LAFAYETTE COUNTY, MISSISSIPPI
SHERIFF DEPARTMENT
JOSEPH B. EAST

APPLICATION INSTRUCTIONS

Read the following instructions carefully *before* completing your application. You *must* furnish all requested information. The information you provide will be used to determine your qualifications for employment. If you fail to answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.

1. Complete the attached "Application for Employment " using a typewriter or a black or dark blue ball point pen.

2. Check your application to be sure the following attachments are enclosed before returning:

   (a) A recent, unmounted fullface photograph;
   (b) A certified copy of your birth certificate;
   (c) An official transcript of your school record showing the date of graduation or a GED certificate;
   (d) A certified copy of your DD-214 (Military Discharge) if you have been in the military.

THESE ITEMS BECOME THE PROPERTY OF THE LAFAYETTE CO. SHERIFF'S DEPT. AND WILL NOT BE RETUNRED.

3. **Complete the Lafayette County Application for Employment.**

4. Complete and return the Selective Service Registration information, if applicable.

5. Return the application and above-listed attachments to:

   Lafayette County Administrator's Office
   300 North Lamar Blvd.
   Oxford, MS 38655

6. **Notify the County Administrators office in writing of a change of name, address, or telephone number.**

7. **Applications that are illegible or incomplete *will not* be considered.**

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT **Date:**

MAIL TO:
Lafayette County Administrator's Office
300 North Lamar Blvd.
Oxford, MS 38655

Position Applied For:
❑ Deputy
❑ Dispatcher
❑ Jailer
❑ Administrative Assistant
❑ Other _____
❑ Intern
❑ Reserve / Part-time

NOTICE: Application MUST be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable, so state. APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH 8.5 X 11 SHEETS OF PAPER AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

ALL Applicants MUST Attach Items 1, 2, 3, and 4

1. A recent picture of yourself.
2. A certified copy of your Birth Certificate (No Photo Copy).
3. A transcript of school record or a Mississippi GED Certificate (No Diploma). These items become the property of the sheriff dept.
4. A certified copy of your DD-214, if applicable (Release or discharge from active duty form)

I. PERSONAL HISTORY

1. Full Name: _____ 2. SSN: _____
Last Name First Name Middle Name

(A) List all other names you have used including nicknames and maiden name of female applicants. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

_____

_____

(B) Have you ever legally changed your name?
❑ No ❑ Yes _____
Date Place Court

(C) Date of Birth _____
Place of Birth _____
Marital Status _____

(D) Driver License No./State _____
Has your privilege to operate a motor vehicle ever been suspended or revoked? ❑ No ❑ Yes
If yes, explain fully:

_____

_____

(E) RACE: ❑ American Indian ❑ White ❑ Hispanic ❑ Black ❑ Asian SEX: ❑ Male ❑ Female

(F) Are you a citizen of Mississippi? ❑ Yes ❑ No For how long? _____
Are you a citizen of the United States? ❑ Yes ❑ No For how long? _____

If you have been naturalized: Date: _____ Certificate No.: _____

II. RESIDENCES

1. Present Address: _____ / _____
Street and Number City County State Zip Code Telephone

2. Mailing Address: _____ / _____
Street and Number City County State Zip Code Telephone

3. List chronologically ALL of your residences for the past 10 years (include addresses while attending school if away from home.)

DATES					
From	To	Apt. No.	Street Address	City	State

III. EDUCATION

EDUCATIONAL BACKGROUND:

Circle highest school year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Do you have a high school diploma? _____

Do you have a GED certificate? _____

Date received: _____

Name of High School	Location	Dates		Date Diploma Received
		From	To	

Name of College or University Attended	Total Credits Received		Field of Study or Areas of Concentration				Dates Attended		Type Degree (B.S., M.Ed., etc.) & Date Received (Mo./Yr.)
	Quarter	Semester	Major	Hours	Minor	Hours	From	To	

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

☐ No

☐ Yes _____

School Date Type of Action

LICENSE, CERTIFICATE, REGISTRATION (A copy of the appropriate license or certificate must be attached if required by the job description)

Title/Type	License Number	Name of Licensing Agency	Specialization	Certification Date (Orig).	Expiration Date

List any special ABILITIES, INTEREST, and HOBBIES with degree of proficiency: _____

IV. REFERENCES

Give three references (not relatives) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women including your family physician, if you have one, who has known you well during the past five years, and three social acquaintances in your own age group.

