

HANCOCK COUNTY SHERIFF'S OFFICE
8450 Highway 90 * Bay Saint Louis, MS 39520
Phone: 228-466-6900 Fax: 228-255-8246

Ricky Adam, Sheriff

EMPLOYMENT APPLICATION

Thank you for applying for a position with the Hancock County Sheriff's Office. The Hancock County Sheriff's Office is committed to providing equal opportunity for the participation of all qualified persons in all job classifications without regard to race, color, sex, marital status, age, religion, national origin, disability, veteran status, or any other factor, the consideration of which is prohibited by law.

The Hancock County Sheriff's Office policy extends to all employment decisions and personnel actions including recruitment, hiring, training, promotion, transfer, compensation benefits, and all other terms and conditions of employment. All employment decisions are made on the basis of job qualifications and the ability to perform the essential functions of the job in question and other legally allowable factors. The Hancock County Sheriff's Office is committed to make reasonable accommodations whenever necessary to allow qualified persons with disabilities to enjoy equal employment opportunity.

Prior to hire, all applicants must complete the following procedure:

Interview with Appropriate Personnel	Background Investigation
Pre-Employment Drug Screening	Psychological
Physical Exam	Fingerprints

NOTE: The Sheriff's Office provides 24-hour service to the citizens of Hancock County. Many positions are shift work and will require 12-hour availability on semi-regular schedules. Needs of the public may require you working overtime (compensatory time) Storm-Flood-Natural Disaster, etc...

I understand and accept these conditions of employment. (_____)

Initial

Again, thank you for your interest in the Hancock County Sheriff's Office. I wish you well in your pursuit of a position that makes full use of your skills, abilities, and experience.

Sincerely,

Ricky Adam

Ricky Adam
Sheriff

I acknowledge I have read and understand the above information regarding the Hancock County Sheriff's Office hiring procedure.

Signature

Date

HANCOCK COUNTY SHERIFF'S OFFICE

Ricky Adam, Sheriff

8450 Highway 90 * Bay St Louis, MS 39520

Phone: 228-466-6900

Fax: 228-255-8246

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink.

I authorize any investigation or other duly accredited representatives of the Hancock County Sheriff's Office conducting my background investigations, to obtain any information relating to my activities from intervals, schools, residential management agents, employers, collections agencies, police or sheriff agencies, credit bureaus, consumer report agencies, retail business establishments, or other sources of information. This information may include, but not limited to academic, residential, achievement, performance, attendance disciplinary, employment history, and criminal record information, financial and credit information.

I understand that for financial or lending institutions, medical, hospital, health care professional, and other sources of information. A separate specific release will be needed and I may be contacted for such release at a later date.

I further authorize investigations or other duly accredited representative of the Hancock County Sheriff's Office to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for employment with the Hancock County Sheriff's Office. I understand that I may request a copy of such records as may be available to me under law.

I authorize custodian of records and other sources of information pertaining to me to release such information upon request of the investigation above regardless or any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Hancock County Sheriff's Office only for the purpose provided in the form, and that it may be re-disclosed by the Hancock County Sheriff's Office only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for (2) years from the date signed or upon the termination of my affiliation with the Hancock County Sheriff's Office, whichever is sooner.

_____	_____		
Date Signed	Print Name (First Middle Last) Legible		
_____	_____	_____	_____
Nick Name/AKA	Home Phone	Social Security Number	
Driver License No. _____	State _____	Date Expires _____	_____
Current Address	(Street)	(City)	(State) (Zip)
_____	_____		
Date of Birth	Signature		

PERMISSION FOR RELEASE OF INFORMATION
FROM CRIMINAL RECORDS AND CHILD ABUSE CENTRAL REGISTRY

DATE _____

AUTHORIZED REQUESTOR: _____

Hancock County Sheriff's Office
8450 Highway 90 Bay St Louis, MS 39520

_____ Security _____ Community Services _____ Medical Care _____ Law Enforcement

I hereby give my permission for the above named facility to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working in Law Enforcement.

I understand the information will be released on any conviction, charges or arrests.

I understand the Hancock County Sheriff's Office has the right to require this record check as a condition of employment.

I understand I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of the information.

I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for any other purpose.

PRINT NAME (INCLUDE MAIDEN)

SIGNATURE

STREET NAME

CITY, STATE, ZIP CODE

HOME PHONE

SOCIAL SECURITY

DATE OF BIRTH (MM/DD/YYYY)

PREVIOUS ADDRESS (IF CHANGED WITHIN LAST FIVE YEARS):

WITNESS TO SIGNATURE

DATE

EDUCATION / TRAINING

Name and location of school	Circle Last Year Completed	Did you Graduate	Subjects Studied
High School	1 2 3 4	Yes / No	
College	1 2 3 4	Yes / No	
Trade, Business or Correspondence School	1 2 3 4	Yes / No	

Other Special Training _____

Training	Place	Date
Are you P.O.S.T. Certified? Yes / No		
If So: Where _____	When _____	Agency _____

Are you an Armed Forces Veteran? Yes / No Period of Service 19____ to 20____ Branch _____

Have you ever been convicted of a felony / misdemeanor (Civilian / Military)? Yes / No If yes, Explain: _____

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes / No If yes, explain: _____

WORK HISTORY

List below last four employers, starting with most recent or current position.

