



APPLICATION PACKET

THE FOLLOWING ITEMS MUST BE INCLUDED IN THIS APPLICATION AT THE TIME OF ITS RETURN OR IT WILL BE CONSIDERED INCOMPLETE. THESE ITEMS ARE REQUIRED BY THE STATE OF MISSISSIPPI WHEN APPLICATION IS MADE FOR ONE'S STATE CERTIFICATION UNDER MINIMUM STANDARDS. THE FOLLOWING IS A LIST OF THOSE REQUIRED ITEMS.

1. A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.
2. TWO SETS OF FINGERPRINTS. (THIS WILL BE DONE AFTER EMPLOYMENT.)
3. SIGNED RELEASE OF INFORMATION FORM.
4. HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE.
5. DD214 FORM, IF APPLICABLE. (MILITARY SERVICE DISCHARGE FORM)

APPLICANTS WILL ALSO BE REQUIRED TO TAKE A MEDICAL EXAM WITHIN TWO WEEKS OF BEING HIRED. THE MEDICAL EXAM APPOINTMENT WILL BE SCHEDULED AND PAID FOR BY THE OKTIBBEHA COUNTY SHERIFF'S OFFICE

PLEASE PRINT THE APPLICATION AND FILL IT OUT BY HAND AND (1) RETURN IT IN PERSON TO THE SHERIFF'S OFFICE OR (2) YOU MAY SCAN IT BACK INTO YOUR COMPUTER AND EMAIL IT TO US AT: application@sheriff.oktibbeha.ms.us

PLEASE RENAME THE FILE TO "Application for Last name, First Name and today's date" before attaching this form to your e-mail to send us.

Example : Application for Doe,John 29 Sept 2012



TO: OKTIBBEHA COUNTY SHERIFF'S OFFICE

BY SIGNING BELOW I GIVE MY PERMISSION FOR THE OKTIBBEHA COUNTY SHERIFF'S OFFICE TO CONDUCT A BACKGROUND INVESTIGATION ON ME. FUTHERMORE I WILL NOT HOLD LIABLE ANYONE WHO RELEASES ANY INFORMATION ON ME. I DO UNDERSTAND THAT THIS BACKGROUND INVESTIGATION IS PART OF THE EMPLOYMENT PROCESS AND THAT IT IN NO WAY IMPLIES THAT I HAVE A JOB WITH THE OKTIBBEHA COUNTY SHERIFF'S OFFICE.

THE PARTICULARS THAT THE SHERIFF'S OFFICE NEEDS IS AS FOLLOWS:

PLEASE WRITE LEGIBLY

FULL NAME: _____ **(MAIDEN NAME)** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

D.O.B.: _____ **SOCIAL SECURITY #:** _____

DRIVER'S LICENSE #: _____ **D.L. STATE:** _____

SIGNATURE: _____ **DATE:** _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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: _____

Address: _____ Supervisor: _____

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: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Explanation of any gaps in employment

Empty table with 6 rows for explaining employment gaps.

Skills and qualifications: Summarize any special training, skills, licenses, certifications, etc.

Empty table with 4 rows for listing skills and qualifications.

Trade businesses, Civic associations, and Offices held

Table with 2 columns: Name of organization, Office held. Contains 4 empty rows.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Personal References

Please list three personal references.

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____ Email: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____ Email: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____ Email: _____

Disclaimer and Signature

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the applications for employment may be necessary in arriving to an employment decision.

This application for employment shall be considered active for the period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time should re-apply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an "At Will" nature, and which means that the employee may resign at any time and the employer may discharge employee at anytime with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

I also understand that employment by the Oktibbeha County Sheriff's Office is at the discretion of the Sheriff, and if hired that I can be dismissed without cause at any time by the Sheriff, (Per. Mississippi Code 1972 Annotated).

I have read the statement above and if employed, I agree to and will abide by the above.

Signature: _____ Date: _____

For Personnel Department only							
Arrange interview	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Interview date		List Interviewers		
Remarks							
Employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of employment		Status of employee	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Pay out of line item:				Rate of pay	Department		
By	Name:				Title:		
	Remarks:						