over 10 years ago)

MILITARY SERVICE

Attach a copy of your DD214 to this form.

Branch of Service	Dates of Service	Area of Responsibility	Nature of Discharge

EDUCATION / SKILLS

Name and Address of School	Highest Year Finished or Credit Hours	Dates Attended	Type of Diploma/Degree
High School		From: _____	
		To: _____	
College	Hours	From: _____	
		To: _____	
College	Hours	From: _____	
		To: _____	
Graduate, Professional, Business, or Trade School	Hours	From: _____	
		To: _____	

INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:

<input type="checkbox"/> Typing - Speed: WPM	<input type="checkbox"/> Shorthand - Speed: WPM	<input type="checkbox"/> Certified Mechanic	<input type="checkbox"/> Paint & Body	<input type="checkbox"/> Radio Maintenance	
Dictating Machine	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Telephone Console	<input type="checkbox"/> Electrician	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Welding
<input type="checkbox"/> Computer Type: <input type="checkbox"/> PC <input type="checkbox"/> Apple / Mac <input type="checkbox"/> Other	<input type="checkbox"/> Other Skills/Abilities:				
<input type="checkbox"/> Software Experience:					
<input type="checkbox"/> Read/Speak Foreign Languages:					
<input type="checkbox"/> Instructor Certifications:					
<input type="checkbox"/> Specialized Training:					

REFERENCES

REFERENCES - Give at least three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group.

BUSINESS/PROFESSIONAL REFERENCES - (SUPERVISORS AND/OR CO-WORKERS ARE ACCEPTABLE)

1.	Name	Business Name
	Address	Phone # with area code
2.	Name	Business Name
	Address	Phone # with area code
3.	Name	Business Name
	Address	Phone # with area code

Personal References - (Known for at Least 5 Years)

1.	Name	Years Known	Address	Phone # with area code
2.	Name	Years Known	Address	Phone # with area code
3.	Name	Years Known	Address	Phone # with area code

ADDITIONAL INFORMATION

Family Members (List Parents, Siblings and Spouse)

1.			
	Name	Relation	Address City State Zip
2.			
	Name	Relation	Address City State Zip
3.			
	Name	Relation	Address City State Zip
4.			
	Name	Relation	Address City State Zip
5.			
	Name	Relation	Address City State Zip
6.			
	Name	Relation	Address City State Zip

Are you related in any way to a current member of the Harrison County Sheriff's Office? Yes No

The following information is being collected to distinguish each applicant when running background checks.

Height	Weight	Hair Color	Eye Color

Recent Photo

Click on the box to add a photo.

Driver's License

Click on the box to add a photo.

Social Security Card

Click on the box to add a photo.

Scars/Marks/Tattoos and locations¹

1. HCSD General Order #3.21 - Tattoos, body art, body piercings and/or branding on the face, head, neck, or hands or any tattoo or markings that are extremist, sexist, racist or indecent in nature are strictly forbidden.

2. If you do not attach your Photo, Driver's License and/or Social Security Card, you must send copies to the address listed on the front page of this application.

3. If you are contacted for an interview, please have the following required documents available to submit:
 >Birth Certificate >High School Diplomat/GED >Valid Driver's License >Social Security Card >DD214 (if applicable)

4. Please make sure you have completed ALL portions of this application. **Incomplete applications will not be considered.**