REFERENCES:

(a) Complete Name _____ No. Yrs. Acq. _____ Occupation _____
Home Address _____ Business Address _____
City, State _____ Home Phone _____ Business Phone _____

(b) Complete Name _____ No. Yrs. Acq. _____ Occupation _____
Home Address _____ Business Address _____
City, State _____ Home Phone _____ Business Phone _____

(c) Complete Name _____ No. Yrs. Acq. _____ Occupation _____
Home Address _____ Business Address _____
City, State _____ Home Phone _____ Business Phone _____

SOCIAL ACQUANTANCES:

(a) Complete Name _____ No. Yrs. Acq. _____ Occupation _____
Home Address _____ Business Address _____
City, State _____ Home Phone _____ Business Phone _____

(a) Complete Name _____ No. Yrs. Acq. _____ Occupation _____
Home Address _____ Business Address _____
City, State _____ Home Phone _____ Business Phone _____

(a) Complete Name _____ No. Yrs. Acq. _____ Occupation _____
Home Address _____ Business Address _____
City, State _____ Home Phone _____ Business Phone _____

V. EMPLOYMENT

List chronologically ALL EMPLOYMENTS, INCLUDING SUMMER AND PART-TIME

Current or Last Employer:		Address:		Phone Number:
Job Title:		Supervisor's Name:		Number Supervised by You:
Date Employed (mo/yr)	Starting Salary: $ Per	Ending Salary: $ Per	Reason for Leaving:	
Date Separated (mo/yr):	Duties:			
☐ Full-Time ☐ Part-Time				

Employer:		Address:		Phone Number:
Job Title:		Supervisor's Name:		Number Supervised by You:
Date Employed (mo/yr)	Starting Salary: $ Per	Ending Salary: $ Per	Reason for Leaving:	
Date Separated (mo/yr):	Duties:			
☐ Full-Time ☐ Part-Time				

Employer:		Address:		Phone Number:
Job Title:		Supervisor's Name:		Number Supervised by You:
Date Employed (mo/yr)	Starting Salary: $ Per	Ending Salary: $ Per	Reason for Leaving:	
Date Separated (mo/yr):	Duties:			
☐ Full-Time ☐ Part-Time				

Employer:		Address:		Phone Number:
Job Title:		Supervisor's Name:		Number Supervised by You:
Date Employed (mo/yr)	Starting Salary: $ Per	Ending Salary: $ Per	Reason for Leaving:	
Date Separated (mo/yr):	Duties:			
☐ Full-Time ☐ Part-Time				

Have you ever been dismissed or asked to resign from any employment/position you have held?

☐ No

☐ Yes _____

Employer's Name Date

Reason: _____

Are you now employed by an agency of the Federal or State Government? ☐ Yes ☐ No

Have you been employed by the Federal Government within the past 90 days? ☐ No ☐ Yes

_____

Agency Location

Do you have any sources of income other than your salary? ☐ Yes ☐ No

Specify each with amount: _____

Total amount of such income? _____

VI. MILITARY RECORD

(a) Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Branch of Service: _____ Dates Served From _____ To _____

Military Operation: _____ Rank: _____

Type Discharge:

☐ Honorable

☐ Hardship

☐ Other (explain) _____

Type Release from active duty:

☐ Expiration of Enlistment

☐ Retired

☐ Other _____

(b) Reserve Status: ☐ None ☐ Active ☐ Inactive Discharge Date: _____

Are you a member of the National Guard or other Reserve Unit? ☐ Yes ☐ No

Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard

If you are in a pay status requiring drills, meetings or camps, give Unit and Location. _____

_____

_____

_____

(c) If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offense, type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail.

Offense	Type of Court Martial	Disposition of Charge	Fine, Restrictions & Confinement

VII. COURT RECORD

(a) Have you ever been arrested or charged? ☐Yes ☐No List all traffic citations and/or misdemeanor violations and any convictions of any crime by any court pending or non-pending (against you). (Add attachment if applicable.)

Date	Place	Charge	Final Disposition	Details

(b) Has any member of your immediate family or close relative (including in-laws) ever been arrested for other than traffic violations? ☐ Yes ☐ No

Name	Relation	Date	Place	Charge	Final Disposition

(c) Have you ever been a party to any civil (garnishments, bankruptcy, etc.), quasi-criminal or chancery action, in County, Circuit or Chancery Court? ☐Yes ☐ No (Give date, place, court, names or parties involved, nature of action, and final disposition).

Date	Court	Parties Involved	Nature of Action	Final Disposition

VIII. RELATIVES

ALL APPLICANTS MUST GIVE COMPLETE INFORMATION CONCERNING THEIR RELATIVES. If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative is deceased, give all the information requested, and indicate last resident and year of death. Include step brothers and sisters, half brothers and sisters, and if you or your wife have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under section C, H, I, and J regarding your future husband or wife and future in-laws, and show clearly that relationship is contemplated.