Date (Mo/Yr) _____ Name * Address * Phone No. of employer: _____
 Salary: _____
 From: _____ To: _____ Duties: _____
 Reason for leaving: _____

Date (Mo/Yr) _____ Name * Address * Phone No. of employer: _____
 Salary: _____
 From: _____ To: _____ Duties: _____
 Reason for leaving: _____

Date (Mo/Yr) _____ Name * Address * Phone No. of employer: _____
 Salary: _____
 From: _____ To: _____ Duties: _____
 Reason for leaving: _____

Date (Mo/Yr) _____ Name * Address * Phone No. of employer: _____
 Salary: _____
 From: _____ To: _____ Duties: _____
 Reason for leaving: _____

If additional space is needed, use back of this page or attach a second sheet with added information.

Have you ever been dismissed, or asked to resign from employment? Yes / No

Do you have any special job skills or qualifications that may be relevant to the position for which you are applying? If so, describe _____

REFERENCES

Give below, Names of all former employers listed from above whom we may contact.

1.	_____	_____	_____
	Employer/Supervisor	Company	Telephone
2.	_____	_____	_____
	Employer/Supervisor	Company	Telephone
3.	_____	_____	_____
	Employer/Supervisor	Company	Telephone
4.	_____	_____	_____
	Employer/Supervisor	Company	Telephone

Give below: Names of one to three persons not related to you, whom you have known at least 1 year.

	<u>Name</u>	<u>Address/Phone</u>	<u>Business/Occupation</u>	<u>Years Acquainted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I authorize the reference listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise, and release all parties from any liability for any damage that may result from furnishing same to you.

 Signature _____
 Date

MEDICAL HISTORY

Are you presently in good health? Yes No. If no, explain:... _____

Have you ever filed for Workman’s Compensation for any injury you received on a previous job or for disability pension? Yes No If yes, explain:... _____

Have you ever been Arrested ~ Incarcerated ~ Detained for a Crime involving a Misdemeanor/Felony charge? Yes No. If yes, give date, location, reason and State occurred. _____

TRAFFIC RECORD

NOTE: Should you have an out of State Drivers License at the time of hire, you are required to obtain a Mississippi State Drivers License within 30 days of employment. This is a requirement of the Hancock County Sheriff’s Office.

Has your driver’s license ever been suspended or revoked? Yes / No If yes, give date, location, reasons, and State occurred: _____

Have you ever been issued any traffic citations? Yes / No If yes, give date, location, reason and State occurred. _____

What auto insurance company do you have your vehicle(s) insured with?

Name of Company	Location	Agent	Phone Number
Policy No. _____ Date Expires: _____			

Have you ever filed a civil suit or been sued? Yes / No If yes, explain. Date, Location, State _____

MARITAL AND FAMILY HISTORY

Are you? Single____, Married____, Separated____, Divorced____, Widowed____

If married: Date of marriage_____ City and State_____

Spouse’s maiden name: _____

Separated, or divorced (circle one if applicable) Date of Order or Decree: _____

Court & State where issued: _____ Present address: _____

_____ Phone # _____

Is spouse employed? Yes No

By Whom: _____

Location: _____

PERSONAL RECORD

Another number at which I may be reached: Name: _____ Phone: _____

I hereby consent to a physical (including drug substance and substance abuse) a psychological examination, and oral interviews, as requested by the Hancock County Sheriff’s Office, as a condition of potential or continuing employment. I understand that positive results of drug or substance abuse testing will be cause for rejection for employment, and for termination of employment. _____√

Initial

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts can be cause for dismissal. Also, I understand and agree that any employment relationship with this agency is at will. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages or salary can be terminated at any time without any previous notice. _____√ **Initial**

Do you agree to random drug testing? Yes / No

I understand inquiries will be made concerning me through credit and other investigating agencies.

Signature

Date

Interviewer:

I further acknowledge and understand that any and all information, files, documents, notes, reports, tests, etc. obtained by the Hancock County Sheriff's Office, it's employees or agents, in conjunction with this Application for At Will Employment is confidential and for the sole use of the Hancock County Sheriff's Office in its evaluation of my application.

Therefore, I expressly waive any and all rights I may or may not have to view or receive a copy of any information, files, documents, notes, reports, tests, etc. which have been compiled as a result of, and in conjunction with my Application for At Will Employment with the Hancock County Sheriff's Office.

Applicant's Signature

Date

Print Full Name