



HARRISON COUNTY SHERIFF'S OFFICE

Application For Employment

P.O. Box 1480, Gulfport, MS 39502

An Equal Opportunity Employer

The Harrison County Sheriff's Office 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 becomes 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 comes 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 for which you are applying.
- If you have any questions regarding information on this application, please contact the Harrison County Sheriff's Office Personnel Department at 228-896-0691.
- Attached additional documents if needed.

APPLICANT INFORMATION

Full Name _____

Last Name

First Name

Middle Name

Social Security Number:		Driver's License No:		DL State:	Date of Birth:	
Home Phone:	Work Phone:	Cell Phone:		Email Address:		
Current Address	Street Number & Name:		City:		State:	Zip Code:
Mailing Address (If Different)	Street Number & Name:		City:		State:	Zip Code:
List any alias names or ID Numbers you may have used in the past. (Include Maiden and Nicknames)	1.					
	2.					
	3.					
	4.					

POSITION APPLIED FOR

1 st :		Date Available To Start	Date Of Application
2 nd :			
3 rd :			

WORK EXPERIENCE / EMPLOYMENT HISTORY

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

Current Employer:		Phone Number:	
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 Number:	
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 Number:	
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 (1-5 years)

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
	From: <input style="width: 50px;" type="text"/>		
	To: <input style="width: 50px;" type="text"/>		
	From: <input style="width: 50px;" type="text"/>		
	To: <input style="width: 50px;" type="text"/>		

EDUCATION / SKILLS

	Name and Address of School	Dates Attended	Highest Year Finished or Credit Hours	Type of Diploma/Degree
High School		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		
College		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		
College		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		
Grad/Pro Trade		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		

INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Typing – Speed <input style="width: 30px;" type="text"/> WPM <input type="checkbox"/> Shorthand – Speed <input style="width: 30px;" type="text"/> WPM
<input type="checkbox"/> Word Processing <input type="checkbox"/> Telephone Console
<input type="checkbox"/> Computer Type: <input type="checkbox"/> PC <input type="checkbox"/> Apple <input type="checkbox"/> Other | <input type="checkbox"/> Certified Mechanic <input type="checkbox"/> Paint & Body
<input type="checkbox"/> Radio Maintenance <input type="checkbox"/> Electrician
<input type="checkbox"/> Carpentry <input type="checkbox"/> Welding |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Software Experience:	Other Skills / Abilities:
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Read / Speak Foreign Languages If Yes, List:

Instructor Certifications:

Specialized Training:

REFERENCES

Give at least three (3) references, not relatives, who are responsible adults of reputable standing in their communities, such as home owners, 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 # w/Area Code:
2.	Name:	Business Name:
	Address:	Phone # w/Area Code:
3.	Name:	Business Name:
	Address:	Phone # w/Area Code:

PERSONAL REFERENCES – (Known for at least 5 years)

	Name	Years Known	Address	Phone # w/Area Code:
1.				
2.				
3.				

ADDITIONAL INFORMATION

Family Members (List parents, siblings and spouse)

	Name	Relation	Address
1.			
2.			
3.			
4.			
5.			
6.			

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	Scars / Marks / Tattoos and Location

Recent Photo	Driver's License	Social Security Card

Click on each box to add photo

- HCSO General Order # 3.21 – Tattoos, body art, 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.
- 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.
- If you are contacted for an interview, please have the following required documents available to submit:
 •Birth Certificate •High School Diploma/GED •Valid Driver's License •Social Security Card •DD214 (if applicable)
- Please make sure you have completed ALL portions of this application. Incomplete applications will not be considered.