Complete Name (no initials)	Complete Address	Occupation, Name and Address of Firm where Employed	Date and Place of Naturalization
A. FATHER Name _____ Address _____ Age _____ Place of birth _____			
B. MOTHER Name _____ Address _____ Age _____ Place of birth _____			
C. WIFE OR HUSBAND Name _____ Address _____ Age _____ Place of birth _____			
D. CHILDREN Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
E. BROTHERS AND SISTERS Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
F. WIVES AND HUSBANDS OF BROTHERS AND SISTERS Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			
Name _____ Address _____ Age _____ Place of birth _____			

VIII. RELATIVES (Continued)

G. **FATHER-IN-LAW** Name _____ Address _____ Age _____ Place of Birth _____		
H. **MOTHER-IN-LAW** Name _____ Address _____ Age _____ Place of Birth _____		
I. **BROTHERS AND SISTERS OF YOUR HUSBAND OR WIFE** (a) Name _____ Address _____ Age _____ Place of Birth _____		
(b) Name _____ Address _____ Age _____ Place of Birth _____		
(c) Name _____ Address _____ Age _____ Place of Birth _____		
(d) Name _____ Address _____ Age _____ Place of Birth _____		
J. **OTHERS - (Include relation)** (a) Name _____ Address _____ Age _____ Place of Birth _____		
(b) Name _____ Address _____ Age _____ Place of Birth _____		
(b) Name _____ Address _____ Age _____ Place of Birth _____		
(b) Name _____ Address _____ Age _____ Place of Birth _____		

IX. WIFE/HUSBAND

Name of Spouse's Employer: _____

Address of Spouse's Employer: _____

Spouse's Position: _____

How Long? _____ Social Security Number: _____

ALL APPLICANTS

Attach an unmounted full face photograph of yourself, not larger than 2¾ by 2½ inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application. NO APPOINTIVE CONSIDERATION WILL BE AFFORDED ANY APPLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED.

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF LAFAYETTE COUNTY

I understand that all appointments are probationary for a period of six months, during which time the employee must demonstrate his fitness for continued employment by the Lafayette County Sheriff Department. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Lafayette County Sheriff Department and I agree to these conditions.

_____

(Signature of the applicant as usually written.)

X. APPLICANT'S AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who, being by me first duly sworn, states upon his oath that the matters and things set forth in the above and forgoing application for employment are true and correct as therein stated.

_____

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this _____ day of _____, 20___.

My Commission Expires:

_____

_____

NOTARY PUBLIC

EQUAL OPPORTUNITY EMPLOYER

XI. AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

DATE: _____

TO WHOM IT MAY CONCERN:

Having made application to the Lafayette County Sheriff Department and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the Lafayette County Sheriff Department and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

SIGNATURE: _____

ADDRESS: _____

_____

STATE OF MISSISSIPPI:

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledge to me that he signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this _____ day of _____, 20 _____.

_____

NOTARY PUBLIC

My Commission Expires:

_____

Selective Service Registration

As required by Section 25-9-351(a), Mississippi Code Annotated, 1972:

(a) Every male between the ages of eighteen (18) and twenty-six (26) who is required to register under the federal Military Selective Service Act, 50, USCS App. 453, and is seeking employment with the State of Mississippi shall submit to the person, commission, board or agency to which his application is submitted satisfactory documentation of his compliance with the draft registration requirements of the Military Service Act.

If you fall into one of the following categories listed below, you will not be required to register:

C. Persons not Required to be Registered:

a. The following persons are not required to be registered:

(1) Aliens legally admitted to the United States as non-immigrants under section 101(a)(15) of the Immigration and Nationality Act, as amended (66 STAT. 153; 8 U.S.C. 1101) and who continue to maintain the non-immigrant status; e.g., visitor for business or pleasure, foreign diplomatic representatives, technical attaches of foreign embassies and legations, consuls general, consuls, vice consuls, diplomatic agents, members of NATO or other international organizations who are not United States citizens and members of their families, educational exchange students, and representatives of foreign information medica.

(2) Commissioned officers, warrant officers and enlisted men who are active duty in the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard, and commissioned officers of the National Oceanic Atmospheric Administration and the regular Public Health Service.

(3) Cadets at the United States Military Academy, the United States Air Force Academy, the United States Coast Guard Academy, and midshipmen at the United States Naval Academy.

(4) Students enrolled in the officer procurement program at the following military colleges, the curriculum of which has been approved by the Secretary of Defense:

The Citidel (Charleston, SC)
North Georgia College (Dahlonega, GA)
Norwich University (Northfield, VT)
Virginia Military Institute (Lexington, VA)

(5) Members of the reserve components of the Armed Forces, the Coast Guard and the Public Health Service while on duty. Active duty in the Public Health Service must be performed by officers of the Reserve of the Public Health Service while assigned to staff any of the various offices and bureaus of the Public Health Service, including the National Institutes of Health, or while assigned to the Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency of the National Oceanic and Atmospheric Administration, or while assigned to assist Indian Tribes, groups, bands or communities pursuant to PL 568, 83rd Congress, as amended.

b. A person who is hospitalized or incarcerated at the time specified for his registration shall be exempt from registration during the period of confinement. Upon his release he shall present himself for registration.

NAME: _____

SOCIAL SECURITY NUMBER: _____

SELECTIVE SERVICE ID: _____